



United Learning
The best in everyone™

Shoreham Academy

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

Published: June 2026

Next Review: June 2027

Document Control	
Document Title:	Supporting Pupils with Medical Needs and Children with Health Needs who Cannot Attend School Policy.
Version:	4
Summary of Changes from Previous Version:	<ul style="list-style-type: none"> ▪ No changes of substance. ▪ Reformatted in line with policy template only. ▪ Asthma, Epilepsy, intimate care policies all now included within this policy ▪ Appendices updated
Name of Originator/Author (including job title):	<ul style="list-style-type: none"> ▪ Frazer Smith – Group Safeguarding Lead
Target Audience:	Headteachers, Governors, Designated Safeguarding Leads
Review By Date:	June 2027
Date Issued:	22.12.25.
School Context	
This policy was developed in consultation with parents/carers, staff and pupils and has regard to:	<ul style="list-style-type: none"> • Statutory Guidance: Supporting pupils at school with medical conditions – DfE – December 2015 • Section 100 of the Children and Families Act 2014 and associated regulations • The Equality Act 2010 <p>The SEND Code of Practice (updated 2020)</p>
Principal:	Jim Coupe
The named member of school staff responsible for this medical condition policy and its implementation is:	<p>Name: Tim Harkins</p> <p>Role: Business Director</p>
Governor with responsibility for Medical Needs:	Kay Haffenden
This policy will be reviewed annually	
Agreed by Governing Body:	June 2026
Review date:	June 2027

Contents

Part one: Supporting Pupils with Medical Needs Policy - Shoreham Academy	4
Roles and Responsibilities	4
Part Two: Children with Health Needs who cannot attend school	14
Appendices	17
Appendix 1 Administration of Medication	17
Appendix 2 - Request for Academy Staff to Administer Paracetamol supplied by the Academy During the Day and on Residential Academy Trips	19
Appendix 3 Request for Student to Carry his/her Own Medicines	19
Appendix 4 Administration of Ibuprofen	21
Part 2: - Administration of Medication Record - To be completed by member of staff giving medicine: .	22
Appendix 5 Asthma Information Form – Online Microsoft Form	22
Appendix 6 Medical Care Plan	23

Part one: Supporting Pupils with Medical Needs Policy - Shoreham Academy

This policy is to be read in conjunction with our:

- SEND Policy
- Safeguarding and Child Protection policy
- Equality and Diversity Policy
- Behaviour and Anti Bullying policies
- Teaching and Learning policies
- Health and Safety Policy
- School Educational Visits Policy
- Complaints Policy
- Attendance Policy
- Data protection Policy
- Records Management Policy

Aims

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

Objectives

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

Roles and Responsibilities

The Governing Body

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

- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Principal

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Shoreham Academy.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs) Appendix 6.
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers/staff who support pupils in line with this policy.

Staff Members

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

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

Parents/Carers/Guardians

- Parents have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school. Draft in Appendix 1 Part 2 – Administration of Medication form
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the Student Services Manager, specialist nurses or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

The Pupil

- Pupils are often best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, pupils will be allowed to carry their own emergency medicines and devices, after consulting with Student Services. Where this is not possible, their medicines will be located in an easily accessible location.
- If parents or carers want their child to carry their own medication, the permission to carry their own medication form must be completed (appendix 3) and authorised by the Senior Lead for Health & Safety at the Academy.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a staff member.

Local Authorities

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

Individual Health Care Plans

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

- Parents will receive a copy of the Health Care Plan with the originals kept by the school. Medical notices, including relevant pictures and information on symptoms and treatment are placed in the medical section of Arbor and shared with the child's class teachers and key staff as required, for quick identification, together with details of what to do in an emergency.

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form (appendix 1).
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances. Any parent wishing their child to take non-prescription medicine other than paracetamol during the school day must bring the medicine to the academy reception and wait while the student is called down. The parent/carer can then administer this medicine and sign the form held in reception for this purpose i.e. antihistamine or other pain relief.
- Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in the Student Services Office. All medicines must be stored safely. Children should know where their medicines are at all times 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 adrenalin pens should be always readily available to children and not locked away.
- Any medications left over at the end of the course will be returned to the child's parents.
- Pupils with asthma are encouraged to carry their inhalers with them. However, a spare inhaler may also be kept in the school first aid room. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.
- Paracetamol is permitted to be administered to a student. A supply of standard 500mg Paracetamol is provided by the academy to discourage students from bringing in their own. Paracetamol will only be administered at lunch break from 12.20pm -2:00pm by Student Services staff and only in exceptional circumstances. Prior consent must be provided by the parent completing the 'Permission to Administer Paracetamol' form – Appendix 2 or on the Y7 admissions medical information form. Students must be asked if they have taken any other medication that day before Paracetamol is administered. A note must be given to each student with the date, time and dosage to be passed on to their parent/carer. Only the following doses can be administered:
 - Age 11-15 - 1x tablet of 500mg.
 - Age 16 and above - 2x tablets of 500mg.
 Administration of Paracetamol will be recorded by academy staff on Arbor.
- Ibuprofen. Non-prescription ibuprofen will be administered by staff providing they are supplied in the original packaging with the manufacturer's instructions and accompanied by a Request for School to Administer Ibuprofen form – (Appendix 4) and is suitable for the student's age. For injury Ibuprofen will only be administered for a maximum of two weeks on a regular basis. For ongoing conditions such as migraine, it can be administered as needed. Ibuprofen must be administered with or after food.
- As from October 2017 changes to government legislation allow schools to carry spare generic auto-injectors to be used in the case of anaphylaxis. It remains the responsibility of parents to ensure that two auto injectors are supplied for each child that has been prescribed one. (one to be carried by the

student and one to be kept in the first aid room). Generic auto injectors may be used on any student suffering from anaphylaxis regardless of whether they have been prescribed one previously by their GP.

- Pupils will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Shoreham Academy cannot be held responsible for side effects that occur when medication is taken correctly.
- Written records will be kept of any medication administered to children on Arbor or recorded on forms as stated previously.

Storage and Access to Medication

Students must be made aware of where the medicine is held and who holds the key. In the event of a student requiring spare emergency medication held in the first aid room, staff will be fully briefed on the procedures for obtaining the medication. The first aid room can be accessed by all staff using their identity swipe cards.

Emergency medicines such as inhalers and Auto-Injector are held by the student who must take responsibility to have it to hand, at all times including outside in PE lessons, while on work experience placements and on educational visits. A spare auto-injector must be provided for each child who is prescribed them and will be held in the first aid room, clearly labelled and easily accessible. Parents/carers may also leave a spare inhaler in the first aid room.

Medicines that require refrigeration are kept in the first aid room fridge, clearly labelled and in an airtight container.

Administration of all medicines must be signed on the 'Administration of Medicines' form by two members of staff dispensing.

Record keeping

When a child joins the academy, parents/carers are asked to declare any medical conditions that require care within school, for the academy's records. At the beginning of each school year, parents are requested to update details about medical conditions and emergency contact numbers.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommendation that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for students to avoid any contact with hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Anaphylaxis policy will be updated prior to September 2026 to incorporate new national guidance.

Asthma

The academy: Recognises that asthma is a widespread, serious but controllable condition and the academy welcomes all students with asthma and ensures that students with asthma can and do participate fully in all aspects of academy life, including art, PE, science, educational visits and out of hours activities.

The academy recognises that students with asthma need immediate access to reliever inhalers at all times. The academy keeps a record of all students with asthma and endeavours to ensure that the whole academy environment, including the physical, social, sporting and educational environment, is favourable to students with asthma. We ensure that all academy staff who have students with asthma in their care, know who those students are and know the academy's procedure to follow in the event of an asthma attack.

Asthma Medicines

Immediate access to reliever medicines is essential. Students with asthma are expected to carry their own inhalers with them at all times. It is strongly advised that the academy is provided with a labelled, in date spare reliever inhaler which will be kept in the first aid room. All inhalers must be labelled with the child's name.

If a student who has been prescribed an inhaler and requires to use it but does not have an in-date inhaler on them in school, the academy will take the following action:

- Phone the parent/carer and request that the inhaler is brought into the academy without delay.
- If we become aware the parent/carer fails to supply their child with an inhaler, we will contact home for a replacement via phone call or email and follow this up with letter and meeting as required.
- Use of the academy's generic salbutamol inhaler and will be reliant on calling for immediate verbal parental permission or calling 999 and following their advice.

Emergency Inhalers

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

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Further information for the use of the emergency inhaler can be found at - [Guidance on the use of emergency salbutamol in schools \(DoH, 2015\)](#). The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Exercise & Activity – PE and Games

All children are encouraged to participate fully in all aspects of academy life, including PE. Students should use their inhalers before exercise, as appropriate, and during exercise if needed. Staff are aware of the importance of thorough warm up and down. Each student is required to take their inhaler out to PE lessons with them and can ask the PE teacher to keep it safe during the lesson for them. The student is responsible for collecting the inhaler from the teacher at the end of the lesson.

School Environment

The academy endeavours to ensure that the academy environment is favourable to students with asthma. The academy will take into consideration any particular triggers to an asthma attack that an individual may have and will seek to minimise the possibility of exposure to these triggers. Aerosol deodorants are not permitted to be used at the academy.

Diabetes

What is Diabetes?

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body is unable to produce insulin.

The academy:

- Recognises that diabetes is a condition affecting a limited number of students that is serious but controllable condition and the academy welcomes all students with diabetes.
- Ensures that students with diabetes can and do participate fully in all aspects of academy life, including PE, educational visits and out-of-hour activities.
- Recognises that students with diabetes need immediate access to blood sugar monitors and insulin/snacks at all times.
- Keeps a record of all students with diabetes and their treatment routines provided by the specialist diabetes nurse.
- Ensures that all academy staff who have students with diabetes in their care, know who those students are and know the academy's procedure to follow in the event of a hypo/hyper.

Diabetes medicines

Students with diabetes are required to carry their blood sugar monitors on them at all times and must be allowed to use them in a class setting as appropriate. Sometime this is through an app on their mobile phone or watch. The mobile phone is only to be used in class for the purposes of measuring blood sugar levels.

Where a child injects with insulin, they are also allowed to carry this on them in school but the auto-injector must be kept in a separate container to the needles. If a student fails to comply and keeps the autoinjector and needles together, they will have their right to carry the insulin revoked and will have to visit the first aid room, where the insulin will be stored for them during the school day.

The specialist diabetic nurse will provide training for staff in respect of the above for each specific child requiring assistance.

Diabetic care plans are provided by diabetic nurse on an annual basis. All teachers are given access to information on children in their classes who have diabetes. Parents are required to update the academy about any change in their child's medication or treatment.

Educational Visits for Students with Medical Conditions

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

A risk assessment will be completed for all trips to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the specialist nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan is available on Arbor for all trip leaders.

The trip leader must also ensure that medication such as inhalers and auto-injectors are taken on all school trips. A first aid kit must be taken on all school trips.

The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.

The trip leader must check medical requirements of the group and ensure any child with a specific medical condition has access to prescribed medicine whilst on the trip.

Staff Training

The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.

Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Emergency Procedures

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
 - What constitutes an emergency
 - What to do in an emergency
 - Ensure all members of staff are aware of emergency symptoms and procedures

All students should be made aware of how to obtain help for a medical emergency in school. If a pupil needs to be taken to hospital, a member of staff will remain with the child until a parent/carer arrives.

Unacceptable Practice

As outlined in the DfE statutory guidance.

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to regularly attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

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

School Policies

Defibrillators

The academy has four automatic external defibrillators (AED)s onsite. There locations are:

- Student Services
- PE Office
- Port Hall Reception Area
- Outside ILS Office

Intimate Care

Shoreham Academy takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting the students' intimate care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any student with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

We recognise that there is a need to treat all students, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance, and his/her experience of intimate and personal care should be a positive one. It is essential that every student is treated as an individual and that care is given gently and sensitively: no student should be attended to in a way that causes distress or pain, and they should be involved in decisions about their care appropriate to their age and ability.

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some students are unable to do so because of their age, physical difficulties or other special needs. Examples include continence and menstrual care, washing, toileting, dressing, and supervision of intimate self-care.

Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.

Where students with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, consider the principles and best practice guidance in this medical needs policy.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to students. All staff undertaking intimate care must be given appropriate training.

Best Practice

Students requiring regular intimate care will have an IEP, healthcare plan or intimate care plan agreed with parents/carers and relevant professionals. Plans should be reviewed at least annually and whenever circumstances change (e.g. staffing or educational visits), taking into account any historical safeguarding concerns. Where appropriate, agreed terminology for body parts and functions should be documented.

When no plan exists and intimate care is required unexpectedly, parents/carers will be informed the same day. Information will be treated confidentially and shared appropriately.

Accurate, factual records will be kept whenever intimate care or invasive medical support is provided, including dates, times, staff present and any relevant observations. Records will be stored securely and made available to parents/carers on request.

Staff should inform another adult when assisting a student alone. Only school employees with appropriate safer recruitment checks, including enhanced DBS clearance, may provide intimate care.

Whilst safer working practice is important, such as relation to staff caring for a student of the same gender, ideally, every student should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a student. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

All staff should be aware of the school's confidentiality policies. Sensitive information will be shared only with those who need to know.

Child Protection

Students with special educational needs or disabilities are recognised as particularly vulnerable. It is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a student's body. Where appropriate students will be taught personal safety skills carefully matched to their level of development and understanding.

The academy will promote best practice and all adults (including those involved with intimate care and those in the vicinity) will be encouraged to always be vigilant, to seek advice where relevant and consider safer working practice.

Any concerns about injuries, changes in behaviour, distress related to care, or allegations against staff must be reported immediately in line with safeguarding procedures. Concerns will be recorded, investigated appropriately, and escalated to external agencies where necessary. Whistleblowing procedures must be followed where concerns relate to colleague conduct.

Medical procedures

Students may require support with medical procedures such as catheter or colostomy management. These must be agreed with parents/carers, documented and carried out by appropriately trained staff, with a second adult present where possible.

Relevant Documents

Supporting pupils with medical conditions – DfE – December 2015

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

Section 100 – Children and Families Act 2014

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

The Equality Act 2010

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

The SEND Code of Practice – 2015 (updated 2020)

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

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

<http://medicalconditionsatschool.org.uk/>

Part Two: Children with Health Needs who cannot attend school

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

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

Rationale

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

Introduction

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

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

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

Aims

This policy aims to ensure that:

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

Local Authority Responsibilities

Local Authorities are responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to

children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

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

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

Guidance provided by [West Sussex County Council](#) can be found on their [website](#).

Responsibilities of the school

The school will ensure:

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

The staff member with responsibility for supporting students with health needs is [the Principal](#).

The person responsible for making and monitoring these arrangements will be the Director of Alternative Provision. They will be supported by the Heads of School for that child. Children will be monitored at least every 10 working days (if the child is at home this can be coordinated with other professionals to adhere to this time scale and could be remotely via online meetings and needs to consider if the child is medically fit enough for a visit).

For those students who cannot attend school, arrangements to support a child's education will be discussed with relevant staff within the Senior Leadership team, Director of Inclusion and SENCO alongside the schools Education Welfare Officer alongside West Sussex and other external professionals.

These arrangements may include:

- Contact from the Director of Alternative Provision to establish remote learning programme for a student.
- Students and parents/carers will meet every 10 school days, face to face with a member of staff. Where other external professionals are involved, they may be coordinated with, to adhere to this timescale.
- Programmes of remote learning will be adapted to individual needs and timely. They will be reviewed every two weeks in a meeting with students, parent/carer, pastoral team and Director of Alternative Provision, including a member of SEND or pastoral team where needed.
- For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the named person with responsibility for students with health needs may notify the LA, who may then look to take responsibility for the student and their education.

Reintegration

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

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

Attendance Registers/School Roll

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

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

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

Examinations

The named member of staff will liaise with the alternative provision provider over planning and examination course requirements where appropriate. Relevant assessment information will be provided to the alternative provision provider if required. Awarding bodies may make special arrangements for students with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the academy, or LA if more appropriate, as early as possible.

Appendices

Appendix 1 Administration of Medication

Over the counter and Prescription Medication Only – supplied by parents/carers

Part 1 – To be completed by the parent/carer. If more than one type of medicine is to be given a separate form should be given for each.

Student's Name: _____

Mentor Group: _____

Name of Medicine: _____

Dosage Required: _____

Time of Dosage: _____

Declaration

I request that the above medication be given in accordance with the above information by a responsible member of academy staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out on educational visits and other out of academy activities, as well as on academy premises.

I undertake to supply the academy with the medicines in the original pharmaceutical/ prescription packaging, clearly labelled with my child's name

I accept that whilst my child is in the care of the Academy, the academy staff stand in the position of the parent and that academy staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of such action as soon as possible.

I confirm that my child has taken this medicine before with no adverse reactions.

Signed: _____ Date: _____

(Parent/Carer)

Contact Number: _____

Appendix 1 Part 2: - Administration of Medication Record - To be completed by member of staff giving medicine:

Appendix 2 - Request for Academy Staff to Administer Paracetamol supplied by the Academy During the Day and on Residential Academy Trips

Student's name: _____

Mentor Group: _____

Date of Birth: _____

I give permission for _____ (student name) to have one dose (1 or 2 tablets depending on age) of Paracetamol in school and on school trips, when required. Only one dose is allowed during a school day. I confirm that Paracetamol has been administered to him/her previously with no adverse effects.

Signature: _____

Print Name:

Relationship to Student:

Date:

The academy will provide Paracetamol during the academy lunch break from 12.30pm only. If Paracetamol is to be administered outside of those times, then your verbal consent will be required in addition to this written consent.

You must inform the academy promptly of any changes to your consent to administer Paracetamol.

Please note that it is the parent/carer's responsibility to inform the academy immediately of any changes to your child's health.

Appendix 3 Request for Student to Carry his/her Own Medicines

Student's Name:

Mentor Group: _____

Address:

Name of Medicine:

Dosage:

Procedures to be taken in an emergency:

Contact Information

Parent/Carer Name:

Relationship to Student:

Daytime Contact Number:

I would like my son/daughter to keep their medicine on them for use as necessary.

Signature:

Date:

Approved by:

Date:

It may be necessary for academy staff to consult with healthcare professionals before this request can be granted.

Appendix 4 Administration of Ibuprofen

Part 1 – To be completed by the parent/carer.

Student's Name: _____

Mentor Group: _____

Dosage Required:

Time of Dosage: _____

Any other instructions: _____

Declaration:

I request that the above medication be given in accordance with the above information by a responsible member of academy staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out on educational visits and other out of academy activities, as well as on academy premises.

I undertake to supply the academy with the medicines in the original pharmaceutical packaging, clearly labelled with my child's name.

I accept that whilst my child is in the care of the academy, the academy staff stand in the position of the parent and that academy staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of such action as soon as possible.

I confirm that my child has taken this medicine before with no adverse reactions.

I understand that Ibuprofen is only administered to students for injury for a maximum period of two weeks. Should it be needed for longer a prescription is required.

I can confirm that it has been recommended by my child's GP for Ibuprofen to be administered.

Signed: _____

Date: _____

(Parent/Carer)

Contact Number: _____

Part 2: - Administration of Medication Record - To be completed by member of staff giving medicine:

Quantity in Stock:

Expiry Date:

Date	Time	Dosage	Administered by	2 nd Signature	Balance

Appendix 5 Asthma Information Form – Online Microsoft Form

Please complete the questions below so that the academy has the necessary information about your child's asthma.

Please return this form without delay.

Student's Name:

Mentor Group:

1. What triggers your child's asthma?

2. In the event of an asthma attack I consent to staff giving the following treatment:

- Encourage student to sit up straight.
- Take one puff of reliever inhaler (usually blue) every 30 – 60 seconds up to 10 puffs.
- If the student feels worse at any point or does not feel better after 10 puffs call 999 for an ambulance.
- If the ambulance has not arrived after 10 mins and the symptoms are not improving repeat step 2.
- If the symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

3. I understand that my child needs to carry his/her own inhaler whilst at school and on educational visits and work experience placements.

4. It is advised that all students who need an inhaler should also have a spare inhaler held in the medical room at the academy. Spare inhalers are advised in the event that the first inhaler runs out, gets lost or is forgotten. Inhalers must all be clearly labelled with your child's name and must be replaced before they reach their expiry date.

Consent for use of Emergency Salbutamol Inhaler for a Child Showing Symptoms of Asthma / Having an Asthma Attack

I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the academy.

Parent/Carer Signature:

Date:

Please remember to inform the academy if there are any changes in your child's treatment or condition.

Appendix 6 Medical Care Plan

Student Name:

Date of Birth:

Home Address:

Medical Condition: Contact 1:

Name:

Relationship to Student: Mobile:

Home:

Work:

Home Address:

Contact 2 Name:

Relationship to Student: Mobile:

Home:

Work:

Home Address:

GP Information Name:

Surgery:

Contact No:

Specialist / Hospital information: Name:

Hospital:

Contact No:

Specialist / Hospital information: Name:

Hospital: Contact No:

Medications	Dosage	Time

Describe medical needs and give details of symptoms:

Daily care requirements (eg before sport/at lunchtime etc):

Follow up care:

Describe what constitutes an emergency for the child and the action to take if this occurs:

Who is responsible in an emergency (state if different for off-site activities):	
--	--

Form copies to:	Attached to linked documents on SIMS for all staff to access Mentor Head of School Pastoral Managers Parents
-----------------	--

Plan Prepared by: J Salter, Student Services Manager

Signature: Date:

I have read this care plan and confirm the information provided is correct. This care plan will remain on file and in use throughout my child's time at Shoreham Academy. I understand that it is my responsibility to inform Student Services Manager at Shoreham Academy should there be any changes in my child's health or treatment. I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

Signature:

Print Name:

Date:

Staff signature

Date:

Suggested review date: