



Bury Council
Section 19 Policy
September 2023

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Introduction

Bury Council is committed to providing the best possible quality of education to all Bury children¹ This includes ensuring that children and young people of compulsory school age receive a suitable education either at school or through otherwise than at school.

This policy describes how the local authority will meet its commitment and duties under Section 19 and other relevant and associated legislation and guidance.

Legal context

Section 19 of the Education Act 1996, requires local authorities to make arrangements to provide “suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them”. This provision does not apply in the case of a child who will cease to be of compulsory school age within the next six weeks, and does not have any relevant examinations to complete.

The DFE statutory guidance “Ensuring a good education for children who cannot attend school because of health needs”, states that, “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 education, for example, the hours they receive could be fewer as the provision is more concentrated”.

The Department for Education Alternative Provision Statutory Guidance 2013 states that, “local authorities are responsible for arranging suitable education for permanently excluded pupils, and for other pupils who – because of illness or other reasons – would not receive suitable education without such arrangements being made”

The Department for Education statutory guidance entitled “Ensuring a good education for children who cannot attend school because of health needs – statutory guidance for local authorities” requires local authorities to provide education for children who cannot attend school because of their medical conditions²

¹ For the purpose of this policy a Bury child is defined as a child where those who have parental responsibility and who are the main care giver reside within Bury LA the carers may not have PR. This includes:

- those who access their education in neighbouring LAs and who are ordinarily resident in Bury
- those children who are in care to Bury Local Authority and are placed in another LA area for their care and/or education provision.

This does not include those children who are in care to another LA and are placed in Bury for their care and/or education provision.

² For the purpose of this policy, the term “medical condition” also refers to mental health conditions.

Exclusions – school and local authority responsibilities

- 1.1 Bury local authority is committed to working in Partnership with schools and other agencies to prevent exclusion due to the impact that this can have on a young person's life. Evidence has shown that those permanently excluded, were far more likely to live in poverty, interact with social care and have recognised mental health issues. Of those permanently excluded less than 20% achieve a good pass in English and Maths, 1 in 2 were unemployed following the end of compulsory education. Furthermore, half of the prison population had been PEX (Timpson 2017)
- 1.2 Whilst it is acknowledged that in some instances, a permanent exclusion is the only course of action to be taken due to the nature of the event/incident, we want to ensure that everything possible has been done to avoid the exclusion of any young person from a Bury school and believe that exclusion should be used as a last resort. Early intervention is paramount, and the Bury Exclusion Toolkit and Bury Graduated Approach Toolkit provide suggestions and recommendations as to additional supportive interventions to consider alongside statutory responsibilities and expectations.
- 1.3 Where a pupil is at risk of permanent exclusion, schools are asked to discuss this with the Inclusion Team at the earliest possible opportunity and to consider referral to Team around the school.
- 1.4 Where a head teacher considers that an exclusion is the only course of action statutory guidance must be followed. This guidance states that the local authority must be informed "without delay" (DFE Exclusion guidance Sept 2022)
- 1.5 In the event of a permanent exclusion the school is responsible for providing work for the first five days of the exclusion. In the event of a suspension which exceeds five days, the school is responsible for arranging provision from the sixth day.
- 1.6 Where a permanent exclusion is reported, the local authority will make provision from the sixth day. For secondary age pupils the Pupil Referral Unit (PRU) will be informed of the exclusion, and they will contact the parent to confirm where the provision will be made. For primary age pupils the inclusion service will discuss provision with the parent.
- 1.7 For secondary age pupils, the placement at the PRU may be for a short-term period whilst for others it may be for a longer time. The PRU will provide access to a balanced curriculum, smaller working groups, specialist assessment and reintegration support to ensure that, wherever possible, pupils can be supported to return to mainstream schools as soon as possible. Pupils who attend the PRU at the end of a Key Stage will have the opportunity to achieve national qualifications such as GCSE's.

Medical Conditions – School and local authority responsibilities for students not in hospital

Context

- 2.1 Bury Council is committed to providing a good education to all pupils regardless of circumstances or settings. Where a pupil is unable to attend school for medical reasons the local authority will collaborate with schools, health professionals and parents to provide an alternative provision which will meet a pupil's individual needs, including social, emotional and mental health needs and enable them to thrive and prosper in the education system.
- 2.2 Wherever possible the local authority would look at education provision being provided by school to ensure continuity for pupils. However, it is recognised that in some circumstances that is not possible and referrals for such cases will be considered by a multi-agency panel on an individual basis in order to determine if the referral can be considered as part of the Local Authorities Section 19 Duty or whether the school, with support, should be required to meet the child's needs.
- 2.3 Where a pupil is unable to attend school for medical reasons and their need cannot be met by the school, the local authority will work alongside schools, health professionals and parents to provide an alternative provision, which will meet a pupil's individual needs, including social and emotional mental health needs, and enable them to thrive and prosper in the education system.
- 2.4 Provision for children who are medically unfit to attend school will ensure that:
 - Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects
 - Disruption to learning is minimised and there is continuity of education provision within the school curriculum
 - Pupils are able to obtain qualifications as appropriate to their age and abilities
 - Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits
 - Pupils continue to feel part of their school community and are able to stay in contact with classmates.

Responsibilities for schools

- 2.5 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- 2.6 Schools must have a medical policy reflecting statutory guidance (*Supporting Pupils at School with Medical Conditions December 2015*) and must nominate a named person who is responsible for supporting pupils with a medical need. An example is provided in Appendix 1

School must ensure they are working to meet the medical needs of pupils and, where appropriate, establish Individual Healthcare Plans (IHCP) for pupils to ensure they can engage in full-time education. Such pupils should be referred to the SENCO and be categorised under K.

Schools should consider whether a referral to Team Around the School (TAS) or the Emotionally Based School Avoidance pathway is appropriate.

- 2.7 Should a pupil be unable to attend school due to medical needs, schools must notify the local authority when a pupil is absent for a period of 15 days. However, the pupil **must** remain on the school roll. This does not necessarily mean that intervention is required by the Local Authority (LA). The DFE statutory guidance³ states that “there will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the LA – for example, where the child can still attend school with some support; where the school has made arrangements to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school. We would not expect the LA to become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently.”
- 2.8 The legislation does not specify the point during a child’s illness when it becomes the LA’s responsibility to secure for the child suitable full-time education. Schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education.

Responsibilities for the Local Authority

- 3.1 The statutory guidance (Ensuring a good education or children who cannot attend school because of health need Jan 23) sets out a duty for local authorities when it is clear a child will be away from school for 15 days or more because of ongoing health needs and where it is not reasonably practical for the child to attend in the near future.
- 3.2 The LA is responsible for ensuring that there is a named officer responsibility for the provision of education for children and young people who are unable to attend school due to medical need. In this authority the officer is Strategic Lead for SEND and Inclusion.

Referral to Section 19 Panel

³ [‘Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities’. DFE Jan 2013](#)

- 3.3 Where a young person has accumulated 15 days absence due to a medical condition, schools should notify their Local Authority Attendance officer and should use the graduated response to assess, meet and review the needs of their pupils.
- 3.4 In such instances, schools are encouraged to discuss an Early Help Assessment with the family and ensure regular reviews are in place to support the child while absent from school.
- 3.5 Where the absence is due to mental health reasons, the school should have considered a referral to the Emotionally Based School Avoidance (EBSA) pathway at an early stage. A referral may also have been made to MHST where this is appropriate and available.
- 3.6 Schools should have made reasonable steps to meet the short-term needs of the pupil. Education provision should continue to be provided by school where possible in order to ensure continuity.
- 3.8 When the pupils medical condition becomes too complex, or the risks are too great to be managed by the school, the school should make a referral to the Section 19 multi-agency panel.
- 3.9 Where a child is not on a school roll, the services involved with the child should promote an application for a school place in the first instance. If professionals involved with the child feel that the child's needs mean that they should be considered under Section 19, the lead professional who is presenting this issue, is responsible for gathering the appropriate evidence and presenting the referral to the Section 19 panel.
- 3.10 In order for the Section 19 panel to consider what type of provision may be required referrals should be accompanied by written medical advice from an appropriate medical professional who has worked with the child, which should indicate:
- Whether the child is not well enough to attend school
 - that the child is well enough to participate in education
 - for how long support might be required
 - a description of medical need and what medical intervention is currently in place.
- 3.11 In accordance with DFE guidance⁴ "where specific medical evidence, such as that provided by a medical consultant, is not quickly available" the LA will "consider liaising with other medical professionals such as the child's GP".
- 3.12 In addition to the medical information, the referrer should provide all other relevant information such as the Individual Health Care Plan (IHCP), Emotionally Based School Avoidance (EBSA) plan and/or Story So Far.
- 3.13 All referrals will be considered by the Section 19 Multi-agency panel. This panel will meet at least once a month and will comprise of representatives from health, education and Early

⁴ Ensuring a good education for children who cannot attend school because of health needs. DFE Jan 2013

Help and will determine whether the referral can be considered as part of the Local Authorities Section 19 Duty or whether the schools should be required to meet need.

- 3.14 The local authority will **not** provide education for children whose families are in dispute with the home school, children who have been withdrawn from the school because of a dispute with the LA about a school placement or where family and social care issues are preventing the child from attending school.

Local Authority Commissioned Provision

- 4.1 Where the Section 19 panel considers that the referral can be considered as part of the Section 19 duty, the local authority will arrange suitable full-time⁵ education (or as much as the child's medical condition allows).
- 4.2 The nature of the provision that is put in place will be dependent on the child's needs. The panel will consider a range of provisions including:
- One to one, home tuition either virtually or face to face.
 - Online and/or virtual learning
 - Full or part-time placement at Park House, a part of Spring Lane School.
- 4.3 Those pupils receiving support will have their provision set out in a personalised plan, co-produced between the referrer, family and education provision, which makes clear the nature of the intervention, the objectives, the expected outcomes, and the timelines to achieve this. The plans for the longer term and the next steps in a pupil's education should be agreed at the start of the provision, according to the statutory guidance for alternative provision.
- 4.4 Where provision is put in place, it is expected that the school on which the pupil is on roll will provide regular face-to-face contact in addition to the support provided by the local authority. This is to ensure that relationships are maintained and developed and to ensure a supported reintegration to school at the appropriate time.
- 4.5 The expectation is that most pupils will be integrated back into their home school and the aim of all such provisions is to enable the young person to maintain their education with a

⁵ The DFE statutory guidance "Ensuring a good education for children who cannot attend school because of health needs", states that, "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 education, for example, the hours they receive could be fewer as the provision is more concentrated".

view to supporting them back into their mainstream school as soon as their medical condition permits.

- 4.6 The school on which the young person is on roll is responsible for ensuring that provision is regularly reviewed, and plans amended to support reintegration. Whilst best practice would indicate reviews every 6 weeks, this will be dependent on the nature of the young person's medical condition and reason for the provision being implemented.
- 4.7 Children with long-term health problems will not be required to provide continuing medical evidence. However regular liaison with health colleagues is important and the level of support will be discussed on an ongoing basis through review meetings.
- 4.8 On return to their school each child should have an individual healthcare plan and/or individual provision plan which specifies the arrangements for the reintegration and may include the reasonable adjustments and extra support the school and/or other services will provide.

Medical Needs – Arrangement for children who are in hospital.

- 5.1 Where a Bury child is admitted to an NHS hospital, the education provision will be arranged through the hospital until the child is discharged.
- 5.2 Where appropriate the school should liaise with the family and hospital in order to provide continuity with regard to work set.
- 5.3 When a child is discharged from hospital but is not able to return to school for a period, the school should consider how provision can be made in the same way as for those who have medical need but have not been admitted to hospital.
- 5.4 Where the absence exceeds 15 days and where it is not reasonable to expect the child to attend, the school may refer to the Section 19 panel. The panel will consider what the appropriate provision is based on the medical advice.

Pregnancy

- 6.1 Pregnancy and maternity are a protected characteristic under the Equality Act 2010. It is unlawful to treat a pupil less favourably because she is pregnant or a new mother.
- 6.2 Pregnancy does not, of itself, present a health need. However, complications that may arise during and after pregnancy may be a health need and may include physical or mental health issues for new mothers and their babies which impact on a young person's capacity to attend school.
- 6.3 Pupils who are pregnant and school-age mothers should continue to be educated in a school while it is practicable to do so.

Elective Home Education (EHE)

- 7.1 Where a young person is electively home educated, they would not be considered for provision under the Section 19 duty as the legal responsibility for a child's education rests with the parent. For further information in relation to elective home education please see Bury's EHE Policy.

Appendix 1 : Model Policy for Schools

Name of school

Supporting pupils with medical conditions policy

Version (X) Date

This policy is written in line with the requirements of: -

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE DEC 2015
- 0-25 SEND Code of Practice, DfE 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 2014
- Keeping Children Safe in Education (KCSIE), DfE 2012

This policy should be read in conjunction with the following school policies

List other linked policies - SEN Policy / SEN Information Report, Safeguarding Policy, Off-site visits policy, Complaints Policy etc.

This policy was developed with give details of your engagement and participation process that involved parents/carers of pupils with medical conditions, representatives from the governing body, healthcare professionals and parent teacher association representatives and will be reviewed annually.

Definitions of Medical Conditions

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

Short-term affecting their participation at school because they are on a course of medication - if you have a school policy on pupil illness at school refer to it [here](#)

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of **name of school** fulfil this by: -

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;

- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the 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 (see section on day trips, residential trips and sporting activities);
- Considering whether to
 - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
 - Purchase and train staff in the use of defibrillators
 - Once regulations are changed consider holding asthma inhalers for emergency use;

- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to **name probably Headteacher, followed by title**. S/he will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Name possibly Deputy Head, followed by title will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

Name possibly SENCO, followed by title will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

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

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to our school for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a child moving to our school midterm, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be 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 in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Name of school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by **name of Headteacher and/or Deputy Head**, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers by **name of SENCO**, and be put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that **name of school** effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, **name**, Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the

complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which **name of school** should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Name of school will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that **name of school** assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, 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 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; and cover arrangements for when they are unavailable;

- Who in the school needs to be aware of the child's condition and the support required;

- Arrangements for written permission from parents/carer and **name**, Headteacher, for medication to be administered by a member of staff, or self-administered by the pupil 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 assessment;

- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and

- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at **name of school**.

In addition, we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should 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. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the

development and review of their child's individual healthcare plan, and may be involved in its drafting. 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.

The Local Authority are commissioners of school nurses for maintained schools and academies in the borough. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, integrated care system and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) [education for children with health needs who cannot attend school](#).

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

The Integrated Care System (ICS) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and ICS to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support

The following staff have received general training

School first aiders (full certificate) are:

Name - post (date trained)

Name - post (date trained)

Paediatric First Aiders:

names as above

Named people for administering medicines:

Name, job title

The following staff have received Specific/specialist training:

Name - post (date trained in which procedure)

Template E will be used to record staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Name, Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in name which room to ensure that the safeguarding of other children is not compromised. Name of school does also recognise that children who take their

medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At name of school the following procedures are to be followed the list below should be tailored to match your own practice:

- Medicines should 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 parents written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the 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;
- Set out school policy on non-prescription medicines here - either we will not administer... Or with parental written consent we will administer non-prescription medicines except never aspirin or containing aspirin except prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken.
- Parents should be informed that:
 - Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
 - Name of school will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispense 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 to schools inside an insulin pen or a pump, rather than its original container;
 - All medicines will be stored safely in the name of room. 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, name of staff and title.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available state where and not locked away. Asthma inhalers should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- A child who had 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. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will 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 in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. **Name of school** will keep a record (see template C and D) 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 administer at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency procedures

Name, Headteacher, will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clear define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, 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. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The Governing Body is still considering whether to invest in the defibrillators and staff training or you may already have one and you need to state where it is located and who is trained to use it.

Once regulations have changed, the Governing Body will consider whether to hold asthma inhalers on site for emergency use.

Unacceptable practice

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

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, 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; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

Give details of your insurance cover and provider.

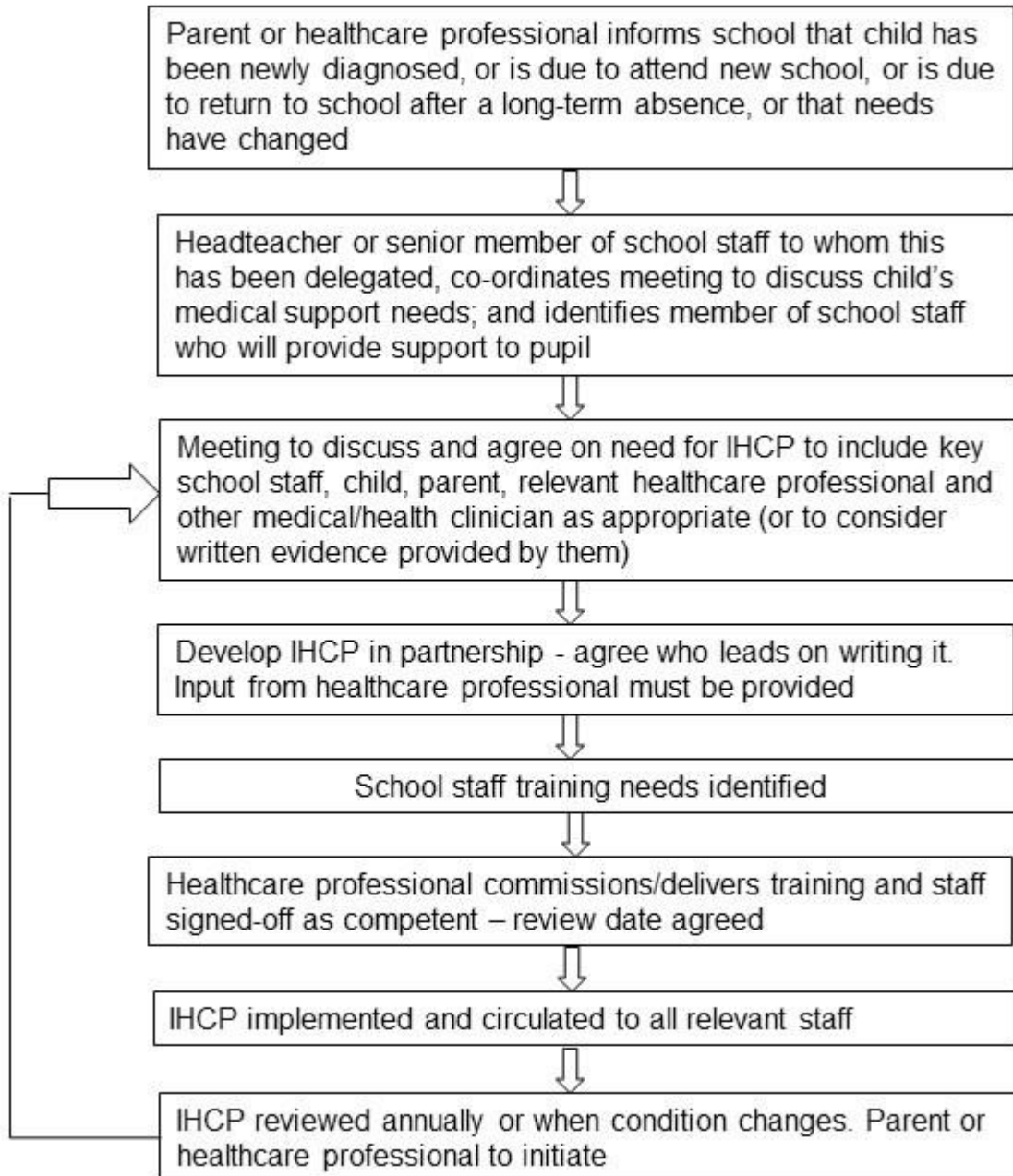
Nb individual cover may need to be arranged for any healthcare procedures – seek advice from your own insurance provider. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at **name of school**, they must discuss their concerns with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the School's Complaints Procedure.

Further sources of information [here](#)

Annex A: Model process for developing individual healthcare plans



Template A: 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

Family Contact Information

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

Clinic/Hospital Contact

Name
Phone no.

G.P.

Name
Phone no.

Who is responsible for providing support in school?

--

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

--

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, 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

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

[Type here]

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

[Type here]

**Section 19 Panel Referral Form
(excluding pupils with EHCP)**

Who is eligible? <i>Any child of compulsory school age who by reason of illness, exclusion or otherwise, may not for a period receive suitable education unless arrangements are made for them.</i>			
Name of child:			
Address of child:			
DoB:		Gender:	
		Home Language:	
UPN:		FSM: Y/N	
Ethnicity:		In Local Authority Care?	Yes/No
Does the child have an EHC Plan? Yes/No <i>If yes, do not proceed and please contact SEN Team</i>			
Does the child have an IHCP? Yes/No <i>If not, please explain why</i>			
Does the child have a Child in Need plan or Team Around the Child? <i>Please provide Social Worker or Lead professional contact details</i>			
Name and contact number of parent/carers: (and address if different to child)			

Name of School:		Year Group:	
Name of Referrer:		Date of Referral:	
School Contact Name:		Contact Tel No:	
Designation:			
Contact email:			
Action Taken prior to Referral:			

[Type here]

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Other agencies involved:	Currently involved	Name & Contact Details:		Currently involved	Name & Contact Details:
Physiotherapy			Chronic Fatigue Team		
Occupational Therapy			Educational Psychology Service		
School Nurse			Healthy Young Minds		
Community Paediatrician			Consultant		
Children and Young People in Care			SEN Assessment Team		
School Attendance Team			Outreach Team		
Social Care			Young Carers		
Early Help			EBSA		
Other (please specify)					

Reason for referral

Medical (M)	
Emotional (E)	
Other (O)	

Diagnosis (if any):	
Diagnosed by:	
Date of Diagnosis:	

[Type here]

Expected Length of Absence:	
-----------------------------	--

Why is this child unable to attend school?

Please provide details of the date for next review for the child:

Any other additional information to support your request:

Are there any known safeguarding concerns relating to this child, e.g. domestic violence? Yes/No
If yes, please provide details:

Would there be any risk to any alternative provision being carried out in the home? Yes/ No
If yes, please provide details:

[Type here]

Academic information:

Early Years, KS1, KS2:

Current curriculum levels:		
Reading	Writing	Maths
Is there any area of the curriculum you would like home tuition to focus on?		

KS3:

Current levels in:		
English	Maths	Science
Is there any area of the curriculum you would like home tuition to focus on?		

KS4:

Subject Options	Current Grade	Exam Board	Outstanding Coursework (Yes/No)
Is there any area of the curriculum you would like the alternative provision to focus on?			

[Type here]

Please attach supporting documentation:

- Medical letter by an appropriate medical professional who has worked with the child, which should indicate:
 - whether the child is not well enough to attend school
 - that the child is well enough to participate in education
 - for how long support might be required
 - a description of the medical need and what medical intervention is in place
- Attendance Certificate
- Individual Health Care Plan
- Confirmation that a CP, CIN or TAF is in place or that an Early Help Plan/SSF is being completed, should the child have complex needs
- EBSA plan where appropriate
- Signed Parent Consent

NB: By signing this referral form, school agrees to provide age-appropriate, relevant work for the pupil for the duration of the alternative provision. Failure to provide this work in a timely manner may result in the postponement of the alternative provision. The school also agrees to provide regular face-to-face visits to monitor the placement

Head Teacher's signature: _____ Date: _____

Parental Consent:

Data Protection: Your child's details are held in the Local Authority Specialist Service records. This information is treated as confidential in accordance with the Data Protection Act.

I give parent/carer consent:

- For the involvement of Bury specialist services
- For the above named child to be discussed with other appropriate professionals within Bury Children's Services
- For access to and sharing of records/documentation/information with other professionals who are involved with the above named child within the terms of confidentiality in accordance with the Data Protection Act
- The Virtual School Caseload meeting to request involvement from LA education services, for example Educational Psychology Service

Yes/No (please delete as appropriate)

Parental Signature: _____ Date: _____

A signed copy of this form must be kept in school.

Please return by e-mail to: hometuition@bury.gov.uk

[Type here]

For office use only:

Medical evidence	
Attendance certificate	
Safeguarding issues	
Confirmation of Reviews in place	

Referred to:	
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DRAFT