Supporting Pupils with Medical Conditions policy

Stockton on The Forest Primary School

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Contents

1. Aims 3
2. Legislation and statutory responsibilities 3
3. Roles and responsibilities 3
4. Equal opportunities 4
5. Being notified that a child has a medical condition 4
6. Individual healthcare plans (IHPs) 5
7. Managing medicines 6
8. Emergency procedures 7
9. Training 7
10. Record keeping 8
11. Liability and indemnity 8
12. Complaints 8
13. Monitoring arrangements 11
14. Links to other policies 11
Appendix 1: Being notified a child has a medical condition 12
..... 12

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Advice has been sought from relevant healthcare professionals when developing this policy.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Lorraine Atkinson (Headteacher)

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs alongside the school SENCO
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

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3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

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6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This role may be delegated to the school SENDCo/Senior Teacher.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / senior teacher/SENDCo with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

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7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

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 school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Non-Prescribed Medicines

Stockton on the Forest Primary School will not give non-prescription, over-the-counter, medicines. However, if a parent is advised that a non-prescribed medicine is essential during the school day, parents/carers may come into school to personally administer medicine to their child or to discuss an alternative plan, in exceptional circumstances, with the headteacher.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

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7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child although parents may do so in a voluntary capacity
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: Stockton on the Forest School has public liability insurance through York Local Authority through Zurich.

12. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

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13. Use of Emergency Asthma Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. Stockton on the Forest Primary School will hold emergency salbutamol inhalers for use by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The school has a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which is kept with the emergency inhaler. An emergency inhaler will be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Arrangements for the supply, storage, care and disposal of Emergency inhalers

The school will buy inhalers and spacers (enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmacist, as follows: Inhalers will be bought in small quantities. The pharmacist will be provided with a letter of request signed by the headteacher and stating the school's name, the purpose for which the product is required, and the total quantity required. The school will discuss with the pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school.

The emergency asthma inhaler kit will include:

- A salbutamol metered dose inhaler.
- At least two plastic spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the inhaler and spacers.
- Guidance on the use of emergency salbutamol inhalers in schools.
- A register of children permitted to use an emergency inhaler.
- A record of administration (i.e. when the inhaler has been used).

The main risk of the school holding a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. **It is essential therefore that an inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.**

Appendix F provides essential information on the safe use of an emergency inhaler.

Storage and Care of the Emergency Inhaler

The emergency inhaler and spacers will be kept in the "emergency medicines" bag in the school first aid room and will be clearly labelled to avoid confusion with a child's own inhaler.

To avoid possible risk of cross-infection, the plastic spacer will not be reused (it can be given to the child to take home for future personal use).

The inhaler itself, however, can be reused, provided it is cleaned after use. The inhaler canister will be removed, and the plastic inhaler housing and cap washed in warm running water and left to dry in air in a clean, safe place The canister will be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it will also not be re-used but disposed of.

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Spent inhalers will be returned to the pharmacy to be recycled, rather than being thrown away.

The school is registered as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. The first aider who holds the “First Aid at Work” Certificate will: (**Justine Bell**) Carry out a monthly check to ensure that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available. Ensure that replacement inhalers are obtained when expiry dates approach. Ensure that replacement spacers are available following use. Ensure that the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

14. Management of Food Allergies

A number of pupils in the school have moderate or severe allergies to specific foods. Parents are required to inform the school in writing of any known food allergies that their child has and should update this information if any allergy is diagnosed or is outgrown at any stage of their child’s education.

Teachers and key members of staff are given the names of children who have specific food allergies through the confidential information sheets issued at the beginning of each school year. Photographs of pupils with severe food allergies are displayed in the staff room and school kitchen.

The school will access training to enable staff to recognise the symptoms of an allergic reaction and how to use an ‘EPIPEN’ should a child with a known food allergy go into anaphylaxis.

All parents are asked to ensure that their child does not bring nuts or foods containing nuts into school. This includes snacks, lunch box items and birthday treats. In addition, children are not allowed to share snacks or packed lunches brought into school.

The school kitchen and recipes are free from nuts, shellfish and kiwi, but cannot guarantee that the source of manufacture is completely nut (or other allergen) free. The school caterers will provide details of, and whether there is a risk of cross contamination with, known allergens to parents upon request to the school.

The school does not sell foods that specifically list nut or peanut products on the ingredients list of a food label, and the Friends/ PTA of Stockton on the Forest Primary School will not bring nut products into school. The school cannot, however, monitor products sold at events attended by pupils offsite, but will do all that it can to minimise risk.

Special Diet Protocol

The term ‘special diet’ refers to any medically prescribed diet, e.g. gluten-free, egg-free, dairyfree, etc. All children diagnosed with a food allergy must follow the special diet procedure detailed below, which has been established by the school’s catering contractor for providing school meals for children with special dietary requirements. The process is primarily designed to safeguard children with medical conditions whilst supporting the catering staff involved in the preparation and service of school meals.

Allergen Labelling

From December 2014, the EU Food Information regulation (FIR) came into force. This ensures clear labelling of foods and identifies 14 key allergens. The school cook holds a list of those allergens present in each dish as served.

The kitchen and recipes are free from nuts, shellfish and kiwi, however a minority of products used are produced in factories where nuts may have been present.

Special Diet Referral Procedure

Parents/carers will request a Special Diet Referral Form from the school office and complete this in full. One form to be completed per child and returned to the school with supporting documentation from the child’s GP, dietician, paediatrician or school nurse, confirming their dietary requirement (any form received without supporting evidence will not be processed). The school will return part A of the form to the contractor’s nutritionist and pass Part B to the school cook (keeping a copy of both parts for school records). On receipt of the form, the contractor’s nutritionist will devise a menu for that child. All new menus, together with a supporting letter/approval slip for each parent, will be posted to the school office, to be forwarded to the

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parents. A further copy of the menu is posted by the contractor to the school cook and emailed to the contractor's Area Manager. The special diet will be provided once the parents have confirmed with the school that they are happy for the menu to go ahead by returning the approval slip to the school office staff. School staff will then pass this approval slip on to the school cook. Catering staff are only to implement a special diet menu once they have received the approval slip, signed by the parents. Once a menu has been devised and the parent's approval received, the child will be provided with a daily meal. Up until this time, parents will be expected to provide a packed lunch for their child. For referrals relating to nut, kiwi and/or shellfish allergies only, no individual menus will be created, however a copy of the contractor's Nut Policy will be sent to parents so they can make an informed decision as to whether the meal provision is suitable for their child.

15. Monitoring arrangements

This policy will be reviewed and approved by the governing board at least every 3 years.

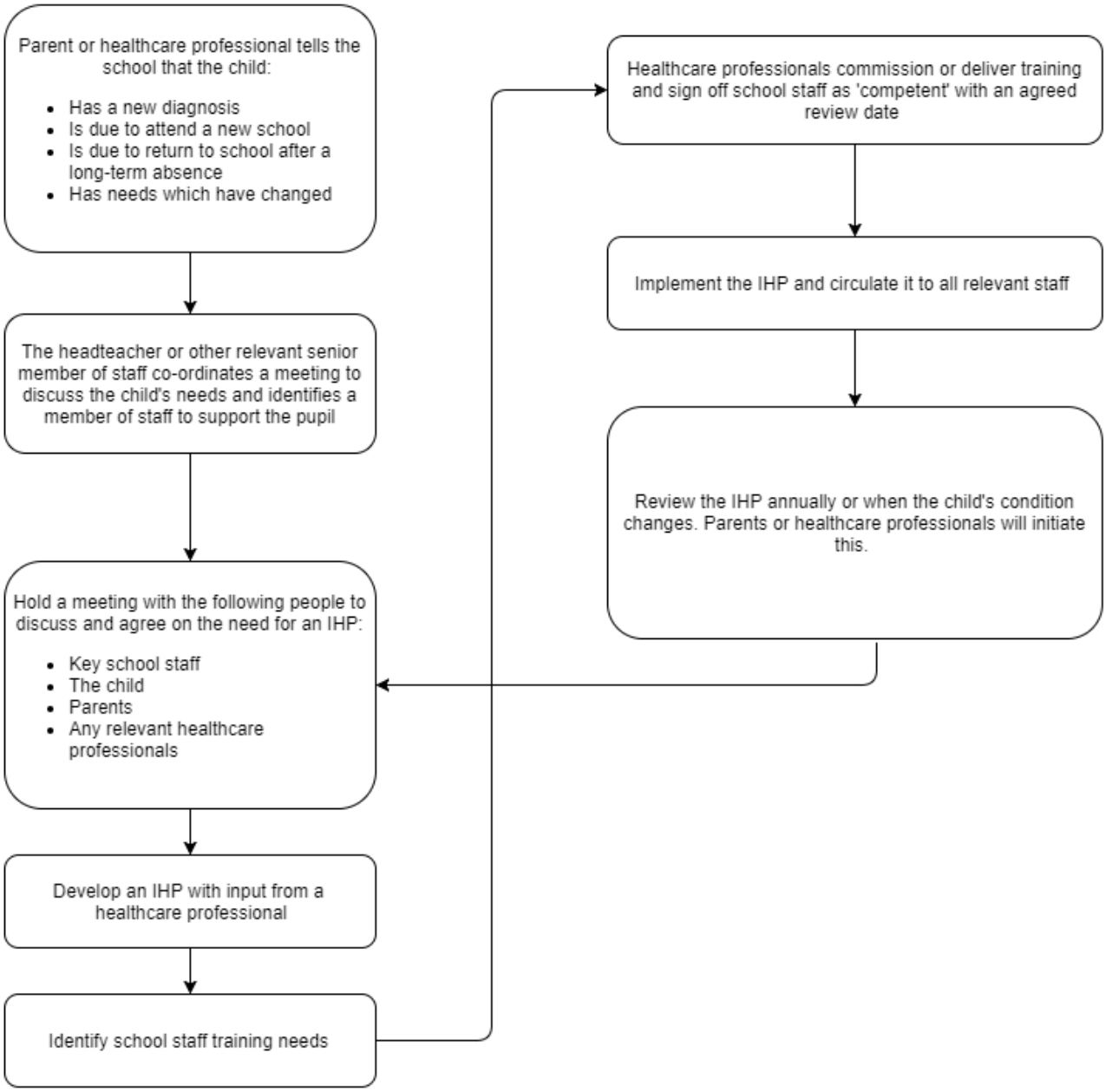
16. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

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Appendix 1: Being notified a child has a medical condition



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APPENDIX B

Stockton on the Forest Primary School

Happy, Healthy, Learning for Life and Caring for All

PUPIL INDIVIDUAL HEALTH CARE PLAN

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis/Condition	
Date of this Plan	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	**Mobile:**
	Work:
	Home:
Relationship to Child	

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Name of Parent/Carer 2	
Contact Numbers	**Mobile:**
	Work:
	Home:
Relationship to Child	

Clinic/Hospital Contact Name	
Clinic/Hospital Contact Numbers	**Mobile:**
	Clinic/Hospital:

GP's Name	
GP Contact Numbers	

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

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

Daily Care Requirements, level of support/supervision needed

Who will provide the support / training needs / expectations of role / proficiency to provide support / cover arrangements/ who needs to be aware of the support required (consideration to be given to confidentiality)

Specific support for the child's educational, social and emotional needs, e.g. extra time for tests, rest periods, counselling

Arrangements for written permission from parents/carers for administering of medication

Arrangements for educational visits, activities, etc.

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Other Information / Follow -up Care

Describe what constitutes an emergency and the action to be taken if this occurs

Who is responsible in an emergency? (State if different for off -site activities)

Staff training needed/undertaken : Who / What / Where / When

Special religious and/or cultural beliefs which may affect medical needs

Plan developed with (names)	Signed

Plan copied to:

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APPENDIX C

Stockton on the Forest Primary School

Happy, Healthy, Learning for Life and Caring for All

Parental Agreement for School to Administer Medicine

School staff can only administer medicine when this form is completed and signed.
SCHOOL STAFF WILL ONLY ADMINISTER PRESCRIBED MEDICINES (UNLESS IN EXCEPTIONAL CIRCUMSTANCES WHICH MUST BE AGREED IN WRITING BY THE HEADTEACHER/SENIOR TEACHER)

Child's Name	
Date of Birth	
Class	
Medical Condition or Illness	
Date medicine provided by parent/carer	
Name and Strength of Medicine	
Quantity Received	
Expiry Date	
School staff to administer or child to self-administer	
How much to give (i.e. dose to be given)	
When to be given	
Duration of time the medication should be given	
Special Precautions/Storage details	
Known side-effects	
Procedures to take in an emergency	
Day time tel. no. of parent/carer or adult contact	
Name and tel. no. of GP who prescribed/advised the medication	

PRESCRIPTION MEDICINES MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY

The above information is, to the best of my knowledge, accurate at the time of writing
I accept that the school cannot be held responsible in the event of any missed or incorrect does. I give consent to the school staff administering medicine in accordance with the school policy.

I accept responsibility for collecting medication at the end of the school day and disposing of unused medicine. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped

Parent's/Carer's Signature .....

Print Name .....**Date** .....

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SURPLUS/UNUSED MEDICINE

The following quantity collected by: _____ of the above medicine was

Name ..... Signature ..... Date .....

THE ABOVE MEDICINE WAS NOT COLLECTED

It was taken to .....chemist for safe disposal, by:

Name ..... Signature.....Date.....

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Dosage Record

PLEASE CHECK THE DIRECTIONS OVERLEAF BEFORE ADMINISTERING MEDICINE

Child's Name:		**Medicine to be administered:**	
Class:		**Start Date:**	

Date	Time	Administered by	Witnessed By	Any Reactions?

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APPENDIX D

Stockton on the Forest Primary School *Happy, Healthy, Learning for Life and Caring for All*

STAFF TRAINING RECORD:

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

Name of Staff Member	
Type of Training Received	
Date of Training Completed	
Training Provided by (name)	
Profession/Title of Trainer	
I confirm that ..... (name of staff member) has received the training above and is competent to carry out any necessary treatment.	
I recommend that the training is updated ..... **(state how often)**	
Trainer's Signature ..... Date	
I confirm that I have received the training above **Signature of member of staff ..... Date .....**	
Suggested Review Date	

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APPENDIX E

Access to Education for Children with Medical Needs

All pupils will continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies.

The person responsible for overseeing educational provision for sick children unable to attend school is the SENCo, in collaboration with the class teacher.

To whom does the policy apply?

School age children who are going to be absent from school for 15 days or more as a result of ill health or injury.
Children who have recurring periods of absence as a result of ill health e.g: cystic fibrosis.
Children who are in hospital.

Homework

As soon as school is informed or becomes aware that a child of school age is to be absent through ill health for up to 15 school days, the class teacher will make homework available. This will usually be in core curriculum areas. The child will only be expected to complete the homework if he/she is well enough. The work will be given as soon as possible in collaboration with parents/carers. This also applies to children who have recurring periods of absence due to ill health. If the child is going to be absent for more than 15 days, an application will need to be made for home teaching and the homework provided will cover all curriculum areas.

Monitoring Absences

Either the class teacher, the office staff and/or the Education Social Worker (ESW) notes absence due to ill health. The class teacher is made aware as soon as absence is identified, so this policy may be implemented.

Home Teaching

If a child is to be away from school for a medical reason for more than 15 school days, the named person needs to initiate a referral for home teaching. Pupils taught at home have an entitlement to 5 hours of home teaching per week, depending on the child's health and medical appointments.

The named person or ESW will make referral for home teaching by letter. Referral is made to the Head of Inclusion Support and must include appropriate medical authorisation of nonattendance e.g. a letter from a GP or consultant.

A teacher from the Hospital and Home Teaching Service (HTTS) will be allocated to the pupil and will contact the parents/carers and school. In some instances, the tuition may take place away from home e.g. a family centre.

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