



# Supporting Students with Medical Conditions

## January 2020

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<b>Associated documents:</b>			
<ul style="list-style-type: none"> <li>Health and Safety policy including academy trips within and outside the UK</li> <li>Section 100 of the Children and Families Act 2014 to support students with medical conditions</li> <li>The Equality Act 2010</li> <li>Control of Substances Hazardous to Health Regulations 2002 (COSHH)</li> </ul>		<ul style="list-style-type: none"> <li>Health and Safety Executive (HSE) guidance on academy trips</li> <li>Complaints Policy</li> <li>Special Educational Needs and Disability (SEND) Code of Practice 0-25 years January 2015</li> <li>Section 10 of the Children Act 2004</li> <li>DFES Managing Medicines in Academy report (1448-2005)</li> </ul>	
<b>Links to:</b>			
<ul style="list-style-type: none"> <li><a href="http://www.nottinghamshirermedicinesmanagement.nhs.uk/policies-and-documents/medicines-management-policies/self-care-guidance">www.nottinghamshirermedicinesmanagement.nhs.uk/policies-and-documents/medicines-management-policies/self-care-guidance</a></li> <li><a href="http://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools">www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools</a></li> <li><a href="http://www.gov.uk/government/publications/education-for-children-with-health-needswho-cannot-attend-school">www.gov.uk/government/publications/education-for-children-with-health-needswho-cannot-attend-school</a></li> </ul>			

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## **1 Policy statement and introduction**

On 1 September 2014 a new duty came into force under Section 100 of the Children and Families Act 2014 to support students with medical conditions.

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are supported in academies so that they can play a full and active role in academy life, remain healthy and achieve their academic potential.

Students with long-term and complex medical conditions may require on-going support, medicines or care while in education to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

Diverse Academies will provide effective support for a student's medical condition ensuring it is effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. Diverse Academies establish relationships with relevant local health services receive and fully consider advice from healthcare professionals and listen to and value the views of parents / carers and students.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN and those medical conditions that require EHC plans, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice 0-25 years January 2015

Children who have particular allergies and are at risk of anaphylaxis are managed in accordance with the DfE guidance document and associated appendices

[www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools](http://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools)

## **2 Scope and purpose**

This policy applies to all employees, including volunteers, agency workers, consultants or self-employed contractors.

### **3 Responsibility for implementing the policy**

Diverse Academies has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory framework. The Trust has delegated day-to-day responsibility for operating the policy and ensuring its maintenance and review to the Principal.

### **4 Roles and responsibility**

4.1 A named person will be identified in the local academy appendix, please see academy website for local arrangements.

- who is responsible
- who is responsible for ensuring that sufficient staff are suitably trained
- specify how training needs are assessed, commissioned, provided, reviewed/whole academy awareness
- a commitment that all relevant staff will be made aware of the child's condition
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- briefing for supply teachers
- risk assessments for academy visits, holidays, and other academy activities outside of the normal timetable monitoring of individual healthcare plans. (IHCP) (what needs to be done, when and by whom) see Appendix A procedures to be followed whenever an academy is notified that a student has a medical condition including any transitional arrangements between academies. Reintegration, for children starting at a new academy arrangement should be in place in time for the start of the relevant academy term. In other cases, such as a new diagnosis or children moving to a new academy mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

4.2 Diverse Academies will ensure arrangements to support students with medical conditions within the partnership are implemented in order for all students to participate and enjoy the academy curriculum.

4.3 Principals will ensure the academy's policy is developed and effectively implemented with all partners.

4.4 Employees will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

4.5 Academy nurses will be responsible for notifying the academy when a child has been identified as having a medical condition which will require support in the academy. Academy nurses will support staff on implementing a child's individual healthcare plan and provide advice and training.

4.6 Academy nurses and first aiders cannot supply painkillers.

4.7 Other healthcare professionals, including GPs and paediatricians –liaise with the academy nurse when a child has been identified as having a medical condition that will require support at the academy. Provide advice on developing HCP. E.g. asthma, diabetes, epilepsy.

4.8 Students – with medical conditions will provide information and contribute to discussions about how their condition affects them.

4.9 Local Authorities – are commissioners of academy nurses for maintained academies. 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 academies, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for academy staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with academies to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream academy/academy 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 academy for 15 days or more because of (whether consecutive or cumulative across the academy year).

4.10 Providers of health services – should co-operate with academies that are supporting with academy nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training.

4.11 Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with academies supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and academies seeking to strengthen links between health services and academies and consider how to encourage health services in providing support and advice (and

can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

4.12 Ofsted – inspection framework places a clear emphasis on meeting the needs of disabled children and students with SEND and considering the quality of teaching and the progress made by these students.

## **5 Managing medicines / medical conditions on academy premises**

5.1 Each academy encourages students to take their medication themselves under staff supervision.

5.2 Each academy discourages students from carrying any medication on their person, as there is the risk of it being lost and becoming a danger to others. There are, however, certain medical conditions that need immediate management and with prior arrangement with the academy, students can carry their own medication.

5.3 If a child has been prescribed a controlled drug it will be securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the academy.

5.4 Medicines will only be administered at the academy when it is detrimental to a child's health or academy attendance not to do so.

5.5 A consent form enabling a member of academy staff to administer medication to a child must be completed by a parent or carer in all cases. No medication will be given under any circumstances without this form being completed.

5.6 No child under 16 will be given prescription or non-prescription medicines without their parent's or carer's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents / carers.

5.7 Each academy will only accept prescribed medicines that are in-date, labelled, in the original container (with the exception of insulin, available in pen or pump.) dispensed by a pharmacist, including instructions on dosage and storage.

5.8 Inhalers

- a. Reliever inhalers are to be carried by the student and self-administered

- b. It is the parent's / carer's responsibility to ensure that their child attend each academy with his/her medication
- c. It is the parent's/carer's
- d. s responsibility to ensure that the medication is in date and to ensure that it is used appropriately
- e. Inhalers should show the name of the user in case of loss

#### 5.9 Auto-injector pens (AIP)

- a. An AIP should always be carried by the named student and wherever possible another one should be kept in a safe but easily accessible, well labelled, drawer which will be identified in the local academy appendix. Both must clearly display the name of the student and the expiry date
- b. It is the parent's / carer's responsibility to ensure that their child attends with his/her medication
- c. It is the parent's / carer's responsibility to ensure that their child is responsible and competent in self-administering the medication
- d. It is the parent's /carer's responsibility to provide the academy with such medication and to ensure that it is replaced prior to its date of expiry

#### 5.10 Insulin Pens

- a. Insulin pens are to be carried by the named student and self-administered wherever possible
- b. All insulin pens/cases must clearly display the student's name and expiry date
- c. It is the parent's / carer's responsibility to ensure that the named student responsible and competent in self- administering the medication
- d. It is the parent's / carer's responsibility to ensure their child has their medication, which is in date, on him/her for the academy day
- e. Blood sugar testing etc. can be carried out in an area identified in the local academy appendix.

#### 5.11 Allergies and anaphylaxis

Diverse Academies caters for children with these conditions with due reference to the following publications:

[www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools](http://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools)

Every Diverse Academy is likely to have at least one pupil who is severely allergic to a type of food. Diverse Academies recognises that for many the symptoms of allergy are mild. However, occasionally the symptoms are severe, and they may even be life-threatening.

Diverse Academy and their caterers recognise that the common causes of severe allergic reactions (anaphylaxis) include foods such as peanuts, tree nuts, milk, eggs, shellfish, fish, sesame seeds and kiwi fruit, although many other foods have been known to trigger anaphylaxis. Peanut allergy is particularly common – with one in 70 children nationwide thought to be affected.

Diverse academies, working with parents, give due consideration to the needs of these children when planning menus and providing meals on academy visits.

Diverse Academies staff also understand that there may also be a risk of anaphylaxis from non-food sources, including wasp or bee stings, natural latex (rubber) and certain drugs such as penicillin, and will plan educational activities and visits with due consideration to this risk for some children.

All children in Diverse Academies affected by allergies are accommodated due to the insistence of up to date and accurate communication between parents, academy staff, doctors and, where relevant, education authorities. Diverse Academies have a commitment to ensuring each academy adopts robust precautionary measures, alongside ongoing support from staff in order to maintain a safe educational experience for all concerned.

## **6 Safety management**

- a. All medicines may be harmful to anyone for whom they are not appropriate.
- b. The academy will ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- c. All the recommendations have been taken from the DFES Managing Medicines in Academy report (1448-2005).

## **7 Disposal of medicines**

Parents / carers must collect medicine held at the end of each term. Parents / carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents / carers do not collect medicines, they will be taken to a local pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.



## 8 Defibrillator

Where an Academy has an Automated External Defibrillator on site this will be available for use by all staff. All that is required to use an AED is to recognise that someone who has collapsed may have a sudden cardiac arrest (SCA) and to attach the two adhesive pads (electrodes) that are used to connect the AED to the patient's bare chest. Through these pads the AED can both monitor the heart's electrical rhythm and deliver a shock when it is needed. The AED provides audible instructions and most models also provide visual prompts on a screen.

## 9 Refusing medicine

Where a child refuses medication, the academy's staff member will make a record to this effect and follow the appropriate procedure. Under no circumstances will the child be forced to take such medication. Parents / carers will be informed of the refusal on the same day. If a refusal to take medicine results in an emergency the academy should follow emergency procedures.

## 10 Staff administering medicine

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. Support staff may have specific duties to provide medical assistance as part of their contract (i.e. individuals appointed for the purpose of administering first aid). **Swift action needs to be taken by any member of staff to assist any child in an emergency.**

10.1 Adrenalin Auto-injector pens should only be administered by trained adults. All academy personnel should be made aware on how to administer via annual refresher training.

## 11 Safe storage of medicines

11.1 Medicines will be stored in accordance to the product instructions and in the original container in which dispensed. Medicines will be stored in a secure location, which is not accessible by students, with a named member of staff responsible for the key. This will be identified in the local academy appendix.

11.2 The supplied container will be clearly labelled with the name of the student, the name and dose of the medicine and the frequency of administration.

11.3 Where a student needs two or more prescribed medicines each should be in a separate container.

11.4 Students should know where their own medicines are stored and who holds the key.

- 11.5 Medicines will be stored in a secure place which is not accessible by students.
- 11.6 Medicines that need to be refrigerated will be kept in an airtight container and clearly labelled. (Access to the refrigerator is restricted to staff only.)
- 11.7 Controlled drugs such as Ritalin, will be kept in a locked cupboard within a staff only area.

## **12 Details of storage area and staff administering medication**

Storage: *Identified in the local academy appendix*

Administration: *Identified in the local academy appendix*

## **13 Procedures for managing prescription and bought medicines which need to be taken during the academy day**

13.1 Since November 2018, NHS Clinical Commissioning Groups (CCGs) and local GPs support and encourage people to buy medicines/products and access advice from local pharmacies for the treatment of **minor illnesses and ailments**.

This also applies to parents buying medicines for their children, including medicines which may need to be taken whilst their child is at school. Once medication is bought there will be **no requirements for GPs to provide an authorisation letter**.

Parents should label the medication with the child's name and the academy will then follow the generic age-related instructions when administering to the child. Academies will keep a clear record of all medications that are administered, in particular the time and dose administered to ensure that the recommended daily dose is not exceeded.

13.2 Medicines should always be provided in the original container as dispensed by a pharmacist displaying the dispensing label with the name of the student and includes the prescriber's instructions for administration.

13.3 Parents / carers are responsible for handing over to staff the medication which is to be administered.

13.4 No medicines will be administered until a consent form has been completed by the parent / carer.

13.5 There may be occasions when a student needs short term prescribed medication such as an antibiotic; parent's / carers should ask the prescriber if the medicine can be taken outside academy hours.

13.6 Students with medical needs are encouraged to participate in educational visits. Staff supervising excursions should always be aware of any students' medical needs and relevant emergency procedures and be prepared to store and supervise the taking of medicines with prior parental/carers' written consent. Without the parent's / carer's written or 'provision of medication consent' students will not be allowed to participate in educational visits. This consent and provision of the medication is the responsibility of the parent / carer.

## **14 Record keeping**

The academy will keep a register of drugs for all medicines brought into the academy by a parent / carer for administration to a student during the academy day. The register will be signed by the student when medication has been administered and in the case of controlled drugs, two staff signatures will be required. Any side effects of the medication administered will be noted.

## **15 Emergency procedures**

The academies Health and Safety policy details this procedure including academy trips within and outside the United Kingdom.

## **16 Day trips, residential visits and sporting activities**

All students have the opportunity to participate in academy trips, visits, sporting activities etc. Staff will be aware of how a child's medical condition will impact on their participation. Flexibility for all children to participate in events according to their own abilities and with any reasonable adjustments to participate fully and safely will be incorporated into any proposals as required; unless evidence from a clinician such as a GP states that this is not possible.

16.1 Risk assessment will take place in consultation with parents / carers, students and advice from healthcare professionals. Planning arrangements incorporate steps needed to confirm that students with medical conditions can participate safely. Please also see Health and Safety Executive (HSE) guidance on academy trips.

## **17 Complaints**

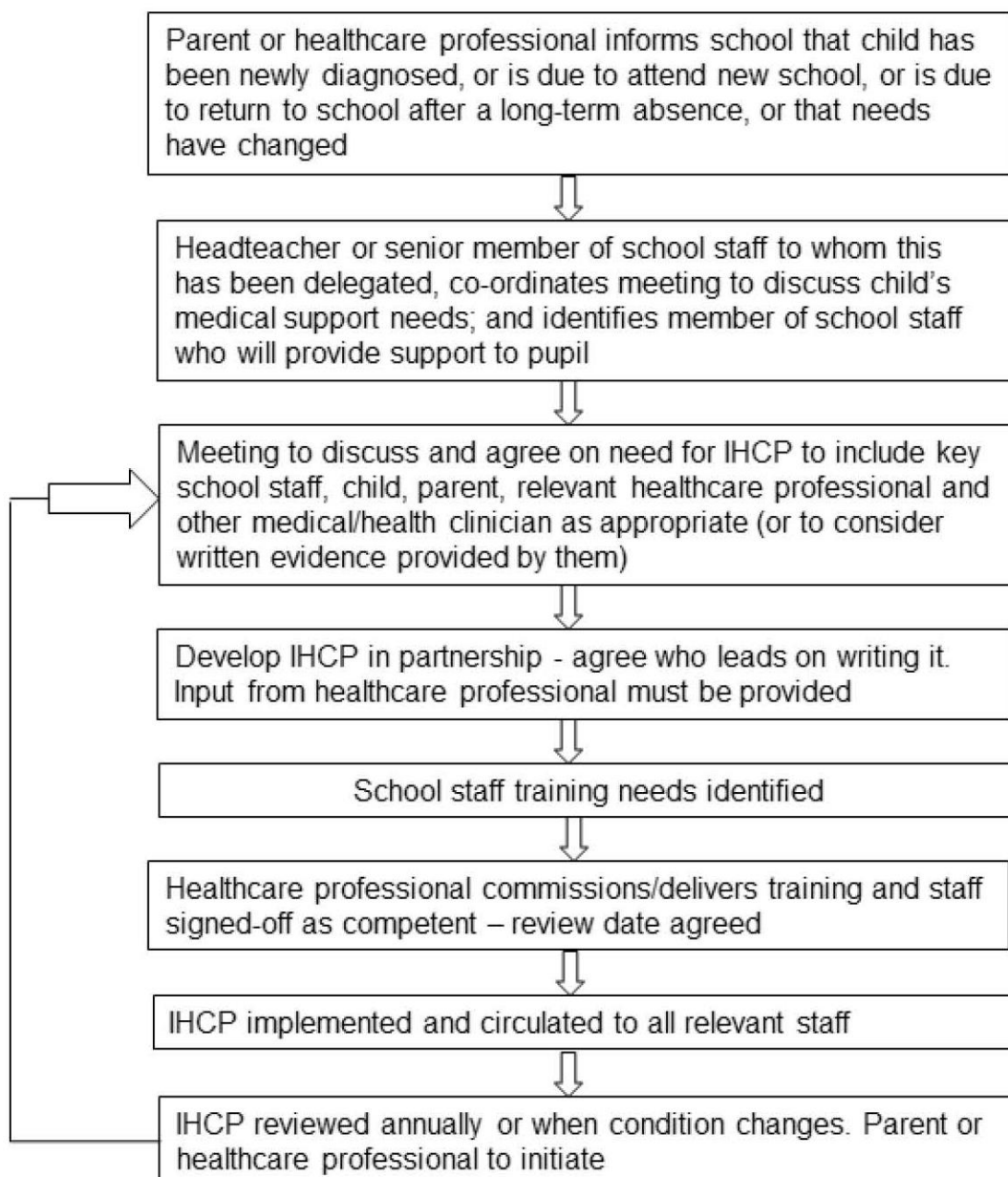
Should parents / carers or students be dissatisfied with the support provided they should discuss their concerns directly with the Academy. If for whatever reason this does not resolve the issue,

parents / carers are requested to make a formal complaint via the Academy's complaints procedure.

## **18 Review of the policy**

This policy is reviewed annually in January by the Trust.

## Appendix A: Model process for developing individual healthcare plans



## Appendix B: Individual Healthcare Plan

Name of Academy	
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)	
Relationship to child	

**Clinic/hospital contact**

Name	
Phone no.	

**GP contact**

Name	
Phone no.	

Who is responsible for providing support in the Academy?	
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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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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 student's educational, social and emotional needs

Arrangements for academy 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



## Appendix C: Parental agreement for setting to administer medicine

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

Date for review to be initiated by	
Name of academy	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the academy/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 the academy staff administering medicine in accordance with the academy policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s):

Date:

## Appendix D: Record of medicine administered to an individual student

Name of academy	
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

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Signature of parent

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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	

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

## Appendix E: Record of medicine administered to all students

Name of academy:

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Staff signature	Print name

## Appendix F: Staff training record – administration of medicines

Name of academy	
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:



## **Appendix G: 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 numbers
2. your name
3. your location as follows [insert academy/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 academy 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

## Appendix H: Model letter inviting parents / carers to contribute to individual healthcare plan development

Dear Parent/Carer

### Re: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the academy's policy for supporting students at the academy with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership between the academy, parents / carers, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in academy life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## Appendix I: Education for children with health needs who cannot attend school

This protocol should be read in conjunction with the following document:

Ensuring a good education for children who cannot attend school because of health needs, statutory guidance for local authorities, published in January 2013.

[www.gov.uk/government/publications/education-for-children-with-health-needswho-cannot-attend-school](http://www.gov.uk/government/publications/education-for-children-with-health-needswho-cannot-attend-school)

Local authorities are responsible for arranging suitable full-time education otherwise than at school for children who cannot attend school because of illness or other reasons and who therefore would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. **It applies to children who are pupils in academies**, free schools, special schools and independent schools as well as those in maintained schools.

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

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

Local authorities must:

a. 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.

Local authorities should:

a. Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative

They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.

b. Ensure that the education children receive is of good quality, as defined in the DfE's statutory guidance Alternative Provision (2013), and allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.

c. Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

Local authorities should not:

a. Withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child's needs and providing a good education must be the determining factors).

b. Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.

c. Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

Diverse Academies is committed to ensuring that where relevant and appropriate, all of our academies work closely with the Local Authority (Lincs and Notts) in ensuring that children who meet these conditions are treated with equality and fairness and in accordance with the Trust Single Equality, SEND and Medical Conditions protocols.