

Educating children & young people unable to attend school due to medical or health needs

Section 19 of the Education Act 1996

September 2020

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|--|-----------|
| 1. Aims | 2 |
| 2. The Statutory Framework | 2 |
| 3. The responsibilities of the school | 3 |
| 3.1 The role of the school | |
| 3.2 What if a pupil is unable to attend school due to a medical or health need? | |
| 3.3 Supporting pupils with medical or health needs who are being educate off site | |
| 3.4 Schools' remote education offer in response to Covid-19 | |
| 4. The responsibilities of the London Borough of Croydon | 5 |
| 4.1 The role of the local authority | |
| 4.2 Springboard | |
| 4.3 Cotelands | |
| 4.4 Hospital based in-patient education | |
| 5. Springboard operational arrangements | 7 |
| 5.1 Referrals and communications | |
| 5.2 Start of provision | |
| 5.3 Number of hours of education | |
| 5.4 Assessment of pupils' needs and monitoring pupil progress | |
| 5.5 Good quality provision and flexibility to meet individual need | |
| 5.6 Online learning tools | |
| 5.7 Additional activities and support | |
| 5.8 Arrangements for external examinations | |
| 5.9 Working on partnership with parents/carers and pupils | |
| 5.10 Reintegration to school | |
| 5.11 Children without a school place (including those previously Electively Home Educated) | |
| 5.12 Hospital discharges and out of borough schools | |
| 5.13 The role of the Clinical Commissioning Group (CCG), Croydon Health Services NHS Trust and Child & Adolescent Mental Health Services (CAMHS) | |
| 5.14 The Child and Adolescent Mental Health Service (CAMHS) | |
| 6. Links to related government policies | 11 |
| 7. Contacts for further advice | 12 |
| Appendix A – Other considerations for schools in relation to medical & health needs | 13 |
| A. First aid | |
| B. Defibrillators | |
| C. Asthma inhalers | |
| D. Emergency Adrenaline Auto-injectors (AAI) | |
| Appendix B - Model Policy for schools in relation to the education of pupils with medical needs | 15 |
| Appendix C – Model process for developing individual healthcare plans | 24 |
| Appendix D – Model Individual Health Care Plan | 25 |

Croydon Council policy for the education of children and young people unable to attend school due to medical or health needs

This policy sets out the Croydon Council standards for the education of children and young people who are unable to attend school because of their health or medical needs. The authority recognises that all children and young people are entitled to a high quality education and is committed to ensuring that the needs of this vulnerable group of learners are met.

1. Aims

This policy aims to ensure that:

- How the local authorities fulfils its duty to provide education for pupils on roll who are unable to attend school due to their medical or health needs is set out and understood;
- That schools understand their responsibilities in respect of pupils unable to attend school due to medical or health needs; and
- Parents/carers understand their responsibilities in respect of ensuring their children attend school regularly and what to do if they are unable to do so due to medical or health grounds.

It covers all pupils of compulsory school age who reside within the London Borough of Croydon irrespective of where they attend school.

2. The Statutory Framework

The Education Act 1996 (Section 7) states:

The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable –

- a) To his age, ability and aptitude, and*
 - b) To any special education needs he may have,*
- either by regular attendance at school or otherwise*

A parent who does not ensure their child attends the school they are on roll at regularly may be committing an offence under Section 444(1) or Section 444(1a) of the Education Act 1996.

Section 444 (2A) provides parents with a defence against prosecution if they can provide evidence that the child is unable to attend school due to medical or health needs.

This states:

The child shall not be taken to have failed to attend regularly at the school by reason of his absence from the school at any time if the parent proves that at the time the child was prevented from attending by reason of sickness or any unavoidable cause.

Where a child is unable to attend school due to a medical or health needs the local authority is required by Section 19 of the Education Act 1996 to:

Make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, or otherwise, may not for any period receive suitable education unless such arrangements are made for them.

In January 2013 the Department for Education published statutory guidance for local authorities to assist them in fulfilling this duty entitled

[Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities](#)'.

This policy should be read alongside this guidance and any future relevant guidance.

In addition [the SEND Code of Practice](#) states that:

In line with local authorities' duty to arrange suitable education....children and young people who are in hospital or placed in other forms of alternative provision because of their health needs should have access to education that is on a par with that of mainstream provision, including appropriate support to meet the needs of those with SEN.

This includes children and young people admitted to hospital under Section 2 of the [Mental Health Act 2007](#).

There is a requirement for each local authority to publish a policy outlining its how it will provide education, in line with its statutory duties under Section 19 of the Education Act 1996, for this children unable to attend school due to health needs. This document constitutes that policy for the London Borough of Croydon.

3. The responsibilities of the school

3.1 The role of the school

Schools (including academies) have a responsibility under Section 100 of the Children and Families Act 2014 to make arrangements to support any pupils with medical or health needs to access education.

The Department for Education has issued statutory guidance to schools to advise them of their responsibilities in relation to supporting pupils with medical conditions and health need. This guidance and related resources can be found at:

[Supporting Pupils with Medical Conditions at School](#).

This states that schools are required to have a policy that covers amongst other things how the school will support pupils with medical conditions and how Individual Healthcare Plans will be managed, including who is responsible for co-ordinating plans.

A model policy and template Individual Healthcare Plan, which schools can use can be found as appendices to this policy.

3.2 What if a pupil is unable to attend school due to a medical or health need?

Where a pupil cannot attend school regularly as a consequence of a medical or health need the school must ensure the necessary support is identified and provided enable the pupil to resume attendance or access education by other means.

In the first instance schools should seek the advice of relevant medical professionals to ascertain whether:

- a) a pupil requires further support to enable them to attend school regularly; or
- b) they are too unwell to attend school regularly.

Parental consent will be required to contact medical professionals for advice in relation to a pupil's medical or health condition.

School nurses are a good initial source of advice for supporting pupils with medical conditions and health needs. Education Welfare Officer should also be able to assist.

Schools should, in cases of anxiety or mental health, also consider whether the underlying reason for a pupils' absence is an unmet or un-responded to special educational need rather than a medical or health need. If it is felt to be a special educational need then the school should seek to support the pupils return to school in line with the graduated approach to supporting pupils with SEND, the appropriate school policies and SEND Code of Practice.

If, in the view of an appropriate medical professional, the pupil has a medical or health need that means they are unable to attend school regularly then consideration should be given to referring to either the local authority's medical tuition service, Springboard or our provision for emotionally based school refusers (EBSR), Cotelands.

Further information on Springboard and Cotelands including links to their referral form can be found on the Saffron Valley Collegiate [website](#).

In order for a referral to be accepted by Springboard the pupil must:

- a) be likely to be absent from school for at least 15 school days; and
- b) had an appropriate medical professional certify that the pupil is unable to attend school regularly due a health or medical need.

In nearly all cases the appropriate medical professional will be the consultant responsible for the overseeing the pupil's medical care. Where a consultant is not available to certify that a pupil is unable to attend school Springboard will consider such referrals on a case by case basis to assess if the pupil is eligible for a place. This judgement will be based upon the supporting medical evidence that is available. Springboard may choose to consult with a representative from the local authority before making a decision.

When a pupil is been admitted for an extended period to a hospital as in patient the hospital will usually automatically arrange education provision through their own hospital school arrangements.

3.3 Supporting pupils with medical or health needs who are being educated off site

Schools continue to have an educational responsibility and a duty of care for pupils with medical or health needs who are being educated off site either through Springboard, Cotelands or an onsite hospital school.

Such pupil must remain on a dual registration with the school while they are attending off-site education provision.

The lead teacher within the school for pupils with medical or health needs should work in partnership with the off-site education provision to ensure the pupil:

- is supported in their academic progress;
- can be reintegrated back to the school as an appropriate time; and that they
- remain part of the school community and are made to feel as such.

Schools should attend all reviews and stay in contact with the pupil.

3.4 Schools' remote education offer in response to Covid-19

The Department for Education expect all schools to maintain a remote education offer as part of their response to Covid-19 pandemic.

DfE [guidance](#) for schools for September 2020 states:

Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, we expect schools to be able to immediately offer them access to remote education.

As schools are expected by the DfE to maintain a Covid-19 remote education offer Springboard will only accept referrals for pupils unable to attend school in response to Covid-19 in exceptional circumstances. The school should in normal circumstances make education provision for those pupils affected by Covid-19.

Before referring to Springboard, during the Covid-19 pandemic, schools should also consider utilising their remote education offer in the first instance for any other pupils unable to attend schools due to other medical or health needs.

4. Responsibilities of the London Borough of Croydon

4.1 The role of the local authority

The local authority has a statutory duty to make education provision for pupils who are physically ill, injured or have clinically defined mental health problems.

This is discharged in the following ways:

- Springboard (medical tuition service);
- Cotelands (AP for emotionally based school refusers); and
- Funding inpatient hospital education provision on an as needed basis.

Springboard and Cotelands form part of the Council's Service Level Agreement (SLA) with Saffron Valley Collegiate. The SLA sets out, amongst other things, the service specification, funding arrangements and the number of places.

4.2 Springboard

Croydon Council primarily fulfils its statutory duties for this cohort of pupils through Springboard.

Springboard is a provision that provides educational support to children and young people of school age whose education has been interrupted because of medical or health needs. Although pupils' individual circumstances may vary widely, all children run the risk of a loss of self-confidence and a reduction in educational achievement because their normal schooling has been disrupted.

The vision of Springboard is to provide:

- Equality of opportunity for all pupils;
- Flexibility of access; and
- To facilitate reintegration to school and/or progression onto post-16 provision or into employment by ensuring all pupils:
 - Have support to enable them make excellent academic progress; and
 - Address appropriate aspects of their personal development.

A flexible approach to learning will ensure the service targets individual needs by creating an education package that may consist of a combination of individual tuition, online supported learning and attendance at the Springboard premises. The ambition for all pupils is to secure a return to full time education in an appropriate provision. This could either be through reintegration to their school or in some cases progression to a full time place at Cotelands.

Places at Springboard for pupils unable to attend their school due to health or medical needs are funded by Croydon Council from DSG High Needs Block. Therefore place for pupils who meet the referral eligibility criteria, including appropriate confirmation by a medical professional regarding that they are unable to attend their school, are free to schools.

Springboard may accept referrals, capacity permitting, for pupils who do not meet their stated referral criteria but who may otherwise benefit from there offer. These will be agreed on a case by case basis and be funded by the place commissioner on a spot purchase basis. This is outside of the SLA the Croydon Council has with Saffron Valley Collegiate for the provision of services.

4.3 Cotelands

Cotelands is a full time education provision for a small number of Croydon resident pupils in Years 9, 10 and 11 who have been assessed by the Educational Psychology Service as being severe emotionally based school refusers (EBSR).

Referrals will be considered by the EBSR panel, which consists of the Heads of Provision for Cotelands and Springboard; a representative from Croydon Council; and a representative from CAMHS.

Pupils will be admitted to Cotelands on a dual registration basis with their school for the first term. The purpose of this is to see whether the pupils can attend regularly and are able to engage with a full time education offer. If a pupil is not able to attend regularly or engage with a full time offer then the school may wish to consider whether a referral to Springboard would be more appropriate to the pupil's needs.

Places at Cotelands are funded by Croydon Council from DSG High Needs Block. Therefore place for pupils who meet the referral eligibility criteria are free to schools.

4.4 Hospital based in patient education

Children are not admitted to Croydon University Hospital as inpatients on extended stays therefore Croydon Council does not provide hospital based education for pupils admitted to the hospital as short stay inpatients.

Where Croydon resident children are inpatients are hospitals outside of Croydon and receive hospital based education in those settings Croydon Council will fund the cost of any education in line with the requirements of [The Education \(Areas to which Pupils and Students Belong\) Regulations 1996](#).

Funding for hospital based education provision comes from DSG High Needs Block and is overseen by the Head of SEND.

4.5 The responsible local authority officer

Every local authority is required to have a named senior officer who has responsibility for the provision of education for children and young people who are unable to attend school because of medical needs.

At Croydon Council this officer is the Head of Standards, Safeguarding & Inclusion.

5. Springboard operational arrangements

5.1 Referrals and communications

Springboard will maintain good links with the child or young person's home school and, through regular reviewing, involve them in decisions concerning the educational programme and pupil progress. This should also include social and emotional needs, for example ensuring that learners continue to feel part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers.

The school should be aware of its continuing role in the child or young person's education whilst they are not attending. For example, by providing relevant assessment information; supplying curriculum materials and books; liaising with staff from the Springboard over planning and examination course requirements where appropriate; and ensuring that there is a named teacher within school who can co-ordinate and support these links.

All pupils will remain on roll of their home school and the prime responsibility for their education lies with that school.

There will be clear criteria for referring and admitting learners. **Evidence of medical, emotional or mental health need will always be required.** This may be a letter from CAMHS or a consultant specifying why mainstream school provision is inappropriate at this time. It is the parents/carers responsibility to provide evidence from an appropriate medical practitioner that their child is unable to attend school at that time, though schools should provide parents with assistance and advice in obtaining what is required

Most often, referrers to the service will be mainstream schools. However, occasionally young people will come to the attention of Springboard as a result of work with other partner professionals.

Referral forms may be obtained from Saffron Valley Collegiate [website](#).

5.2 Start of provision

While there is no statutory timescale on the local authority to providing education within a particular number of days. Springboard will endeavour to ensure that pupils unable to attend school due to health with needs are not at home or in hospital for more than 15 school days without access to education. This may be consecutive or cumulative with the same medical condition. This requires schools to liaise with

medical professionals and make timely referrals to ensure that there is the minimum of delay in the pupil starting to receive appropriate alternative education.

5.3 Number of hours of education

The local authority will arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education. It may also be necessary to consider a young person's additional needs (such as a special education need or other disability), when determining an appropriate educational package.

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.

5.4 Assessment of pupils' needs and monitoring of pupil progress

As soon as Springboard education has been agreed, schools are required to provide baseline assessment information and curriculum plans to inform the planning of educational provision. This information, along with advice from medical professionals, will ensure that the education provided is effectively matched to the child or young person's specific needs.

Tuition will be rigorously monitored and evaluated with the clear understanding that it is part of a continuum of provision, and not an end in itself.

A pupil's objectives and individual education plans will be prepared by Springboard in consultation with the school, should be in writing and should be regularly reviewed and monitored by all parties, including the learner and their parent(s)/carers, at least half termly, or more frequently as determined by individual circumstances.

5.5 Good quality provision and flexibility to meet individual need

All pupils will receive tuition in English and maths, as a minimum curriculum offer, with additional subjects, as appropriate. The education provided will be designed to enable pupils to achieve good educational attainment, on par with their mainstream peers, and give them with access to public accreditation and qualifications. It should be tailored to the learner's individual educational needs and the impact of their medical condition on their ability to access education. Use of baseline assessment information from the home school will inform individual education plans, which should be suitable and flexible enough to be appropriate to the learner's needs. The nature of the provision should also reflect the demands of what can be a changing or fluctuating medical condition.

Schools are responsible for monitoring the quality of the provision for the individual learner e.g. through regular reviewing. Springboard will be quality assured through the Ofsted inspection process as part of inspection Saffron Valley Collegiate.

In addition, the quality of teaching and learning at Springboard will be monitored via:

- An examination of the progress of learners over time, compared to expected national standards;

- Performance management linked to continued professional development programmes for teachers
- Feedback from mainstream schools.

The local authority has a duty to monitor the progress of young people receiving support from the provision. This will largely be via reports to the Saffron Valley Collegiate Management Committee and the maintenance of a central record providing an overview of case histories, the nature of and reasons for the allocated provision, the timeline of the programmes and their effectiveness in terms of the academic achievement and personal development of the children and young people.

5.6 Online learning tools

Online learning tools may be used to support the learner's education. The learner should, where available, have access to ICT equipment and to the school's intranet and internet. However, this will not be used in isolation and should complement face to face education, not as a replacement. ICT may be utilised to provide additional activities to enhance the learning experience. This can include: the use of learning forum, live webinar/webcam enabled classes and 'conversations' via the managed learning environment.

5.7 Additional activities and support

For some pupils with improving health, who are preparing to return to mainstream school (or other substantial learning providers), Springboard is able to deliver activities designed to support their social and emotional development. This will take the form of small group work and/or PSHE activities. Springboard will also work in close partnership with early intervention and family support services in order to promote effective reintegration and positive progression.

5.8 Arrangements for external examinations

Learners will be supported by both their home school and the Springboard to sit Key Stage tests and public examinations. It is the school's responsibility to ensure learners are prepared for and entered for public examinations and national tests, and should meet all the fees associated with this process. Special arrangements for taking external examinations should be discussed and agreed at regular review meetings.

5.9 Working in partnership with parents/carers and pupils

It is important, where possible that families are part of the decision making process. Parents and carers hold key information and have a crucial part to play. They will be kept fully informed about any arrangements that affect their child, and provided with clear reasons around decisions made about their child's educational provision. Parents will receive regular reports on pupil progress and will be invited to review meetings. Parents are actively encouraged to discuss any concerns or anxieties they may have, with the Head of Provision for Springboard

The views of parents and young people have an important part to play in tailoring services to meet their needs and reviewing the service and its strengths and weaknesses. These views are fed into service improvements and planning.

For children in public care the relevant social care departments should be afforded the same rights and opportunities as birth parents in their role as guardians of the children

they 'look after'. In some cases, foster parents will undertake this role on behalf of the relevant local authority. Information regarding the progress of looked after children will also be provided to the relevant virtual school.

5.10 Reintegration to school

We recognise that, whenever possible, pupils should receive their education within their mainstream school, and the primary aim of Springboard is to reintegrate pupils back into their mainstream education at the earliest opportunity as soon as they are well enough.

Arrangements for reintegration will be discussed regularly with school staff, and each child or young person will have a personalised reintegration plan.

The nature of the intervention, its objectives and the intended timeline to achieve these objectives should be agreed and clearly defined. Plans will also be linked to other relevant information or activities such as a 'Education, Health and Care Plans' for children with SEND. Successful reintegration will often be facilitated by having good arrangements for working with other relevant services such as health professionals, social care, educational psychology, child and adolescent mental health services, etc. Individual plans will be regularly reviewed to ensure that reintegration is timely and effective, and alternative provision does not continue longer than is necessary.

Springboard will also make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to their premises and their curriculum.

5.11 Children without a school place (including those previously Electively Home Educated)

The local authority has a statutory duty identify children missing from education.

Where a child does not have a school place and is not in receipt of education otherwise then the local authority must take steps to ensure that they receive an appropriate education.

This will usually be done by securing place in a school, using fair access arrangements if it is appropriate to do so.

There may be occasions when, due to the pupils medical or health needs, it may be more appropriate for a pupil without a school place to receive education through Springboard rather secure them a place at a mainstream school. In those circumstances the local authority will be responsible for making the necessary referrals.

This includes parents who have chosen to electively home educated (EHE) their children and where the child's health or medical needs mean those parents no longer wish to electively home educate their children and securing a place in a mainstream school to not appropriate.

In these circumstances, providing there is the necessary supporting medical confirmation that the pupil is unable to attend a mainstream school, the local authority will make a referral to Springboard.

It is the parents' responsibility to provide the local authority with the necessary evidence that there is unable to attend a mainstream school due to medical or health needs. The local authority will advise parents on how they can obtain the appropriate confirmations and evidence.

5.12 Hospital discharges and out of borough schools

Where young people have been discharged from a hospital outside the borough (including in-patient psychiatric hospitals), the health care professional with responsibility for the young person's care should notify the appropriate professional from the child's school of their return to the borough and advice in respect of their capacity for learning vis-à-vis their medical condition. The child's school will then be responsible for making a referral to Springboard if the pupil is unable to be reintegrated to the school.

Clear procedures should be in place to safeguard learners who are Croydon residents attending schools outside of the borough. In these cases, it is the responsibility of the child's school to notify the relevant education providers and health professionals in order to provide seamless education support for young people with medical needs. It is the intention that no child should be disadvantaged; the local authority will take a pupil-centred approach to responding to the needs of young people.

5.13 The role of the Clinical Commissioning Group (CCG), Croydon Health Services NHS Trust and Child & Adolescent Mental Health Services (CAMHS)

Medical professionals such as acute and community paediatricians; GPs; Children's Hospital At Home Team (CHAH); Child and Adolescent Mental Health Services (CAMHS), etc. will be able to advise schools (and their Educational Welfare Officers) early on in the child's treatment, if they are likely to be absent from school for more than 15 days due to medical needs.

Where a child or young person is too severely affected by their illness to participate in any form of education, resumption of education in any form should be planned in a way which ensures that the child does not feel under pressure to study, but is encouraged to do so in a way that is sustainable.

5.14 The Child and Adolescent Mental Health Service (CAMHS)

CAMHS plays an important role in the assessment and treatment of children with mental health difficulties, including emotionally based school refusal. CAMHS may receive referrals from a number of sources including schools; GPs; Education Welfare Officers; and Educational Psychologists. Children and families receive input from CAMHS that may involve family therapy, individual work with a child, cognitive behaviour therapy and pharmacological treatment. A small number of children who do not respond to the therapeutic interventions may be referred to Tier 4 specialist services.

Schools should work closely with CAMHS to support children with mental health difficulties and make reasonable adjustments to enable them to continue attending school. The majority of pupils should be able to be supported in school and only the most acute cases will need referring to Springboard.

6. Links to related government guidance

[Ensuring a good education for children who cannot attend school because of health needs - Statutory guidance for local authorities](#)

[Alternative Provision - Statutory guidance for local authorities](#)

[Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England](#)

[The Equality Act 2010 and schools - Departmental advice for school leaders, school staff, governing bodies and local authorities](#)

[Guidance on first aid in schools](#)

[Guidance on the use of adrenaline auto-injectors in schools](#)

[Guidance on the use of emergency salbutamol inhalers in schools](#)

[Automated external defibrillators \(AEDs\) - A guide for schools](#)

5. Contacts for further advice

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Appendix A - Other considerations for schools in relation to medical and health needs

A. First Aid (In line with DfEE Guidance on First Aid for Schools)

The minimum first-aid provision is:

- ▼ a suitably stocked first-aid container;
- ▼ an appointed person(s) to take charge of first-aid arrangements;
- ▼ information for employees on first-aid arrangements.

First-aid provision must be available at all times while people are on school premises, and also off the premises whilst on school visits.

The responsibilities of First aid (within the overall Health and Safety arena) is with the employer. This could be the local authority or the Governing body, with the head teacher responsible for putting recommendations and policies in place. **The Health and Safety (First-Aid) Regulations 1981 set out what employers have to do.**

The governing body and/or head teacher should regularly review the school's first-aid needs (at least annually), and particularly after any changes, to ensure the provision is adequate. Where minimum numbers of trained first aiders are set, these should be monitored to ensure that these standards are being met.

Notices must be displayed in a prominent place, preferably at least one in each building if the school is on several sites.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. First aiders must complete a training course approved by the Health and Safety Executive (HSE). The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

There are no rules on exact numbers. Employers have to make a judgement based on their own circumstances and a suitable and sufficient risk assessment. Governing bodies/head teachers should consider the likely risks to pupils and visitors, as well as employees, when drawing up policies and deciding on the numbers of first-aid personnel.

The HSC provide guidance on numbers of first-aid personnel based on employee numbers. As a general guide, they recommend that:

- a lower risk place of work with fifty to one hundred employees, should consider having at least one first aider;
- a medium risk place of work with twenty to one hundred employees, should consider having at least one first aider for every fifty employees (or part thereof).

Schools will generally fall into the lower risk category, but some schools or areas of activity may fall into the medium risk category. Schools should base their provision on the results of their risk assessment. If there are parts of the school where different levels of risk can be identified, the employer should consider the need to make different levels of provision in different areas/departments. When considering how many first-aid personnel are required, the governing body must ensure adequate provision for out of hour activities eg sports activities, clubs; taking into account:

- any agreements with contractors (eg school meals) on joint provision for first aid for their employees; and

- adequate provision for trainees working on site. They have the same status as staff for the purposes of health and safety legislation.

The Governing body/head teacher should also consider:

- adequate provision for lunchtimes and breaks. It is good practice to encourage lunchtime supervisors to have first-aid training;
- adequate provision for leave and in case of absences;
- first-aid provision for off-site activities ie school trips. If a first-aider accompanies pupils off-site, will there be adequate first-aid provision in the school?
- adequate provision for practical departments, such as science, technology, home economics, physical education;

Training courses cover a range of first aid competences. However, **standard first aid at work training courses do not include resuscitation procedures for children**. The employer should arrange appropriate training for their first-aid personnel. First aid at work certificates are only valid for **three years**. Employers should arrange refresher training and retesting of competence before certificates expire.

At school, the main duties of a first aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- when necessary, ensure that an ambulance or other professional medical help is called.

The document **DfEE Guidance on First Aid for Schools** provides a full list of what should be in First Aid containers in school as well as when off-site. It also provides a list of legal requirements for recording of information.

B. Defibrillators (AED)

It is not a legal requirement to have a defibrillator in school, but within **DfE: Supporting pupils at school with medical conditions Schools**, they recommend schools consider purchasing a defibrillator as part of their first-aid equipment. If schools install a defibrillator, they should notify the local NHS ambulance service of its location. If schools choose to purchase and install a defibrillator (AED) guidance can be found in **DfE AED Guide for schools**.

C. Asthma Inhalers

Schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a **protocol** which provides further information.

D. Emergency Adrenaline Auto-Injectors (AAI)

From 1 October 2017, schools in England will be allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. This **guidance** will help schools that choose to keep an emergency AAI create a policy for using it.

Appendix B

Model Policy for schools in relation to the education of pupils with medical needs

Ref:

DfE: Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities (January 2013)

DfE: Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (September 2014)

DfE: Supporting pupils at school with medical conditions - Templates

Supporting pupils within the school community

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. Since September 2014 it has been the duty for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

The school's co-ordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

At this school the individual(s) responsible for co-ordinating support and provision for children with medical needs and drawing up Individual Healthcare Plans (IHCPs) will be:

[insert name(s)/role title(s)]

Procedure to be followed when notification is received that a pupil has a medical condition

[This section should cover any transitional arrangements between schools, or when pupil's needs change and include arrangements for staff training. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks. A flow chart setting out the process that may be followed for identifying and agreeing the support a child needs is provided at Appendix C.]

Individual healthcare plans

Individual healthcare plans (IHCP) help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one.

POLICY STATEMENT
CHILDREN AND YOUNG PEOPLE UNABLE TO ATTEND SCHOOL DUE TO MEDICAL OR HEALTH NEEDS

Plans will be reviewed at least annually or earlier if the child's needs change. They will 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 will be linked to the child's EHCP where they have one. Where the child is in the care of the local authority (CLA), the individual healthcare plan will be linked to their PEP where needed.

When drawing up an IHCP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

In the event of an emergency, the ambulance (or other emergency service) should be directed to:

[insert school address (including post code) and location for pick up]

A model Individual Healthcare Plan can be found in Appendix D of this document which is in line with the DfE regulations.

Collaborative working arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils is critical.

The Governing body will:

- ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made;
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, ongoing and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. There will be recognition that some medical conditions if not managed well can be fatal;
- in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;
- ensure 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 implemented.

The Headteacher will:

- ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- ensure that all staff who need to know are aware of the child's condition;
- ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;

POLICY STATEMENT
CHILDREN AND YOUNG PEOPLE UNABLE TO ATTEND SCHOOL DUE TO MEDICAL OR HEALTH NEEDS

- ensure relevant monitoring of records maintained when medication is administered or supervised when a child self-administers Example template can be found in DfE Supporting children with medical conditions: Templates
- contact the school nursing service in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
- make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

Insert details of the school's insurance arrangements here

School staff may:

- volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. All staff will have received suitable training, and their competency will be assured, before they take on responsibility to support children with medical conditions.

School nurse or other qualified healthcare professionals will:

- notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school. They will have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan.

At this school, the allocated school nurse/qualified healthcare professional is: *[insert name(s)/role title(s)]*

GPs and paediatricians will:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Local authorities will:

- promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS Commissioning Board, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
- 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. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.

Providers of health services will:

- co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

Clinical commissioning groups will:

- ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Pupils will:

- often be best placed to provide information about how their medical condition affects them. They will 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. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision.

Parents will:

- provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They will also be involved in the development and review of their child's individual healthcare plan. They should 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.

Staff training and support

*[This section should outline how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed and how and by whom, training will be provided – this should include raising whole staff awareness of relevant issues. **Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional.]***

Managing medicines on school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

Example template for consent to administer can be found in [DfE Supporting children with medical conditions: Templates](#). 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;

- No child under 16 will 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;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- The school will only accept prescribed medicines that are 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 still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens will be readily available to children and not locked away;
- 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;
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Example template can be found in [DfE Supporting children with medical conditions: Templates](#);
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Day trips, residential visits and sporting activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Medication should accompany the child (held by an adult) along with a copy of the Individual Healthcare Plan in order for immediate access if needed. The same expectations for administering and recording of medication taken is the same as when on school premises. There is a section within the Individual Healthcare Plan to allow for recording of specific details on school trips.

Home to school transport for pupils requiring special arrangements

[This section should set out the arrangements to be made in relation to pupils with medical conditions travelling to and from school. This should include what should be done in emergency situations] and must be included within the details of the Individual Healthcare Plan. If external companies are used for transportation purposes, they must be made aware of the child's medical needs.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits, 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;
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;
- if the child becomes ill, send them to the school office or medical room unaccompanied;
- 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 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 or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure.

[Insert link to the school's complaints procedure – or details of where it can be viewed.]

Safeguarding

Staff working with a child who has a medical condition hold the same responsibility within the safeguarding arrangements as children who do not have medical conditions. Children with medical needs are potentially more vulnerable and hence, a high level of vigilance should be maintained. Any concerns should be taken immediately to the Designated Safeguarding

Lead and dealt with following the same procedures in line with the school Safeguarding Policy and Procedures.

Advice can be sought via the **SPOC Professionals Consultation Line - 0208 726 6464**

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Where a child's health condition requires an extended period of absence from school, the school may need to seek the assistance of the Springboard Service. Staff at the service, including hospital tutors, will support pupils who are temporarily unable to attend classes on a full time basis. These pupils may be:

- (a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- (b) Pupils with mental health problems who are unable to attend school.

Some children with medical conditions may be disabled. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The aim of Springboard will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the majority of cases this means a return to mainstream education

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing to Springboard relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will do all that it can to maintain links with appropriate agencies including Springboard, the Educational Welfare Service, and the Educational Psychology Service. . Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

POLICY STATEMENT
CHILDREN AND YOUNG PEOPLE UNABLE TO ATTEND SCHOOL DUE TO MEDICAL OR HEALTH NEEDS

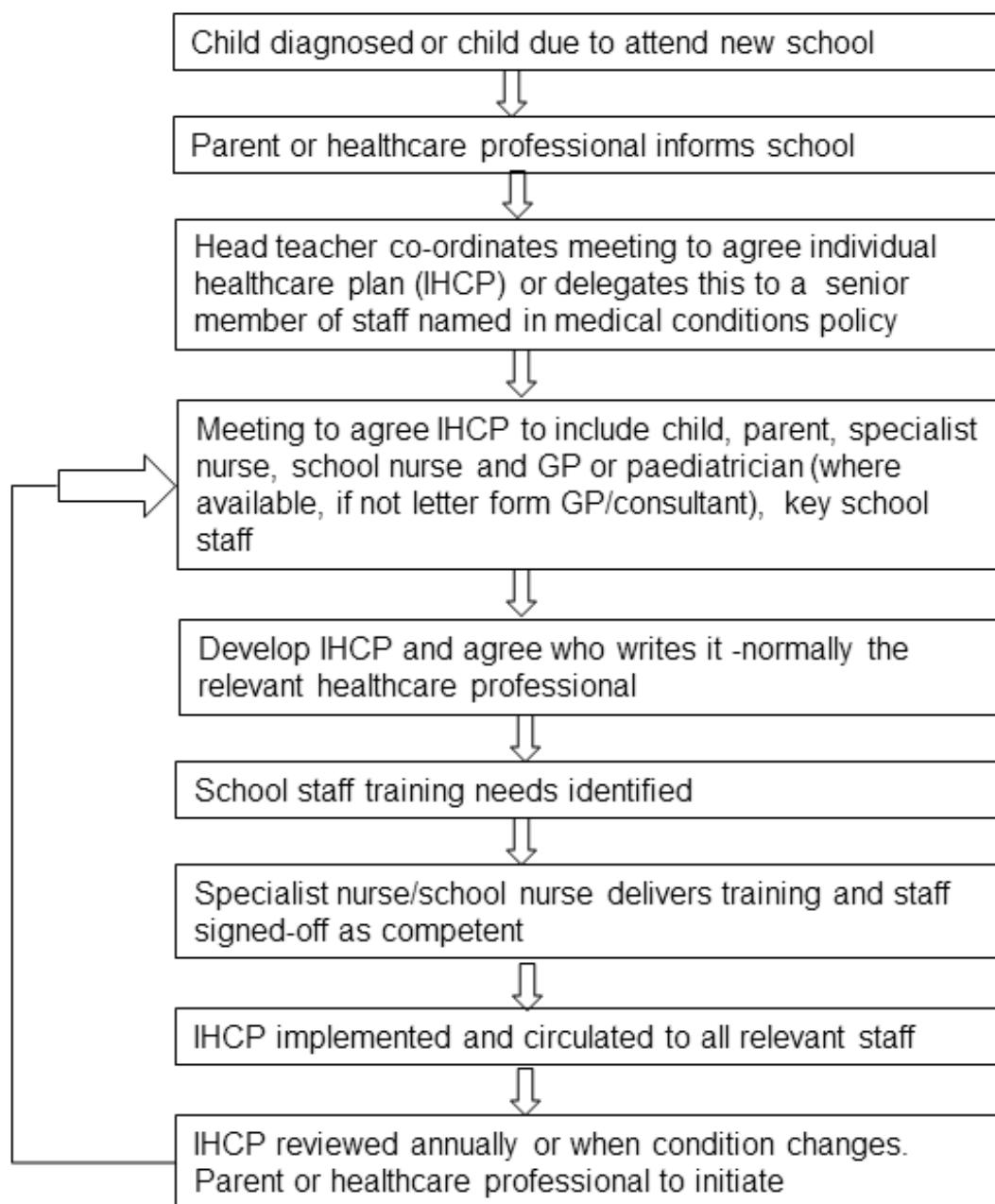
Finally, the school will do all that it can to fully implement Croydon's policy on the education of children and young people with medical needs.

This policy will be reviewed regularly and will be accessible to parents/carers via *[indicate access points]*

Date ratified by the governing body:

Date of next review:

Appendix C: Model process for developing individual healthcare plans



Appendix D - Model Individual Health Care Plan (from DfE Templates Document)

Individual Healthcare Plan

Name of school/setting
Child's name
Group/class/form
Date of birth
Child's address
Medical diagnosis or condition
Date
Review date

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Family Contact Information

Name
Phone no. (work)
(home)
(mobile)
Name
Relationship to child
Phone no. (work)
(home)
(mobile)

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Clinic/Hospital Contact

Name
Phone no.

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G.P.

Name
Phone no.

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Who is responsible for providing
support in school

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

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POLICY STATEMENT
CHILDREN AND YOUNG PEOPLE UNABLE TO ATTEND SCHOOL DUE TO MEDICAL OR HEALTH NEEDS

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

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to