

Medical Needs Policy

Agreed by SLT: January 2021

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Review: February 2024

Signed by:





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1.0 Core Values and how they link with this policy

think differently

- 1.1 The Medical Needs Policy has been written to help foster an environment that embraces and celebrates difference and ensures that all pupils are safe and embody practice that supports our Vision, Mission and Core Values. Employees at James Brindley Academy are expected to **THINK DIFFERENTLY** to inspire young people to overcome all barriers and achieve their dreams.
- 1.2 James Brindley Academy is committed to the principles of **ethical leadership** in implementing this policy, and this includes all employees respecting the rights of our young people as set out in the **UNICEF Charter**.

JBA Core Values	How this policy addresses these values
THRIVE – We create a positive environment where we thrive and succeed	We are committed to creating an environment where all children and young people’s needs are fully met, allowing them to grow and succeed.
HIGH ASPIRATIONS – We have high aspirations for ourselves and others	We do not consider medical needs to be a barrier. We consistently challenge pupils, allowing them to build on skills and reach for their dreams.
INCLUSION – We are inclusive in all we do and celebrate our differences	We are committed to providing a wide range of exciting opportunities for all our pupils, regardless of their medical conditions.
NURTURE – We educate our young people and staff to nurture their emotional health and wellbeing	We support our children and young people to develop strategies to support their emotional health and wellbeing related to their medical conditions; aiming for their independence as they leave JBA.
KEEP SAFE – We ensure that keeping safe and the safety of others is paramount	We provide the training and resources so that our pupils with medical needs are safe within our setting.





2.0 Introduction

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines and support on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines and support in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Some children with medical conditions may be considered disabled under the Equality Act 2010 and may have special educational needs (SEN) which are detailed in an Education, Health and Care Plan (EHCP). The Special educational needs and disability (SEND) code of practice explains the duties of schools to provide for those children and young people.

3.0 Purpose

3.1 The purpose of this policy is to inform staff, trustees and parents of the management systems in place that can support pupils with medical needs, whilst recognising the various roles within the system. It is important that systems should be based on close co-operation between James Brindley Academy (JBA), parents/ carers and health professionals.

3.2 Key Principles

- All children and young people, regardless of their personal circumstance or education setting receive a good education.
- Staff should understand and work within the principles of inclusivity.
- Lessons and activities should be planned in order to differentiate for those with medical needs to be able to participate fully.
- Staff should understand their role in supporting pupils with medical needs and have access to appropriate training.
- Staff should feel confident they know what to do in a medical emergency.
- Staff should be aware of the needs of their pupils through the appropriate sharing of individual pupil's medical needs.



- Whenever appropriate, pupils should be encouraged and supported to take responsibility for the management of their own medical needs.

4.0 Scope of policy

- To set out how the Academy will support and make provision for pupils with medical needs.
- To explain the roles and responsibilities of everyone in providing for pupils with medical needs.
- To set out the expectations of JBA staff working in close partnership with other professionals, in order to support pupils with medical needs.

5.0 Responsibilities

This information has been taken from the DfE guidance:

5.1 The Governing body is responsible for:

- ❖ Ensuring that arrangements are in place to support pupils with medical conditions.
- ❖ Ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- ❖ Considering that many medical conditions that require support at school will affect quality of life and may be life threatening.
- ❖ Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- ❖ Ensuring that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively managed.
- ❖ Ensuring that the policy for supporting pupils with medical conditions is reviewed regularly and is readily accessible to parents and school staff.
- ❖ Ensuring that the arrangements set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
- ❖ Ensuring that the Academy's policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- ❖ Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.



- ❖ Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimizes disruption.
- ❖ Ensuring that the Academy's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- ❖ Ensuring that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.
- ❖ Ensuring that written records are kept of all medicines administered to children and young people.
- ❖ Ensuring that the Academy's policy sets out what should happen in an emergency situation.
- ❖ Ensuring that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- ❖ Ensuring that the statutory requirements for provision of first aiders are met, that appropriate training and equipment is provided and that correct procedures are followed.
- ❖ Ensuring that there has been sufficient assessment of the risks to the health and safety of their employees at work and others who may be affected by their undertaking, to identify what measures they need to take to prevent or control these risks (Health & Safety Policy).

5.2 The Principal is responsible for:

- ❖ Ensuring that their Academy's policy is developed and effectively implemented with partners.
- ❖ Ensuring that leaders and designated roles are in place which ensure effective implementation and monitoring of this policy within the Academy.
- ❖ Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in implementation.
- ❖ Ensuring that all staff who need to know are aware of the child's condition.
- ❖ Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- ❖ Ensuring that there is appropriate training and guidance for staff who volunteer to be first aiders.
- ❖ The development of individual healthcare plans in the line management of named person in SLT where appropriate.
- ❖ Make sure that JBA staff are appropriately insured and are aware that they are insured to support pupils in this way.
- ❖ If necessary, facilitating the recruitment of a member of staff for the purpose delivering the procedures and processes outlined in this policy.



- ❖ Liaising with healthcare professionals regarding the training required for staff including ensuring that the school nursing service is consulted in the case of any child who has a medical condition
- ❖ Ensuring that parents are aware of the school's health and safety policy, including arrangements for first aid.
- ❖ Regularly review the Academy's first aid needs to ensure the provision is adequate. This should include ensuring that the minimum number of first aiders at each site is maintained.
- ❖

5.3 Senior Leadership: Assistant Principal, Safeguarding & Inclusion (Lisa Valentini) & Head of Finance & Facilities (Mike Burton/Paul Lynch) are responsible for:

- ❖ Overseeing the provision of First Aid.
- ❖ Overseeing the Medical support provision in school.
- ❖ Working with Health and Safety Lead in school to address any safety issues affect child safety and wellbeing.
- ❖ Monitoring and quality assuring the production of Individual Healthcare Plans and Education Health Care Plans for all children in need of medical support in liaison with the SENCo(s).
- ❖ Overseeing the distribution of information to appropriate staff as required to ensure appropriate provision is in place to respond to the changing needs of the whole school.
- ❖ Ensuring both children and parents of children with medical needs are regularly consulted to gather feedback on provision of medical support in JBA.
- ❖ Ensuring the pastoral and admission teams collect and share relevant medical information on new entrants to the school with relevant members of staff, e.g. SENCo.
- ❖ Ensuring that EVLs liaise with the SENCo(s) when planning risk assessments for trips involving children with medical needs.
- ❖ Ensuring that first aid training is arranged as appropriate, in order to maintain the required provision. A record of this training should be maintained.

5.4 Centre Leaders are responsible for:

- ❖ Ensuring that there are sufficient number of first aiders for their centre.
- ❖ Ensuring that there are a sufficient number of staff to administer medication to meet the needs of their centre.
- ❖ Ensuring that all the staff in their centre know who the first aiders are and where the first aid equipment is located.
- ❖ Ensuring that all the staff in their centre are aware of where the medical equipment is located.
- ❖ Ensuring that all the staff in their centre are aware of the pupils who have Individual Healthcare Plans and require emergency medication.
- ❖ Ensuring that the medical needs of pupils are considered within risk assessments for off-site visits.



5.5 Staff members are responsible for:

- ❖ Understanding that any member of JBA staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they can't be required to do so as this is not part of teachers' professional duties.
- ❖ Taking into account the needs of pupils with medical conditions that they teach.
- ❖ Receiving sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- ❖ Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- ❖ Using their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils.
- ❖ Referring pupils to the Designated Safeguarding Lead (DSL) if they have any concerns about a child or young person's health or wellbeing.
- ❖ Knowing who the first aiders are on their site.

5.6 All First Aid trained staff responsible for First Aid should:

- ❖ Refer to individual healthcare plans where appropriate, when administering first aid/emergency medication.
- ❖ Assess injuries or ill health using their training to decide upon the most appropriate response and treating the person if the injury is within their training scope, referring them if necessary for the appropriate treatment, or calling emergency services.
- ❖ Liaise with Designated Safeguarding Lead regarding any Child Protection concerns and ensure these concerns are recorded appropriately.
- ❖ Inform Attendance and Pastoral Teams of any child leaving the premises through injury in order that Attendance records are updated.
- ❖ Contact parents and accompany pupils to hospital where this is necessary.
- ❖ Record any medical emergencies or administration of first aid appropriately. If the incident refers to a pupil, this should be recorded on CPOMS and SIRENS. If it refers to a staff or visitor, it should be recorded on SIRENS only.
- ❖ Call 999 or phone NHS 111 if the first aider is in any doubt whether the person requires professional medical assistance. Urgent treatment should not be delayed in order to consult with parents or carers. Although parents/carers should be contacted as soon as possible.

5.7 Parents and carers are responsible for:

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



5.8 The role of the pupils:

- ❖ When able to, provide information about how their condition affects them.
- ❖ Be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

5.9 The role of the school nurse:

- ❖ When they are aware, notify the Academy when a child has been identified as having a medical condition which will require support in centre. Wherever possible, this should be done before the child starts school.
- ❖ Where appropriate, support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- ❖ Where appropriate, will attend Child Protection or Child in Need conferences or meetings, to contribute information around the child's medical needs.

5.10 The role of other healthcare professionals:

- ❖ Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- ❖ Provide advice on developing individual healthcare plans, including details of possible side-effects of medications.
- ❖ Where appropriate, specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

5.11 The local authority should:

- ❖ Commission the school nurses for maintained schools and academies.
- ❖ Promote co-operation between relevant partners, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- ❖ Make joint commissioning arrangements with clinical commissioning groups (CCGs) for education, health and care provision for children and young people with SEN or disabilities.
- ❖ 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.
- ❖ Work with schools to support pupils with medical conditions to attend full-time.
- ❖ Make alternative arrangements where pupils would not receive a suitable education in a mainstream school because of their health needs.
- ❖ Should be ready to make arrangements when it is clear that a child will be away from school for 15 days or more because of health needs.



6.0 Links to statutory documents and legislation

This policy is written in accordance with the following documents:

[Supporting pupils at school with medical conditions](#) (DfE, 2015)

[Special educational needs and disability \(SEND\) code of practice](#) (DfE, 2014)

[Guidance for first aid for schools](#) (DfE, 2014)

[Ensuring a good education for children who cannot attend school because of health needs](#) (DfE, 2013)

[Equality Act](#) (DfE, 2010)

[Disability and Discrimination Act](#) (DfE, 1995)

[Reporting of Injuries, Diseases and Dangerous Occurrences Regulations](#) (RIDDOR, 2013)

7.0 Links to other policies

This policy links with the

SEND Policy

Code of Conduct Policy

8.0 Practice

8.1 Admission

At the point of admission, the Academy will request full information about existing medical conditions in order that relevant support and training, where appropriate, can be put in place.

It is important for the appropriate centre within the Academy to have sufficient information about the medical condition of any pupil. This may include-

- Details of the condition
- Special requirements e.g. dietary or pre-activity precautions
- Medication and any side-effects
- What to do and who to contact in case of emergency
- The role the school can play

This information should all be included in the child's individual healthcare plan (Appendix 2).



If there is at least one pupil who has been identified as having a severe allergy within the centre, the entire centre will become a specific allergen free zone, e.g. allergy to nuts. Parents and pupils will be informed of this via letter and this will be reinforced by all staff.

8.2 Administration of Medication

- ❖ Medicines should only be administered in centre when it would be detrimental to a child's health or school attendance not to do so.
- ❖ Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- ❖ No member of staff will be obliged to administer prescribed medication; however, staff volunteers will be sought to carry out this role.
- ❖ Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).
- ❖ No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances e.g. where the medicine has been prescribed to the child without the knowledge of parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- ❖ A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- ❖ Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- ❖ Other than in an emergency (as described in the Emergencies section), the Academy will only participate in the administration of over the counter (non-prescribed) medication if the parents have completed and signed the Academy's medication consent form (Appendix x) and has provided the pupil's name written on the medication, checked that the medication is in date and has checked that the manufacturer's instructions on the medicine are in line with what has been requested.
- ❖ The Academy will only participate in the administration of prescribed medication if the parent/care has completed and signed the request form (Appendix x) and has provided the pupil's name, instructions from the prescriber, the prescribed dose, frequency, method,



storage details and expiry date. The medicine must not be administered unless they have been prescribed for a child by an 'Appropriate Practitioner', which includes a doctor, dentist, nurse or pharmacist.

- ❖ The Academy should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instruction for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- ❖ On receipt of the medication, the staff will check that it is suitably and correctly labelled with the name of the pupil, the name of the drug, the required dose and the frequency. Where a pupil needs two or more prescribed medicines, these must be in separate containers, separately labelled.
- ❖ All medicines should 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 adrenaline pens should be readily available to pupils and not locked away. This is particularly important to consider when outside of Academy premises, e.g. on trips.
- ❖ If medication requires refrigeration, this can be done in a separate airtight container, clearly labelled in a refrigerator not available to pupils.
- ❖ When no longer required medicines should be returned to the parent/carer to arrange for safe disposal. This may be at the end of term or when the medicine has surpassed its expiry date. Parents/carers are responsible for ensuring that date expired items are returned to a pharmacy for safe disposal.
- ❖ Sharp boxes should always be used for the safe disposal of needles and other sharps. Sharp boxes can be obtained by parents/carers on prescription from the child's GP or pediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.
- ❖ A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. The Academy should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A



record should be kept of any doses used and the amount of the controlled drug held (appendix 3).

- ❖ Academy staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The Academy will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (appendix 3). Any side effects of the medication to be administered at school should be noted in school (appendix 2).
- ❖ Staff should never accept medicines that been taken out of the container as originally dispensed or make changes to dosages on parental instructions.
- ❖ Changes to instruction on the administration of medication should only be accepted when received in writing from the doctor.
- ❖ Medication required by the child will be reviewed regularly. This can be conducted with parent/carer at the child's PDR review. (SEN policy)
- ❖ If a pupil refuses to take their prescribed medication, they will not be forced to do so. The school will notify the parent/carer as a matter of urgency, record that the pupil has refused and if necessary, the emergency services will be called.
- ❖ As long as the guidance within the policy is followed, the Principal will accept responsibility, in principle, for school staff giving prescribed medication to pupils during the school day.

8.3 Pupil self-administration

Where appropriate, pupils should be allowed to be in charge of their own medication, either keeping it securely on their person or in lockable facilities. A risk assessment should be completed in order to minimize the potential for harm to occur. This will depend on the child's age, maturity, parent/carer, school consent and type of medication. For example, it is appropriate for most pupils to manage their own storage and use of an inhaler.

8.4 Invasive or Intimate Treatment

Where invasive or intimate treatment is required this must be discussed in full with the Principal before any acceptances are given. Any member of staff must feel able to refuse such administration; however, if a volunteer is willing, they must seek to protect the dignity of the pupil, and must always seek a staff witness thus minimizing any potential for accusations of abuse.



8.5 Emergencies

- ❖ If a child needs to be taken to hospital, staff should stay with the child or young person until the parent arrives, or accompany them if taken to hospital by ambulance. If in doubt an ambulance should always be called and staff will never be permitted take a child or young person to hospital in their own car.
- ❖ If a parent is not present then health professionals, and not school staff, will be responsible for decisions about the medical treatment that the child requires. Staff accompanying a child or young person to hospital should ensure that they have basic medical information about the child, for example their Care Plan if one is in place and identifying data e.g. full name and date of birth and their parents' contact details.

8.6 First Aid

- ❖ The appointed person for overseeing first-aid arrangements is Paul Lynch (Site Manager).
- ❖ First aid must be available at all times when people are on Academy premises, and also off the premises whilst on visits.
- ❖ Parents should be informed about all serious or significant incidents, e.g. head bumps so that they can look out for signs that the injury could be more serious. This communication should be logged on Arbor.
- ❖ When a first aider is in any doubt whether the person requires professional medical assistance, calling 999 should not be delayed. The emergency services should decide the appropriate course of action based on the information they are provided.
- ❖ First aiders will need to be informed if a pupil with medical condition is likely to need special medical treatment. Pupil health care plans must be available to first aiders.
- ❖ First aiders must follow their training and maintain good standards of infection control. Whenever small amounts of bodily fluids have to be cleaned up, the appropriate equipment should be used, disposable gloves, aprons, clean up kits, disposable towels and detergent solutions should be used to absorb and clean surfaces, disposed in the correct bagging and placed directly into the waste bin.
- ❖ All first aiders must record incidents appropriately. If this is for a pupil, it should be recorded on CPOMS and SIRENS. If it is for staff or a visitor, it should be recorded on SIRENS only. This information must include, the date, time, place of injury or illness occurring, details of



the injury and what first aid was given, what happened after the incident is the person was sent home or to hospital, and the name of the first aider giving treatment.

- ❖ Records relating to accident/injury at work should be kept for 12 years from the date of incident. For Incident reporting forms, for adults the records should be kept for 6 years from the date of incident, for children they should be kept for 25 years from their date of birth.
- ❖ The minimum provision for a site of James Brindley is at least one first aid kit for use on the premises and one or more kits to be taken off the premises.
- ❖ First aid kits should be stored in a robust container designed to protect the contents from damp, dust and marked with a white cross with green background.
- ❖ The contents of the first aid box should be checked regularly to ensure there is adequate stock and to replenish out of date items.
- ❖ Under the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR, 2013\)](#) some accidents must be reported to HSE.

8.7 Off-site Trips

- ❖ The Academy will, as far as possible, encourage pupils with medical needs to participate in school trips, visits etc. wherever safety permits, taking into account the requirements of the Equality Act (DfE, 2010) and ensuring that reasonable adjustments have been made.
- ❖ EVLs should liaise with the SENCo(s) when organising trips to ensure the appropriate arrangements are made. Staff supervising excursions must be made aware of any medical needs, arrangements for administration of prescribed medication, and relevant emergency procedures. It is the responsibility of the Principal to ensure this information is given to ALL involved staff and appropriate training. Extra safety precautions may need to be put into place, including detailed Risk Assessments. These should include emergency procedures and should form a regular part in any pre-trip staff briefing.
- ❖ Safe storage and accessibility of medication should form part of the risk assessment for all out of Academy activities.



8.8 Sport/Leisure Activities

- ❖ The Academy will, as far as possible, encourage pupils with medical needs to participate in PE activities wherever safety permits. It is acknowledged that some pupils will need to take precautionary measures before or during exercise and/or need to be allowed immediate access to medication if necessary.
- ❖ Teachers supervising such activities must be made aware of relevant medical conditions and emergency procedures by the Visit Leader.
- ❖ Risk Assessments, including emergency procedures, should be put into place and made known to all staff involved with the sporting or leisure activity.
- ❖ Reasonable adjustments must be made in order to ensure equality of opportunity.

8.9 Record Keeping

- ❖ The Academy will keep a written record each time a medicine is administered stating what, how and how much was administered, when and by whom (Appendix 3). Any side effects of the medication to be administered at school should be documented in school.
- ❖ If a pupil spits out or refuses the dose, the school should record this and contact the parent/carer to advise them as soon as possible. It may be necessary in some circumstances to ring the emergency services, e.g. if a child/young person refuses to accept an insulin dose and blood sugar levels are dangerously high.
- ❖ The Academy will keep a written record of any first aid administered. Parents should be informed if their child has been unwell at school.

8.10 The following practices are unacceptable:

Although staff should use their discretion and judge each case on its merits with reference to the individual pupil's healthcare plan.

- Preventing pupils from easily accessing their inhalers and medication;
- Assuming that every pupil with the same condition requires the same treatment;
- Ignoring the views of the pupil or parent; or ignore medical evidence or opinion (although this may be challenged)



- Sending pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal activities; including lunch, unless this is specified in their individual healthcare plans;
- If a pupil becomes ill, sending them to the administration office or medical room unaccompanied;
- Penalising a pupil for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Preventing pupils from participating, or create unnecessary barriers to pupils participating in any aspect of Academy life, including school trips.



9.0 Education for pupils who cannot attend school because of health needs

Children and young people may be referred to James Brindley if they are not able to attend school because of health needs to Short Term Provision (STP). In this case, they will be referred either by their mainstream school or by SENAR (if they have an EHCP). The referral will be conducted with the support of appropriate medical professionals.

A child or young person may already be on roll with a Centre within James Brindley, when they are not able to attend because of health needs. In this case, arrangements need to be made to deliver suitable education outside of school for the child or young person. This may require an internal referral to James Brindley's Short Term Provision (STP). If they require an admission to STP or to Birmingham Children's Hospital, Good Hope, Parkview or Royal Orthopedic Hospitals, James Brindley staff will liaise with each other to ensure continuity of provision and consistency of curriculum.

The law does not define full-time education but children and young people 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. The use of electronic media – such as 'remote lessons' and James Brindley's e-learning platform should be used to compliment face-to-face education.

STP is a 'Short term provision' and hence works with the parents/carers, mainstream schools and appropriate medical professionals to offer provision in the short-term when required, using an appropriately tailored approach. However, this is not intended as a long-term provision and the model involves working cohesively with social care and health services to promote re-integration that focuses on the pupil's interest and positive outcomes. The provision provided will be reviewed on a regular basis (every 6 weeks) to ensure the educational offer continues to be appropriate.

If the child or young person's medical condition prevents them from attending school on a long-term basis, James Brindley will support the home school's application for an Education, Health and Care Plan (EHCP) where appropriate.

The child or young person should be involved in decisions about their education throughout.

A child or young person unable to attend school because of health needs must not be removed from the school register unless a permanent more suitable provision is identified.

10.0 Monitoring and Review

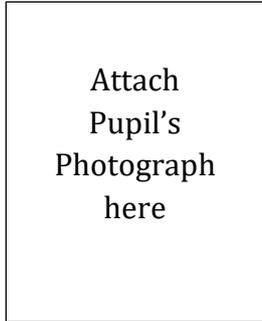
- Assistant Principal (Inclusion) is responsible for reviewing this policy.
- This policy will be reviewed every 2 years.



11.0 Appendix

Appendix 1: School Medication Consent Form

If more than one medication is to be given a separate form should be used for each.



Pupils Name

D.O.B.

Class

Name/Strength of medication.....

How much to give (dose to be given).....

Route to be given e.g. by mouth

When to be given

Any other instructions

Quantity given to school e.g. number of tablets

N.B. MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

Telephone No. of Parent/Carer.....

Name of G.P/Contact Number.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's SignatureDate

My child does/does not travel to school using Travel Assist and will/will not require access to emergency medication during this journey,

I consent to this information being shared with Travel Assist and I will make separate arrangements for them to carry emergency medication during this journey.

Clinic/Hospital Contact:	G.P.:
Name: James Brindley Mental Needs Policy	Name: 
Tel. No.:	Tel. No.:
Describe condition and give details of individual symptoms:	
Specific Daily Care Requirements:	
Signs to look out for/side effects:	
Treatment and Care in an Emergency:	
Emergency: Contact (1): Tel. No.:	Contact (2): Tel. No.:
Follow-up care:	
Special requests from parents:	

Parent's/Carer's Signature Date

I will notify the school of any changes to my child's medical needs which may lead to a change in their care plan.

Signed: _____

Signed: _____



On behalf of School

Parents/Carers

Appendix 2: Individual Healthcare Plan



**Appendix 3
Record of medication administered in centre**

Attach
Pupil's
Photograph
here

Name of Pupil: D.O.B Class

Name and strength of medication: Route to be given.....

Date												
Time Given												
Dose Given												
Quantity in Pack Before												
Quantity in Pack After												
Staff Signature												
Print Name												
Staff Counter Signature												
Print Name												



Appendix 4: Request for pupil to carry and administer own prescribed medication

Form for parents to complete if they wish their child to carry his/her own medication e.g. inhaler/epipen

Pupil's Name	Sector of James Brindley School:
Address:	
Condition or illness:	
Name of Medicine	
Procedures to be taken in an Emergency	

CONTACT INFORMATION

Name:
Signature:
Daytime Phone No:
Relationship to pupil:

Date:

The school will need to hold the medication in a safe place on site. Parents must ensure that the medication is handed in at reception and not carried in school by the pupil.

Please remember to include:

➤ **House style:**

- New format
- Font and Style – Ariel, 12
- Vision & Core Values (in the above template). We agreed that Core Values were easier to include than Mission statements as these would remain static
- Link to Ethical Leadership
- Link to UNICEF Charter
- School to Academy



- Relevant Job titles
- Staff or employees? Then be consistent within your policy
- Pupils to Children and Young People
- Governors to Trustees
- Consider links to other policies up to date?

➤ **Legislative changes**

- KCSIE
- Health & Safety
- Employment

➤ **Other statutory/non statutory changes**

- DfE
- COVID Considerations /Govt guidance