Education of Children with Health Needs Policy

2026-27

This policy should be read in conjunction with the school Policy for Special Educational Needs, the Equal Opportunities Policy and the Allergy and Anaphylaxis Policy

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1. Introduction

At William Patten we are committed to providing pupils with access to education whatever their medical needs or individual circumstances. We believe that all children have the right to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply.
- Where children have an identified special need, the SEND Code of Practice will also apply.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare professionals and other agencies in order to support effectively pupils with medical conditions.

The school recognises that allergies and anaphylaxis can present significant risks to pupils' health and wellbeing. In accordance with best practice guidance and the principles of Benedict's Law, the school maintains a separate Allergy and Anaphylaxis Policy, which sets out procedures for the identification, management and emergency treatment of pupils with allergies. This policy should therefore be read in conjunction with the school's Allergy and Anaphylaxis Policy, Supporting Pupils with Medical Conditions guidance (DfE), the Equality Act 2010 and relevant statutory safeguarding guidance.

2. Definition of Medical Needs

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication or have a short term medical condition.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Pupils with medical needs might also be:

- Children with chronic or short term medical needs involving specific treatments or forms of supervision during the course of the school day.
- Sick children, including those who are physically ill or injured or are recovering from medical interventions.
- Children with a registered disability.
- Children with mental health needs

3. **Roles and Responsibilities**

The Named Persons responsible for children with medical conditions are:
Caitlin Shaw SENDCO and Sian Davies DHT/Inclusion Manager.

They are responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Advising on risk assessment for school visits and other activities outside of the normal timetable
- Working together with parents, pupils, healthcare professionals and other agencies

The Governing Body is responsible for:

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

The Head teacher, Karen Law, is responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

Teachers are responsible for:

- The day to day management of the medical conditions of children they work with, in line with any training received and as set out in medical communication passports and IHPS
- Ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Ensuring that medications kept in school are taken on school trips, where an epi-pen may need to be administered there is a named person and that information is communicated to parents/carers in advance of the trip.

The office staff are responsible for:

- Updating the medical needs register
- Monthly checks of the medications that are kept in school
- Supervising children who take medication in school
- Ensuring parental consent forms are completed and stored appropriately

The school nurse is responsible for:

- Delivery of a School Entry Health Check for reception aged children
- Delivery of the National Child Measurement Programme (NCMP)
- Delivering training to school staff

4. **Medical Needs Information**

- The school will make arrangements with parents/carers to discuss the medical needs of their child. We would encourage parents/carers to share all relevant information regarding their child's medical needs with the school so that we are in a better position to plan for the child's education. This will also inform us of any reasonable adjustments that need to be made (For example a reduced timetable)
- Parents of new pupils are required to complete the section of the admission form, which gives the school information about individual medical needs. It is the duty of parents to share all relevant information so that any necessary preparations can be made. This ensures we are fully informed of the needs of all children in our school community.

- It is the parents' responsibility to inform the school of any change to the individual medical needs of their child.

- Information supplied by parents is transferred to the **Medical Needs Register**, which lists the children in year groups. This list is updated regularly by a member of the administration staff, Rita Quigley.

- The SENCO will prepare **Communication Passports** for children with more serious or long-term medical conditions. This ensures that all staff are aware that these children have additional needs and may require an urgent response if feeling unwell. The needs of these children will also be outlined on a separate **medical needs list** with accompanying photographs.

- A copy of the individual class section of the Medical Needs Register, relevant Communication Passports, and the list for children whose needs may require an emergency response are kept by the year group teachers in a place where it can be referred to easily. This will also be shared with a supply teacher in the event that the class teacher is off work.

- We ensure that support and administrative staff are aware of all children within the school with medical needs as they may be working with children from several different classes.

- The medical needs register is kept in the main office, Inclusion office and first aid medicine cabinet.

- The list for children with medical needs which may require an emergency response is also displayed in the staffroom, kitchen, and school office and in the offices of all members of the senior management team. This ensures that all members of staff are familiar with children with additional needs.

- All staff must familiarise themselves with the medical needs of the pupils they work with. Appropriate training will be provided in relation to specific medical conditions including, but not limited to, Type 1 diabetes, epilepsy, asthma and anaphylaxis. Training will include recognition of symptoms, preventative measures, emergency procedures and the individual responsibilities of staff. Refresher training will be provided regularly and whenever a pupil's medical needs change.

- In cases where children have a medical condition which requires an enhanced level of training and expertise for day to day management and emergency response, such as type one diabetes, designated staff members will hold responsibility. There will always be enough staff members with the appropriate level of training, to cover staff absence.

- First aid training takes place on a rolling programme. First aiders renew their certificate every two years.

5. **Medication in School**

- Medication is kept in the office and is taken under supervision. Medicines are only administered in specific circumstances and parents and carers must fill in a Request to Administer Medication form before sending in medication to the school premises.
- Medicines will only be accepted for administration if they are:
  Prescribed
  In-date
  Labelled
  Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
  The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- It is the responsibility of parents or carers to ensure that medicines are not out of date. However, monthly checks are carried out to check that medication is in the cabinet are not past the expiry date.
- If the medication is near expiry date the parents or carers will be notified and asked to bring in up-to-date medication and given the expired medication to dispose of safely.
- Children with an allergy that requires an epi-pen will need two epi-pens. Both will be kept in the office.
- Asthma inhalers will be kept in the medicines cabinet in the office. A list of children with asthma inhalers in school will be kept alongside the asthma medical list.
- If a child with an allergy shows symptoms that may require medication to be administered (piriton, cetirizine) in accordance with their medical passport and health care plan parents/carers will be contacted first. If it is not possible to contact

parents/carers at the time, they will be informed that it has been administered at the earliest possible opportunity.

- Parents will always be contacted at the earliest possible opportunity where medication is administered as an emergency response, in accordance with the child's medical passport and health care plan.
- Children with more complex medical needs will require an Individual Healthcare Plan. This will be drawn up in consultation with parents and outside professionals. An appropriate adult in liaison with the outside professional will supervise the carrying out of the plan.
- Pupils who have to carry out regular occupational therapy or physiotherapy programmes will be supervised by a member of staff who will have received training from an appropriate professional. Where necessary, pupils will be provided with an exercise bed and a degree of privacy whilst carrying out their exercises.
- Pupils, who need special arrangements for toileting, will be assisted by a trained member of staff. Protective gloves and aprons are provided for staff. Pupils are encouraged to develop as much independence as possible in connection with toileting.
- In an emergency situation where the child needs immediate professional treatment an ambulance will be called by the school. They will also phone the parents/carers and inform them of the situation. A familiar member of staff will accompany the child to the hospital unless the parents/carers arrive at the school before the child leaves in the ambulance. The school will keep in regular contact with the parents/carers until it is confirmed that they are with their child at the hospital. We would require the parents/carers to keep the school up-to-date regarding the child's medical condition and needs.

5A. **Care of Pupils with Type 1 Diabetes**

- The school is committed to ensuring that pupils with Type 1 diabetes are fully included in all aspects of school life and are supported to manage their condition safely and effectively.
- Each pupil with Type 1 diabetes will have an Individual Healthcare Plan prepared in partnership with parents/carers and relevant healthcare professionals. The plan will set out arrangements for blood glucose monitoring, insulin administration, management of hypo- and hyperglycaemia, dietary requirements, participation in physical activity and emergency procedures.
- A sufficient number of staff will receive appropriate diabetes training to ensure that support is available at all times, including during staff absence, educational visits, extracurricular activities and emergency situations.
- Pupils will have immediate access to their diabetes equipment, including blood glucose monitoring devices, insulin, emergency hypo treatments, snacks, drinking water and toilet facilities as required. Pupils will be supported to develop increasing independence in managing their diabetes according to their age, understanding and medical advice.
- Staff will be aware of the signs and symptoms of hypoglycaemia and hyperglycaemia and will respond promptly in accordance with the pupil's Individual Healthcare Plan. Emergency medication and contact details will be readily accessible at all times.

- No pupil with Type 1 diabetes will be excluded from educational visits, sporting activities or other aspects of school life because of their medical condition. Appropriate risk assessments and support arrangements will be put in place to enable full participation

6. Checking in Medication

- Parents/carers will be asked to fill out the Request for Administering Medication form yearly for long term medical needs or a temporary medication form for other medical needs, as and when needed.
- Office staff will check the administration details on the medication and that the medication is in date. All forms will be checked by a member of SLT and initialled. If medication needs to be brought in daily then it must be handed into the office each day.

7. Checking Out Medication

- For short term medical needs parents/carers must collect medication from the office at the end of the day if needed at home.
- It is the parent's/carer's responsibility to collect the medication. We cannot give medication to children to take home.
- If children no longer require long-term medication, e.g. asthma inhalers, then a letter must be handed to the office to inform the school of the change and arrangements made for them to collect the medication and dispose of it safely.

8. School Trips

- In preparation for school trips and before taking children off the school premises, the member of staff in charge will check that any medication or equipment that needs to accompany pupils is safely packed and returned accordingly. There is a sign out and sign in form outlining dates and times to record this and this is kept inside the medicine cabinet.
- Where a child may require an epi-pen or other medication to be administered a named member of school staff will be agreed. That person will be responsible for administering the medication. This information will be included in the risk assessment and communicated to parents/carers in advance of the trip.
- For pupils with Type 1 diabetes, arrangements for blood glucose monitoring, insulin administration, access to snacks and emergency treatment will be specifically addressed within the trip risk assessment. At least one appropriately trained member of staff will accompany the pupil and all relevant medical equipment will be readily accessible throughout the visit.

9. Identification of Medical Needs

- Most medical needs will be identified by the parents/carers, in consultation with a medical professional outside school.

- Any medical concerns the school has about a child will be raised with the parents/carers and reported to the school nurse. Most parents will wish to deal with medical matters themselves through their GP.
- In some instances the school, after consultation with the parents/carers, may write a letter to the GP suggesting a referral to a multi-disciplinary centre such as the Hackney Ark, where a full paediatric assessment can be carried out.
- When pupils enter the reception class, parents are asked to provide permission for the School's Nurse to carry out health checks on their child. Parents can requested a consultation with the school nurse at any time during their child's schooling.
- The School Nurse has a regular meeting with Sian Davies or Caitlin Shaw at which the Medical Needs Register is reviewed and health matters discussed.

10. **Partnership with Parents/Carers and Pupils**

- Parents hold key information and knowledge and have a crucial role to play.
- Both parents and pupils will be involved in the process of making decisions
- Parents are asked to keep the school informed about any changes in the treatment their children are receiving, including changes in medication.
- Parents will be kept informed about arrangements in school and about contacts made with outside agencies.
- Parents and pupils will be consulted before any referral to the Home Tuition Service is made by Sian Davies or Caitlin Shaw.

11. **Absence as a Result of a Medical Condition**

- In cases where pupils are absent for periods less than 15 working days, parents will follow the normal arrangements for informing the school. If the length of the period of absence can be anticipated, then it may be appropriate for the school to provide the pupil with a pack of work to do at home.
- Where an absence exceeds 15 working days, the school will inform the Education Attendance Service. Parents will need to provide the school with a letter from a medical consultant containing details of the medical condition or intervention and information about the estimated period of absence. The school will also contact the Home Tuition Service
- If a pupil is to be admitted to hospital for a period longer than 5 working days, Sian Davies or Caitlin Shaw will contact the Hospital School and will consult with staff there about ensuring continuity of education.
- It is essential that parents/carers inform the school at the earliest opportunity if it is anticipated that an absence will be long-term (exceeding 15 working days)
- When an absence of more than 15 working days can be predicted, arrangements for continuing the pupil's education will be made by Sian Davies or Caitlin Shaw. After speaking to the parents, they will contact the Hospital School and/or Home Tuition Service. They will then send on documentation that will inform staff about the pupil's needs, enabling them to plan appropriate provision.

- Home Tuition will start as soon as is practicable. Pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases the amount of tuition may be increased if the Home Tuition Service has the capacity at the time.
- In cases where a child has recurrent or regular treatment and is away from school for a number of shorter periods, the Inclusion Lead will alert the Home Tuition Service and the Home Tuition Coordinator for Hackney Learning Trust will make every effort to organise special provision for the pupil in question.
- Sian Davies or Caitlin Shaw, with the parent's co-operation, will maintain contact with pupils unable to attend. It may be appropriate for email to be used and if special events are taking place at school it may be possible for a video to be made and a copy sent to the hospital or home. In certain instances a child's class teacher may be able to send material to the education provider that will help to keep the absent pupil up to date with topics being covered in class.
- Arrangements will be made to continue to monitor the progress of pupils unable to attend. This will be done through discussion with teachers working with the child out of school and by examining work samples (where appropriate). In cases of extended absence Sian Davies or Caitlin Shaw will arrange for a review to be held, attended by the pupil's parents, the education provider and the class teacher.

12. **Reintegration Following Absence for Medical Treatment**

- As with the notification of absence, it is very important that parents give the school as much notice as possible about the pupil's date of return to school.
- The Inclusion team will draw up an individually tailored reintegration plan in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan, including the School's nurse. In some cases it will be necessary to have outside professionals on site when the child first returns. On the day of return a Risk Assessment will be carried out with the child, parent and Inclusion team to ensure that the child and others will be safe whilst at school.
- For some children, reintegration will be a gradual process. A pupil may start with a short visit to school and gradually increase the time spent in class as they build up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any safety issues that need to be resolved before a date is fixed for the pupil's return.
- If it seems as though a pupil will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for statutory assessment for EHCP under the SEND Code of Practice (Pupils with Medical Needs). There will be consultation with the parents on this matter.

Policy References

- Supporting Pupils with Medical Conditions at School (DfE, December 2015)
- Equality Act 2010
- Children and Families Act 2014
- SEND Code of Practice 2015
- Allergy and Anaphylaxis Policy
- Guidance issued by the Benedict Blythe Foundation relating to allergy management in schools.

This policy will be reviewed annually by the Governing body

Policy Agreed: **September 2026**
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