



Together we are stronger

# Supporting students with medical needs policy



## 1. Document Control

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### **3. Introduction**

This policy relates to all schools within the Arthur Terry Learning Partnership (ATLP). The Partnership refers to the ATLP. The Trust Board is the governance of the ATLP. The term 'schools' is used to refer to any school or school within the ATLP. The phrase headteacher also relates to heads of school.

Where this policy uses the term 'staff' or 'we', the policy refers collectively to all employees in the Partnership, as well as agency workers, self-employed contractors and governance representatives (i.e., trustees, advocates and members).

This policy applies to all students in ATLP, from children in the Early Years Foundation Stage up to and including post-16 students.

## 4. Statement of intent

- 1.1. The Arthur Terry Learning Partnership (ATLP) is a fully inclusive multi-academy trust. We welcome and support students with medical conditions. The Partnership is fully committed to ensuring that students with medical conditions receive the same opportunities as their peers. This includes supporting those students within our settings, as well as those who can't attend school because of medical needs, to access appropriate education and take a full part in school life whenever possible, remain healthy and achieve their full potential.
- 1.2. This policy is underpinned by our core value that children are at the heart of everything we do. We seek to ensure that all children experience equity, understanding, belonging and love in our schools, and to treat difference as normal.
- 1.3. Whenever possible, students should be supported to attend school. We recognise the long-term health benefits when children attend school regularly.<sup>4</sup> Some children may be admitted to hospital or other settings because of their health needs. We will work with families, the LA, healthcare partners and others to ensure that children get the help and support they need to access as much education as their condition allows. We will ensure that when children do not attend school because of a health condition, they continue to feel part of the school community. We will make sure that we maintain links with children who are not in school, to ensure that they are safe and feel a sense of belonging to their schools. We will support these children to return to school when they are able to.

## 5. Legal and regulatory framework

- 5.1. The ATLP has a legal duty to ensure that students with medical needs can attend school with as little disruption as possible. We will ensure that students with medical conditions are cared for and supported in line with the following statutory guidance:
  - [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
  - [Arranging education for children who cannot attend school because of health needs \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
  - Children and Families Act 2014
  - Health & Safety at Work Act
  - The Control of Substances Hazardous to Health (COSHH)
  - The Children Act 1989
  - Children Act 2004
  - The Equality Act 2010
  - Misuse of Drugs Act 1971
  - The Medicines Act 1968
  - The Special Educational Needs and Disability Code of Practice 2014
  - Education Act 1996
  - Keeping Children Safe in Education DfE 2024
- 5.2. This policy also takes account of the latest editions of The Administration of Medicines in Schools and Settings and any supplementary guidance issued by Birmingham City Council, Staffordshire, Coventry and Warwickshire County Councils.
- 5.3. Some students with medical needs may have disabilities. The school will ensure it complies with

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<sup>4</sup> [Effects of education on adult mortality: a global systematic review and meta-analysis - The Lancet Public Health](#)

its duties under the Equality Act 2010. For students with special needs and/or a disability (SEND) this policy should be read and understood in conjunction with the SEN Code of Practice, the Equality Act 2010 and Section 100 of The Children and Families Act 2014. This act requires the ATLP to make arrangements for supporting students at their schools with medical conditions to ensure they are not discriminated against.

## 6. Safeguarding

- 6.1. ATLP will ensure that policies, plans, procedures and systems are properly and effectively implemented to align with its wider safeguarding duties. When children are not in school, we will exercise professional curiosity to ensure that they are safe.

## 7. Definitions

- 7.1. The ATLP defines “medication” as any drug or device prescribed by a doctor.
- 7.2. The ATLP defines a designated staff member as one identified by the headteacher to administer medication.
- 7.3. The ATLP defines key stakeholders as any other member of staff who may need to support the student and ensure compliance and implementation of the [individual health care plan \(IHCP\)](#) including healthcare providers, parents and carers, and students.

## 8. Roles and responsibilities

8.1. **The Trust Board** will ensure that:

- each school has policies and procedures in place to enable students with medical needs to access and enjoy the same opportunities at school as their peers
- staff involved with the administration of medication have had appropriate training and can provide the physical and emotional support that students need
- this policy as written does not discriminate on any grounds, including but not limited to ethnicity/origin, culture, religion, gender, disability or sexual orientation
- the correct level of insurance is in place for the administration of medication by designated staff and for those staff who watch students self-administer
- the procedures agreed are implemented by headteachers and give parents and carers and students confidence in the school’s ability to provide effective support for students’ medical needs in school
- arrangements in place for students who cannot attend school as a result of their medical needs and are effectively implemented
- the roles and responsibilities of those involved in the arrangements to support the needs of students are clear and understood by all
- there are robust systems in place for dealing with health emergencies and critical incidents, for both on- and off-site activities.

8.2. **Strategic Leads** will:

- work with headteachers to support the implementation of this policy, ensure that the annual review is completed, and any learning opportunities are identified and acted on;
- share with appropriate senior leaders any trends or issues that need to be addressed.

### 8.3. Headteachers will:

- work with the strategic lead/director of education to ensure compliance with the relevant statutory duties when supporting students with health needs, including students whose health needs mean that they can no longer attend school
- ensure that all staff, including teaching staff, support staff and volunteers, and cover teachers are made aware of this policy and are supported to apply this policy fairly and consistently
- make parents and carers aware of the policy
- appoint a named member of staff who is responsible for students with healthcare needs and liaises with parents, students, the LA, key workers and others involved in the student's care
- consult the L.A., health and social care professionals, students and parents to ensure that the needs of students with medical conditions are properly understood and effectively supported
- ensure that sufficient staff are suitably trained to support students with medical needs
- along with the strategic leads, review their provision annually using the key questions in appendix 5
- draw up an appropriate action plan to address any concerns
- written records are kept of all medicines administered to students
- authorise staff to administer medication and sign each IHCP or administration form<sup>2</sup>
- ensure that arrangements are in place to review the support for students by appropriate and relevant staff and in consultation with parents and carers and students, annually as a minimum, or earlier if the student's needs change
- make all relevant staff aware of a student's medical needs by ensuring that a care plan, management and/or individual healthcare plan (IHCP) is in place and shared with relevant staff who need to know of a student's condition and needs
- ensure that information is available to key staff to support transition to a new key stage or provision
- support students who have been absent long term to return to school by meeting with key stakeholders and, when appropriate, ensure that an individual healthcare plan is in place
- seek support and advice from medical professionals
- notify the LA when a student's health needs mean they are likely to be away from the school for a significant period
- inform the LA when a student attends school part time because of their health needs and keep this arrangement under review

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- <sup>2</sup> . in the absence of the headteacher/head of school, forms can be signed by a nominated member of staff, and then countersigned by the headteacher/head of school on their return.

- ensure that complaints are handled appropriately and with the ATLP complaints policy.

Headteachers may delegate these responsibilities to other senior leaders within school, but they will still retain overall accountability.

#### **8.4. Named member of staff**

The named member of staff will:

- support students who are unable to attend school because of medical needs as well as those with medical needs in school
- listen to the voice of the child and ensure this is reflected in any support plans
- support staff to understand the lived experience of students with medical needs and treat difference as normal
- support students to return to school whenever possible
- monitor students' academic and personal development and intervene to ensure that students with medical conditions reach their full potential
- liaise with families, professionals and others when students are not able to attend school and ensure that relevant information is shared with others
- keep students informed about school events and encourage communication with their peers
- liaise with relevant organisations to support the student to complete relevant examinations.

#### **8.5. Parents and carers**

- The prime responsibility for a student's health rests with parents and carers. They are responsible for making sure their child is well enough to attend school.
- Parents and carers are asked to complete a student information form when a student starts school. This form identifies any medical needs that a student currently has, or health needs they have previously had that may affect them. Parents and carers should provide the school with sufficient information about the student's medical needs. This should be done with the student's GP or paediatrician, as appropriate. Medical documentation/letters should be copied and sent to support the process. Any medical appointments during school time should be followed with an appointment card or letter so the school can provide the correct response to support the student.
- Parents and carers will be expected to keep the school informed about any changes to their child's/children's health.
- Parents and carers should request prescribers to provide two prescriptions for a student's medication, when appropriate and practicable: one for home and one for use in school. This enables the medication to be kept on site for the number of days it is to be administered during the school day and allows accurate recording of quantities received and administered. When students need to take their medication home at the end of the day, a parent / carer will be required to sign it in and out each time.
- Parents and carers will be expected to complete a medication administration form (appendix 4), prior to bringing medication into school and when appropriate, an IHCP (appendix 3).
- Parents and carers will be expected to discuss medications with key staff and their child/children prior to requesting that a staff member administers the medication or observes a child self-administer.



- Parents and carers are expected to supply any required medication, equipment or resources and ensure this is in date and replaced when appropriate.

#### **8.6. Students**

- Students are encouraged to take responsibility for their own medicine from an early age; for example, by keeping their own reliever. The age at which students can do so will vary and should be discussed and agreed with parents, carers and/or health professionals as appropriate.
- In some circumstances students may not be able to manage their own medication. In these cases, relevant, trained staff should administer and manage procedures for them.
- If a student 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 or carers should be informed so that alternative options can be considered.
- If a student takes their emergency medication whilst not in the presence of a member of staff, they should report this to the relevant staff member so appropriate records can be made and subsequent care given if needed.
- Self-medication does not mean that a student carries their medication with them. Self-medication means that a student can take the medication without adult support (given via spoon or injected). Medication will continue to be taken in the presence of an adult/first aider.
- Students' culture and religious views should be respected.

#### **8.7. All staff**

- All staff should ensure that students with medical conditions are supported to play a full and active role in school life. Class teachers and form tutors, in particular, should champion students with medical needs and ensure that they, like all other students, experience equity, understanding, belonging and love.
- All staff should be aware of students in their class(es) who have medical needs and know how to support them. They should know how to respond when a student with a medical condition needs help. For students with life-threatening conditions, staff should ensure that they understand the student's condition and know what to do in an emergency.
- Any member of staff may be asked to provide support to students with medical conditions. However, they cannot be required to do so.
- Administration of medicine is not part of a teacher's main professional duties. However, they should take into account the needs of students with the medical conditions they teach.
- All staff should receive sufficient and suitable training to support students with medical needs. For students with unique or unusual conditions, training will be with small groups of staff who regularly support them.
- Staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise.
- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training, updated to reflect requirements within individual healthcare plans. Training will be provided to small groups of staff who support students with unusual conditions. Training logs will be kept for both insurance and audit purposes.
- Staff should respect the confidentiality of students' medical conditions. Information should be shared on a need-to-know basis.

- Staff should design lessons and activities that enable students with medical needs to participate and reach their full potential.
- As agreed with the named member of staff, staff should keep parents and carers informed of their children's progress and development.

## 9. Administration of medicines

- 9.1. Medications will only be administered at school if it would be detrimental to the student not to do so and only in agreement with parents and carers who may otherwise be required to attend school to administer the medication.
- 9.2. For students who have one, this must be recorded in the IHCP. On occasions and as stated in the IHCP, it may be appropriate for parents to come into school to administer medication.
- 9.3. No student under 16 should be given prescription or non-prescription medicines without the consent of their parents or carers, via the medical administration form. In exceptional circumstances medicine may have been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student or young person to involve their parents while respecting their right to confidentiality.
- 9.4. Prior to designated staff administering any medication, the student's parents / carers must complete and sign a medication administration form agreeing that the medication can be administered by staff or self-administered by students in line with an individual IHCP, when appropriate, or other plan agreed with parents and the student. The headteacher/head of school should also sign these agreements. The student's capacity to self-administer should be considered carefully by all stakeholders. If considered appropriate, the student may be offered the option of self-administering, but with a designated member of staff observing. The parent or health care professional should share any instructions and advice on how to best support the student.
- 9.5. Schools should only accept and administer prescribed medicines if these 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 still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- 9.6. Medicines which do not meet these criteria will not be administered.
- 9.7. A maximum of four weeks' supply of the medication may be provided to the school.
- 9.8. Medications will be stored securely in the designated secure area.
- 9.9. Non-prescription medicines will never be regularly issued to students unless parental consent is given through the Medical Administration Form (Appendix 3). Medicines should be clearly labelled, in date, in the original container and should give instructions for administration, dosage and storage. In exceptional circumstances, staff may seek verbal permission. This must be recorded. Staff must check the maximum dosage, and when the previous dose was administered. It is good practice for this to be witnessed by another staff member.
- 9.10. A student under 16 should never be given medicine containing aspirin or ibuprofen unless prescribed by a doctor and a written consent form has been signed by their parent/carer.
- 9.11. A consent form enabling a member of staff to administer medication to a student must be completed with the parent/carer in all cases. No medication will be administered by school staff without this form being completed. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents must be informed.
- 9.12. Staff must not undertake any health care procedures without appropriate training and the consent of parents/carers. A first aid certificate does not constitute appropriate training in supporting students with medical conditions. Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure or in providing medication and instructions must be clearly recorded in the IHCP and agreed by designated staff and stakeholders including

parents and student.

- 9.13. Any medications left over at the end of the course will be returned to the student's parent/carer.
- 9.14. Written records will be kept of any medication administered to students by the designated member of staff or when a designated member of staff has observed a student self-administer.
- 9.15. Storage of student's medication will remain secure. However, students will never be prevented from accessing their medication if required and will be under supervision of designated staff if required and in accordance with the IHCP. Students should always know where their medicines are and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to students and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- 9.16. Students will be informed regarding emergency procedures. These will be agreed with parents and carers and included in the student's IHCP.
- 9.17. Parents/carers are encouraged to ask doctors to prescribe medication which can be administered outside school wherever possible and when appropriate. Students will be encouraged to take their own medication under the supervision of a staff member, and this will be recorded in the IHCP and the school's written records where required.
- 9.18. The ATLP cannot be held responsible for side effects which occur when medication is taken correctly. Details of side effects will be included in the IHCP.
- 9.19. Staff will ensure confidentiality is maintained at all times and only relevant staff will be made party to the information required to ensure that students' safety and wellbeing is maintained.

## 10. Over-the-counter medicines

- 10.1. The Medicines and Healthcare Products Regulatory Agency licenses all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. It has been considered a misuse of GP time to provide an appointment for a student with the sole purpose of acquiring a prescription for an OTC medicine. Sometimes a student's medical condition may mean that they need to take OTC medication.
- 10.2. OTC medicines can be administered to students on the same basis as prescription medication, i.e. where medically necessary, with the parent/carer's consent, when approved by the headteacher/head of school in accordance with the school's policy and as set out in the student's Individual Health Care Plan, if one is in place. Parents /carers should be informed if OTC medication has been administered that day.
- 10.3. With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging. Staff administering should check with parents/carers, or the student if appropriate the date and time that the student took the most recent dose. Again, it is good practice for this process to be witnessed by another staff member.
- 10.4. For students who regularly need analgesia, such as paracetamol e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that student only.
- 10.5. Schools must not routinely keep stock supplies of analgesics for potential administration to any student. However, in rare circumstances, if a school feels it is absolutely necessary to keep stock supplies the school must detail the circumstances in which students may be given the analgesic and explain how the medicine will be safely stored, evidenced by a risk assessment. Parental consent must always be obtained before administering a medicine under these circumstances.
- 10.6. Students should be encouraged, where appropriate, to keep a small supply (two tablets) of their chosen analgesics with them in case of emergency.
- 10.7. Students should not carry large quantities of analgesics with them in school.

## 11. Record keeping

11.1. ATLP will ensure that all information is stored in accordance with data protection guidelines. Each ATLP school will keep an up-to-date record of:

- any medication issued and by whom and when;
- any training undertaken;
- individual healthcare plans (these should be uploaded to My Concern);
- emergencies and any lessons learned.

## 12. Unacceptable practice

12.1. Staff should use their professional discretion and judge each case individually with reference to the student's IHCP. It is generally not acceptable to:

- prevent students from easily accessing their medication and inhalers and administering their medication when necessary
- assume that every student with the same condition requires the same treatment
- ignore the views of students and parents/ carers
- ignore medical advice
- send students with medical conditions home frequently for reasons associated with their medical condition, or prevent them staying for normal school activities, including lunch, unless specified in their IHCPs
- send students with medical conditions who become unwell to the school office or medical room unaccompanied or with someone unsuitable
- penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent students from drinking, eating, or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- require parents/ carers to attend school to administer medication or address toileting issues unless stated in the IHCP or make them feel obliged to do so
- share or store personal student data in a way that is not in line with current UK data regulations.

## 13. Trips and visits

13.1. Students with medical conditions will be supported to participate fully in school trips, off-site visits, sporting activities and residential visits.

13.2. Schools must make reasonable adjustments to allow for students with medical conditions, unless advised by a health professional against it.

13.3. Full risk assessments will be undertaken with parents/carers, health providers, the activity provider and the student. These should be recorded on the appropriate EV form (Evolve) and shared on a need-to-know basis.

13.4. The Educational Visits Coordinator (EVC) should ensure that leaders of trips and visits are fully aware of this policy and of any students with medical conditions

## 14. Managing absences

- 14.1. Parents and carers must contact the school on the first day their child is unable to attend due to illness.
- 14.2. Absences due to illness will be authorised, unless the school has genuine doubt about the authenticity of the illness.
- 14.3. For absences of up to 15 days, the school will provide work as appropriate. The school will agree with staff, parents and carers and the student which areas of the curriculum should be prioritised.
- 14.4. For absences that are expected to last for 15 days or longer, either in one absence or over the course of a school year, the named person with responsibility for students with health needs will notify the LA, who will take responsibility for the student and their education.
- ~~14.5.~~
- ~~14.6-14.5.~~ When appropriate and agreed with medical professionals, part-time attendance will be considered.
- ~~14.7-14.6.~~ When students are admitted to hospital, the named member of staff will liaise with the LA regarding the programme that should be followed while the student is in hospital.
- ~~14.8-14.7.~~ The LA will set up a personal education plan (PEP) for the student which will allow the school, the LA and the provider of the student's education to work together.
- ~~14.9-14.8.~~ The school will monitor student attendance and mark registers to ensure it is clear whether a student is, or should be, receiving education other than at school.
- ~~14.10-14.9.~~ Parents should refer to the ATLP Attendance Policy for further details regarding student attendance.

## 15. Students with complex or long-term health issues

- 15.1. When a student has a complex or long-term health issue, the school will discuss and agree how best to meet their needs with their parents and carers, the LA, relevant medical professionals, and when appropriate, the student.
- 15.2. Students with health needs should attend full-time education whenever possible. Schools should make reasonable adjustments to students' programmes of study when medical evidence supports the need for those adjustments, in line with students' individual healthcare plans (IHCPs) when appropriate.
- 15.3. Students who are admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.
- 15.4. Whenever possible, the school will maintain regular contact with the student through home visits, video calling, telephone or email contact as in line with the Home Visits Policy. Whenever possible, staff will ensure that they have 'eyes on the child'. Staff will escalate their concerns when they have not been able to see the child and exercise their professional curiosity to ensure that children are safe.
- 15.5. When a student is educated using alternative provision, it is the school's responsibility to establish that the provider has undertaken the necessary safeguarding requirements to keep children safe.
- ~~15.6.~~ ~~For absences that are expected to last for 15 days or longer, either in one absence or over the course of a school year, the named person with responsibility for students with health needs will notify the LA, who will take responsibility for the student and their education.~~
- ~~15.7-15.6.~~ The school will liaise with the LA when absences are anticipated so that education can continue whenever possible. The LA must arrange suitable full-time education for students of compulsory school age who, because of illness, would not receive suitable education without such provision.

## 16. Working with local authorities to support students who are absent long term

16.1. When students are educated at a different provision because of their illness, each school within the ATLP has a duty to support the LA to:

- address the needs of individual pupils in arranging such provision
- ensure the education pupils receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible
- ensure that the provider has relevant information, curriculum materials and resources
- review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education
- ensure the student can successfully remain in touch with their school, for example through email contact, invitations to school events or newsletters, or remote learning
- have clear policies in place for the provision of education for children and young people under and over compulsory school age

16.2. For the purpose of this policy ATLP recognise that children who are unable to attend school as a result of their medical needs may include those with

- physical injuries
- mental health problems, including anxiety issues
- emotional difficulties or school refusal
- progressive conditions
- terminal illnesses
- chronic illnesses

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

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

## 17. Reintegration

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

17.2. To support students to return to school following an extended period of absence, the school may consider adaptations such as a part-time timetable, places to rest at school, remote learning, one-to-one support, special exam conditions, and other measures.

17.3. If appropriate, the school nurse or other medical professionals will be involved in developing the reintegration plan.

- 17.4. For absences longer than 15 days, the plan will be developed near to the students likely return date to avoid putting undue pressure on an ill student and their family.
- 17.5. The school is aware that some students will need gradual reintegration over a long period of time and will always consult with students, their parents and key staff about any medical issues, timings and the preferred pace of return. The plan should include:
- details of regular meetings to discuss reintegration.
  - details of the named member of staff who has responsibility for the student.
  - clearly stated responsibilities and the rights of all those involved.
  - details of social contacts, including the involvement of peers and mentors during the transition period.
  - a programme of small goals leading up to reintegration.

## **18. Follow-up procedures**

- 18.1. The school will ensure a welcoming environment is developed and encourage students and staff to be positive and proactive during the reintegration period. Following reintegration, the school will support the LA in seeking feedback from the student regarding the effectiveness of the process.

## **19. Individual health care plans**

- 19.1. Individual Health Care Plans (IHCP), known as Care Plans, can help ensure that students are effectively supported in school or out of school. However, not all students with medical needs require one. The school, healthcare professionals and parent/carer should agree based on evidence when a healthcare plan would be appropriate. An IHCP will often be essential when conditions are long term and complex, fluctuate or when there is high risk that emergency intervention will be needed. When a student has special educational needs and/or a disability (SEND) but does not have an Education Health and Care Plan (EHCP), their special educational needs should be mentioned in their IHCP. When the student has a special educational need identified in an EHCP, the IHCP should be linked to or become part of the EHCP (See Appendix 3 for IHCP).

## **20. Removal from the school roll**

- 20.1. The school will only remove a student who is unable to attend school because of additional health needs from the school roll when:
- the student has been certified by an appropriately qualified medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
  - neither the student nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

## **21. Policy Review**

- 21.1. This policy shall be reviewed on an annual basis by the ATLP Trust Board.





## Appendices

1. List of designated staff.
2. Proforma to record named, designated staff.
3. IHCP.
4. Medication Administration form
5. Annual school review plan
6. Guide for parents / carers.

## 22. Appendix 1

### Named and designated staff

This policy will be updated annually by central staff and shared with each school.

In each ATLP school or setting, the headteacher/head should identify and be named in the policy and staff responsible as listed below:

- the member of staff who has responsibility for ensuring that all staff are informed of the policy and the students for whom it is relevant
- the member of staff responsible for ensuring cover/supply staff are informed
- the member of staff responsible for maintaining and providing appropriate staff training, including whole-school awareness training
- the member of staff responsible for monitoring IHCPs
- the member of staff responsible for ensuring that staff leading school trips/visits understands their duties as set out in this policy.

### 23. Appendix 2: Proforma to record designated staff names

Name of School	Coton Green Primary School	Head teacher/head of school and staff member with delegated responsibilities	Richard Osborne
<b>Role:</b>		<b>Name of Designated Person:</b>	
The member of staff who has responsibility for ensuring that all staff are informed of the policy and the students for whom it is relevant		Richard Osborne	
The member of staff responsible for ensuring cover/supply staff are informed		Amy Stephens	
The member of staff responsible for maintaining and providing appropriate staff training including whole school awareness training		Vicki Eccles	
The member of staff responsible for monitoring IHCP		Richard Osborne	
The member of staff responsible for ensuring that staff leading school trips/visits are fully converse with this policy.		Charlotte Wesley	
Named designated staff who are authorised by the headteacher to administer medication:			
Amy Stephens		Annia Pegg	
Lynne Fenton		Vicki Eccles	
Richard Osborne		Natasha Saunders	
Kim Robinson		Danielle Vann	
Abbi Whiffin		Dawn Sanza	
Emma Lewis		Sarah Holbrook	
Johanne Percival		Andrew Parker	
Vicki Eccles			

## 24. Appendix 3: Individual Health Care Plan (IHCP) template

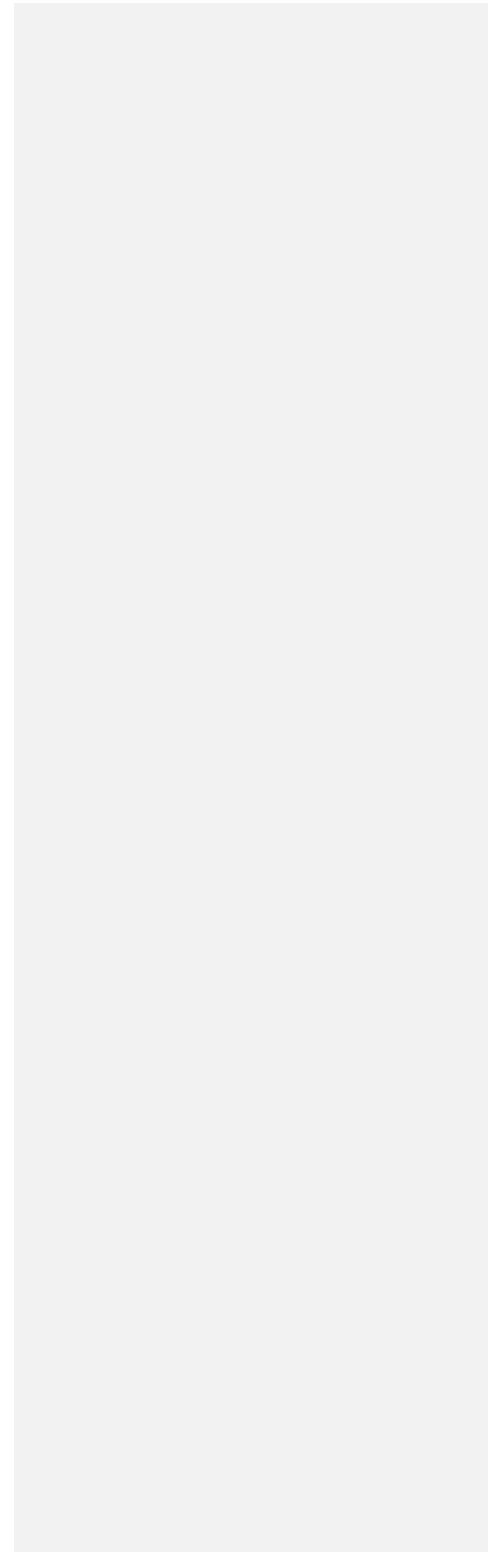
		ATLP – Coton Green Primary School Individual Health Care Plan			
Student name:					
Address:					
Date of Birth:					
Class teacher/tutor:		Yr.	TGrp		
HOS		PL		Tutor	
Medical Condition:					
Date plan drawn up:					
Review date:					
CONTACT INFORMATION					
Family Contact 1 Phone No:		Name:			
		Home:			
		Mobile:			
		Work:			
		Relationship:			
Family Contact 2 Phone No:		Name:			
		Home:			
		Mobile:			
		Work:			
		Relationship:			
GP					
Name: Address: Phone No:					

Clinic/Hospital Contact Name: Phone No:
Describe medical condition, its triggers, signs, symptoms and treatments:
Resulting needs and daily care requirements and treatments including medication (dose, side effects and storage) (e.g. before sport/at lunchtime):  Additional treatments, facilities, equipment, access to food and drink where this is used to manage the condition, dietary requirements and environmental issues such as crowded corridors, access to facilities:

Additional information on level of support: i.e. can the student administer their own medicine are they self-managing Describe what constitutes an emergency for the student, and the action to be taken if this occurs:
Follow up care, including social and emotional needs/how absences will be managed, access arrangements counselling etc.
Who is responsible in an emergency (State if different on off-site activities):

The following staff must be notified: Please indicate	
Name	Position Head/ Deputy/Assistant Headteacher Phase Leader/ Progress Leader Class Teacher/Tutor Reception staff Office Manager SENCO Medical Admin Assistant Attendance Officer Teaching Staff First Aiders Lunchtime Supervisors Any others

Signed	Date
Parent/carer	
Student (where appropriate)  Headteacher/head of school In absence of HT/HoS, form to be signed by the member of staff nominated by HT & countersigned by the HT/HoS on their return.	



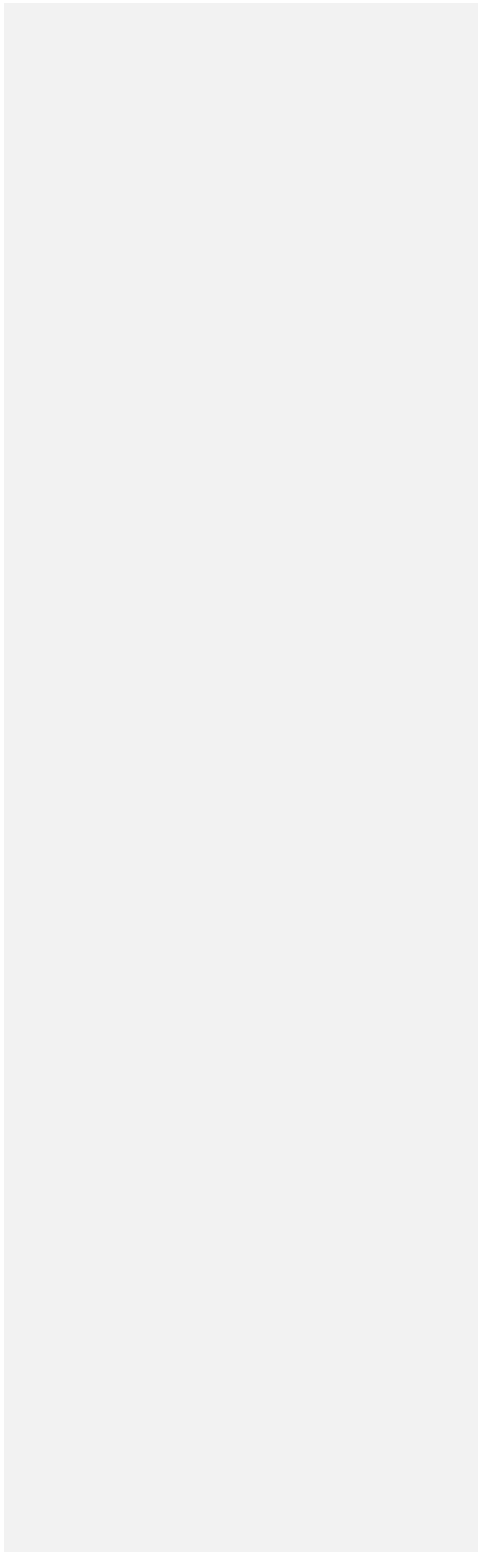
## 25. Appendix 4: Agreement for parents and carers

The ATLP School Medication Administration Form	
<p>The Coton Green Primary School will not give your child medicine unless you complete and sign this form. Any medication that has been prescribed by a GP, should be within the expiry date &amp; include original packaging with dispensing &amp; dosage label. Over the counter medicines must also be in date, in the original packaging and have dispensing, dosage and storage.</p> <p>No medication will be administered without the completion of this form.</p>	
Name of student:	
Date of birth:	
Group/Class/Form:	
Medical condition/illness:	
Medicine/s:	
Name/Type of Medicine (as described on the container):	
Date dispensed:	Expiry date:
Agreed review date to be initiated by [name of member of staff]:	
Dosage, method and timing:	
Special Precautions:	
Are there any side effects that the school/setting needs to know about?	
Self-Administration: Yes/No (delete as appropriate)	
Self-administered but with designated member of staff observing: Yes/No	
Are there any key points the observing member of staff should know?	
The above information is to the best of my knowledge accurate at the time of writing, and I give my consent to school staff administering the medication in accordance with school policy and I understand that this is administered in good faith and on a voluntary basis and that school cannot be held responsible.	
Parent's Signature	
Print Name	
Date	

Signature of  
headteacher/head of school.

In absence of HT/HoS, this  
form should be signed by the  
member of staff nominated  
by HT & countersigned by the  
HT on their return

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## 26. Appendix 5: Reviewing School's Provision

Key questions	School's Evidence		
	Achieved	In progress	Not achieved
Do you ensure that parents and students are consulted about, and made aware of, your arrangements for supporting students with medical conditions in school?			
Do you promote students' confidence and self-care in managing their own medical needs?			
Do you ensure that staff receive satisfactory training in supporting students' medical needs in school?			
<u>Does the school have a policy for supporting students with medical conditions in school?</u>			
Do <del>governors-trustees</del> <u>have arrangements in place</u> to ensure that policies, plans, procedures and systems are properly prepared and implemented?			
<del>Does the school have a policy for supporting students with medical conditions in school?</del>			
Does the school have a contingency plan to cope if staff refuse to administer medication?			
Is the policy reviewed regularly?			
Is the policy easily accessible by parents & staff, in particular the section?  Which explains the school's procedures for dealing with medication in school?			
Does a named individual have overall responsibility for implementation of the policy?			
Are arrangements in place to ensure that the policy is implemented effectively?			
Are Individual Healthcare Plans (IHCPs) reviewed at least annually?			
Is there a named individual who is responsible for the development of IHCPs?			
Is the school able to identify which staff in school need to be made aware of student's medical needs and are those staff aware of which students have health needs and what support is required?			

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Is written permission from parents and the Headteacher/SLT obtained to allow administration of medication by a member of staff, or self- administration by the student, during school hours?			
Are arrangements identified in the policy to allow students to manage their own health needs?			
Do IHCPs contain appropriate prescription and dispensing information?			
Are emergency contact details and contingency arrangements included within the IHCP?			
Does the IHCP explain what arrangements or procedures should be in place during school trips or other school activities outside of the normal school timetable so that the student can participate and are these reviewed prior to each event?			
Does practice reflect the policy?			
Does the policy identify roles and responsibilities?			
Are training needs regularly assessed?			
Have sufficient staff received suitable training?			
Is a record kept of training undertaken?			
Are written records kept of all medicines administered to students?			
Do <b>all staff</b> know what should happen in an emergency?			
Is the appropriate level of insurance in place and does it reflect the level of risk?			
Does the policy set out how complaints can be made?			
<b>Signed:</b> headteacher/head of school: <b>Date:</b> <b>Strategic lead:</b> <b>Date:</b>			

## 27. Appendix 6: A guide for parents and carers

School name ....

### Administration of Medicines in schools. A guide for parents and carers

#### What we will do to support your child:

- We welcome and support children with medical conditions in all our schools.
- We are fully committed to ensuring that children with medical conditions have the same opportunities as their classmates.
- We will ensure that children with medical conditions are cared for and supported.
- We will support children with medical conditions to take part in all aspects of education, including trips and physical education.
- We will make reasonable adjustments to help this to happen.
- We will do our best to ensure that students with medical conditions remain in school, including at lunchtimes, unless stated otherwise in their IHCP.
- We will work with other health care professionals and you to find the best way to support your child.
- We will make sure that all our teachers and staff who come into contact with children with medical conditions are informed of the child's needs.
- We help staff identify children with medical needs, but we will maintain confidentiality.
- We will train our staff where appropriate.
- We will not prevent children from eating, drinking, or taking toilet breaks to manage their condition.
- We will give medicine to a child under the age of 16 only if we have your full consent as the parent/ carer.
- We can administer prescription medication and over-the-counter medication but only in the circumstances set out in our policy.
- We will work on the 7 rights of medical administration:

***right patient, right drug, right dose, right time, right route, right reason and right documentation.***

#### We ask you as parents and carers to:

- Please complete the form found in our Supporting Students with medical needs policy found on our website.
- Please make sure that any medicines brought into school are:
  - in the original packaging
  - in date
  - have the child's full name and dosage clearly stated.

This will help us make sure that we support your child as well as possible. We know that the best way to support your child is to work together.