



## Canon Burrows CE Primary and Nursery School Policy For Supporting Pupils At School With Medical Conditions

(May be read in conjunction with the Asthma Policy, The Inclusion Policy, The Special Educational Needs and Disability Policy and the SEN information report on the school Website)

*This Policy has due regard to statutory legislation and guidance including, but not limited to, the following:*

- *Children and Families Act 2014*
- *DfE Supporting pupils at school with medical conditions 2015*

The mission statement of our school talks of valuing the individuality of all of our children and Canon Burrows is a Christian school that respects and values the individuality of all people. We are committed to giving all of our children every opportunity to their full potential. We aim to meet the needs of all our children and provide teaching and learning contexts, which enable every child to develop morally, spiritually, academically and physically to their full potential.

### **Aims of the policy**

To ensure that all children with medical conditions, in terms of both physical and mental health, are properly cared for and supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This policy has been developed in line with the DfE's guidance: Supporting Pupils at School with Medical Conditions.

At Canon Burrows we are committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the children feel safe whilst at school.

### **Definitions**

1. Canon Burrows defines "medication" as any prescribed or over the counter medicine.
2. Canon Burrows defines "prescription medication" as any drug or device prescribed by a doctor.
3. Canon Burrows defines a "staff member" as any member of staff employed at the school, including teachers.
4. For the purpose of this policy, "medication" will be used to describe all types of medicine.
5. Canon Burrows defines "short term illness" as an illness which affects pupils' participation at school because they are on a course of medication.
6. Canon Burrows defines "long term illness" as a condition which has potential to limit access to education and requires ongoing support, medicines or care while at school to help them manage their condition and keep them well including monitoring and intervention in emergency circumstances. It is important that parents feel confident that school will provide effective support for their child's medical condition and the pupil feels safe.

### **Educational Inclusion**

Inclusion is about equal opportunities for all pupils, regardless of age, gender, ethnicity attainment and background. It is seen to involve the identification and minimising of barriers to learning and participation and the maximising of resources to support learning participation. In our school we believe

that all children should have access to an appropriate education that affords them the opportunity to achieve their personal potential and we want all our children to feel that they are a valued part of our school community. We aim to offer excellence and choice to all our children, whatever their ability or needs.

### **Admission Arrangements**

No child will be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made. Written evidence must be provided by a suitably qualified professional e.g. a consultant for medical needs or a GP that the child has exceptional needs, which means that admission to Canon Burrows Church of England Primary School is essential. All information will be treated in the strictest confidence. The Governing board's admissions committee will decide whether to admit a child under this criterion using the evidence provided.

### **Access arrangements**

Upon notification that a child has a medical need the school database is updated and relevant staff are informed. Standard healthcare plans are completed by parents and used to specify the type and level of support required to meet the medical needs of our students. Updated class medical information is passed on to the teacher every year and kept in the class SEN file or, where appropriate, with the child's accessible medication. Any major changes are passed on to the teacher straight away. The most recent record will then be passed on to the child's new school on transition.

In some instances e.g. where conditions may fluctuate, there is a high risk that emergency intervention may be needed or where a medical condition may be long term or complex, advice is sought from the relevant healthcare specialists. Training is arranged for appropriate members of staff as appropriate to ensure that they are able to meet the child's needs. The school, healthcare professional and parent will work in partnership to draw up an Individual Healthcare Plan.

### **Individual Healthcare Plans (IHCPs)**

For chronic or long term conditions and disabilities an Individual Healthcare Plans will be drawn up in partnership by the healthcare professional, the school, parents/carers, the Special Educational Needs Coordinator (SENDCo) and whenever appropriate the pupil. Partners will agree who will take the lead in writing the plan.

The aim of the plan is to identify the steps needed to help the child manage the condition at school and overcome any barriers to their education.

When deciding what information should be recorded on an IHCP (see appendix C), the governing board will consider the following:

- The medical condition, as well as its triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication (the correct dosage and possible side effects), equipment and dietary requirements
- The specific support needed for the pupil's educational, social and emotional needs

- The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual where confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

IHCPs are reviewed annually or earlier if the child's needs have changed. They will always reflect the child's best interests and ensure that any risk to the child's education, health and social wellbeing is assessed and managed and disruption minimised. 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 IHCP identifies the support necessary for the child to reintegrate effectively. Not all children will require an IHCP.

Where a child has a special educational need identified in an Education Health Care (EHC) plan, the IHCP will be linked to the EHC plan. Where a child does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

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

Pupils with medical conditions are supported to participate in school trips and visits, or in sporting activities. Teachers are aware of how that medical condition will impact on their participation, but there is enough flexibility for them to participate according to their own ability and with reasonable adjustments. Unless a clinician such a GP states otherwise, school will make arrangements to include pupils in such activities.

School will consider what reasonable adjustments are needed to enable children with medical needs to be supported fully and safely on visits. Where necessary a risk assessment will be completed to ensure children are able to participate safely and inclusively. This will be done in consultation with parents and relevant healthcare professionals where appropriate.

Where specific training is required to administer medication or healthcare procedures which are outlined in an individual healthcare plan, a trained member of staff will accompany the child on the trip.

## Roles and Responsibilities

The SENDCo, **Miss Rachel Bardsley** is responsible for overseeing the policy, arranging suitable training and monitoring individual healthcare plans. She is supported in this role by **Miss Hayley Briggs** and **Mr Ronald Oswald**, who also have responsibility for ensuring general care plans are updated, that the relevant medication is in school and that care plans, medication and any other relevant information is passed on to the child's class teacher.

## Class Teachers

Class teachers are responsible for ensuring that appropriate risk assessments are completed for school visits, residential trips and other school activities outside the normal timetable. For broken limbs or other medical conditions which affect mobility a risk assessment will also need to be completed for access in school. They should ensure that appropriate medication and contact details are taken out of school with them. Class Teachers are also responsible for ensuring that systems are in place to ensure supply teachers and external coaches are briefed about a child's medical conditions.

## Governors

The governing board must:

- Have overall responsibility for the implementation of the medical policy and administering medicine procedures of Canon Burrows C of E Primary School and Nursery Unit.
- Ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Ensure that the health of pupils is not put at unnecessary risk, for example from infectious diseases. They therefore do not have to accept a child in school where it would be detrimental to the health of that child or others to do so.
- Ensure that written records are kept of all the medicines administered to children.
- Ensure that an appropriate level of insurance is in place and appropriately reflects the level of risk.
- Ensure that the Medical Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Be responsible for handling complaints regarding this policy, as outlined in the school's complaints procedure policy.
- Manage any complaints or concerns regarding the support provided or the administration of medicine, using the school's complaints procedure policy.

## Headteacher

The headteacher of Canon Burrows is **Miss Fildes**. She is responsible for:

- The day to day implementation and management of this medical policy and relevant procedures of Canon Burrows.

- Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Sufficiently trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Ensure that a sufficient number of staff are suitably trained in administering medication.
- Ensure that appropriate training is undertaken by all staff members administering medication.
- Ensuring that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- In the case of staff absence, organising another appropriately trained individual to take over the role of administering medication.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.
- Ensuring that supply teachers are appropriately briefed regarding medical conditions.

Miss Fildes has overall responsibility for the development of individual healthcare plans. She ensures that the school nursing service is contacted in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### **School Staff**

- Staff, including teachers, support staff and volunteers are responsible for following the policy and ensuring that pupils do so also.
- Staff, including teachers, support staff and volunteers, are responsible for implementing the agreed policy fairly and consistently.
- If a pupil is sent to hospital, at least one member of staff will accompany the pupil until the parent/carer has arrived. Member of staff to be in full PPE in the ambulance.
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- Staff receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

There will always be more than one person trained to support a child with a specific medical condition to ensure that in the case of staff absence or staff turnover there is always somebody available.

### **Healthcare Professionals**

- The school nursing team are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They are able to support staff

on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

- Other healthcare professionals, including GPs and paediatricians should notify the school nurse when a child has been identified as having a medical condition that requires support at school. They are able to provide advice on developing Individual Healthcare plans. Specialist local health teams are able to offer support in school for children with particular conditions e.g. asthma and diabetes.

### **Parents/Carers**

- Parents/carers should provide school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify school that their child has a medical condition.
- Parents/carers are key partners and should be involved in the development and review of their child's IHCP and will 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 that these are always kept in date.
- Parents/carers are expected to keep the school informed about any changes to their child/children's health.
- Parents/carers or another nominated adult should be contactable at all times.

### **Local Authority**

- Local Authorities are commissioners of school nurses for maintained schools and academies. They have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, 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 school staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, 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 school year).

### **The Child's role in managing their own medical needs**

After discussion with parents, children who are competent are encouraged to take responsibility for managing their own medicines and procedures, under the supervision of a staff member. This is reflected within healthcare plans. If this is not appropriate a member of staff will help to administer the medicine and manage the procedures for them. If a child refuses to take their medicine or carry out a necessary procedure staff should not force them to do so, but follow the procedure laid out in the healthcare plan. Parents will be informed so that alternative options can be considered.

It is both the staff members' and pupils' responsibility to understand what action to take in general terms during a medical emergency, such as raising the alarm with the members of staff.

### **Staff Training and Support:**

All Teaching Assistants hold a basic first aid qualification. Miss Briggs and Mr Oswald each hold a first aid at work qualification. EYFS Teaching Assistants all hold a paediatric first aid qualification. First aid qualifications are updated regularly.

All relevant staff will be made aware of a pupil's medical condition. Any member of school staff providing support to a pupil with medical needs will have received suitable training identified during the development or review of an IHCP. Extensive training may not be required by staff who have some knowledge of the specific support needed. Staff who provide support to children with medical conditions should be included in meetings where this is discussed.

Normally the relevant healthcare professional leads on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. School ensures that this remains up-to-date.

Training is sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHPs. This ensures that they have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not undertake health care procedures or give prescription medicine without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupil's 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 the proficiency of staff in a medical procedure, or in providing medication.

All staff are made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This is done annually at a staff meeting. This information is also included in the induction pack for new staff. The relevant healthcare professional offers advice on training that will help ensure that all medical conditions affecting pupils in the school are understood

fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Teachers and support staff will receive regular and ongoing training as part of their development.

The child's family are often 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 are able to provide specific advice, but should not be the sole trainer.

### **Managing Medicines on School Premises**

Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so, and only if needed 4 times per day.

No child is given prescription or non-prescription medicines without their parent's written consent. Parents are required to sign an indemnification sheet provided by school requesting that school administers the medication. In some instances pain relief may be given with verbal permission i.e. where a parent is unable to get to school within a reasonable time and relief is needed. Verbal permission is always witnessed by 2 different members of staff and noted in the medical book in the staff room. In exceptional circumstances, where pain relief is needed and staff are unable to contact a parent it may be given and parents will be informed.

A child will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

All medicine will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

All medicine is stored in a central location in the appropriate building and can only be accessed by a member of staff. They are easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record is kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

Staff will always check the maximum dosage and when the previous dosage was taken before administering medicine.

School staff will never force a child to take their medicine. If the child refuses to take it, staff will follow the procedure in the Individual Healthcare Plan and inform their parents.

Staff will inform parents if their child has received medicine or been unwell at school.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

Emergency salbutamol inhalers are stored in school

Although this isn't a requirement of schools Canon Burrows have taken advice from the local authority and the guidance outlined in the Department of Health and Social Care's (DHSC's) non-statutory [guidance on using emergency salbutamol inhalers in schools](#).

Who can use an emergency inhaler

An emergency inhaler can be supplied to a pupil who is known to suffer from asthma, where it's needed in an emergency, according to the [Human Medicines \(Amendment\) \(No.2\) Regulations 2014](#).

The DHSC's guidance (page 14), linked above, recommends that emergency inhalers should only be used by children who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, **or**
- Prescribed a reliever inhaler, with or without a diagnosis of asthma

**And** who have written parental consent for the use of the emergency inhaler.

A record of parental consent is included on the school's asthma register, so staff can quickly check whether a child is able to use the emergency inhaler during an emergency.

Consent is updated annually, to take account of any changes to a child's condition.

The use of an emergency inhaler should also be specified in a pupil's individual healthcare plan (see page 14 of the DHSC's guidance, linked above).

The school's emergency asthma inhaler kit includes:

- A salbutamol metered dose inhaler - these are reusable as long as they are properly cleaned after use
- At least 2 plastic spacers compatible with the inhaler - these shouldn't be reused due to the risk of cross-infection, so a larger school with lots of asthmatic pupils may require more than 2 spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler, as detailed in their individual healthcare plans
- A record of when the inhaler has been used

Miss Briggs and Mr Oswald are responsible for maintaining the emergency asthma kit, they are responsible for:

- Monthly checks that the inhaler and spacers are present, in working order, have enough doses, and are in date
- Sourcing replacement inhalers when the expiry date is approaching
- Replace spacers when they have been used
- Make sure the plastic inhaler housing (that holds the canister) has been cleaned, dried, and returned after use

### **Defibrillators –**

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

In case of emergency staff should notify the local NHS ambulance service of its location. Staff members appointed as first-aiders are trained in the use of CPR. Several other members of staff have also been trained in how to use them.

### **Emergency Procedures**

Individual healthcare plans clearly define what constitutes an emergency and explains what to do. All staff, including lunchtime supervisors are made aware of emergency symptoms and procedures and what to watch for. This information is displayed along with the child's picture on the staff room wall. New cases are brought to everybody's attention in staff meetings. High risk children are put on playground watch so staff know to look out for them on the playground and they may be asked to wear a bright sash or bib to help staff identify them. Other pupils are told to tell a teacher if they think help is needed.

If a child needs to be taken to hospital a member of staff stays with the child until the parent arrives, including accompanying the child in the ambulance. Parents are contacted straight away as soon as an ambulance has been called. For children with serious medical conditions their contact details and medical notes are kept close to the telephone for the office staff to access quickly in case of emergency.

On school outings a key member of staff will carry a first aid kit, including prescribed medication for individual children. Staff will carry a mobile phone and be able to quickly contact emergency services and/or school to contact parents should the need arise.

### **Monitoring and Reviewing**

This Policy is reviewed every two years by the governing board and the headteacher.

Canon Burrows will seek advice from any relevant healthcare professionals as deemed necessary.

Where a pupil's medical condition is unclear or where there is a difference of opinion, judgements about what support to provide will be based on available evidence including a consultation with parents.

Canon Burrows recognises that in exceptional circumstances a pupil's health needs may rightly take precedent over their education.

### **Fabricated Induced Illness**

Absences from school are common and Canon Burrows recognizes that there are many reasons including legitimate medical and hospital appointments. If fabricated or induced illness by a parent or carer is suspected, school staff will verify the reasons for the child's absences. Consideration will be given as to whether reported illness is being used by the child, for example, to avoid unpopular lessons or being bullied. Such concerns should **not** be dismissed. Any concerns or suspicions of fabricated induced illness will be discussed with the designated child protection lead, **Miss Suzanne Fildes**.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits 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; 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 IHCP;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create 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**

Governing boards are responsible for ensuring that the appropriate level of insurance is in place and appropriately reflects the level of risk.

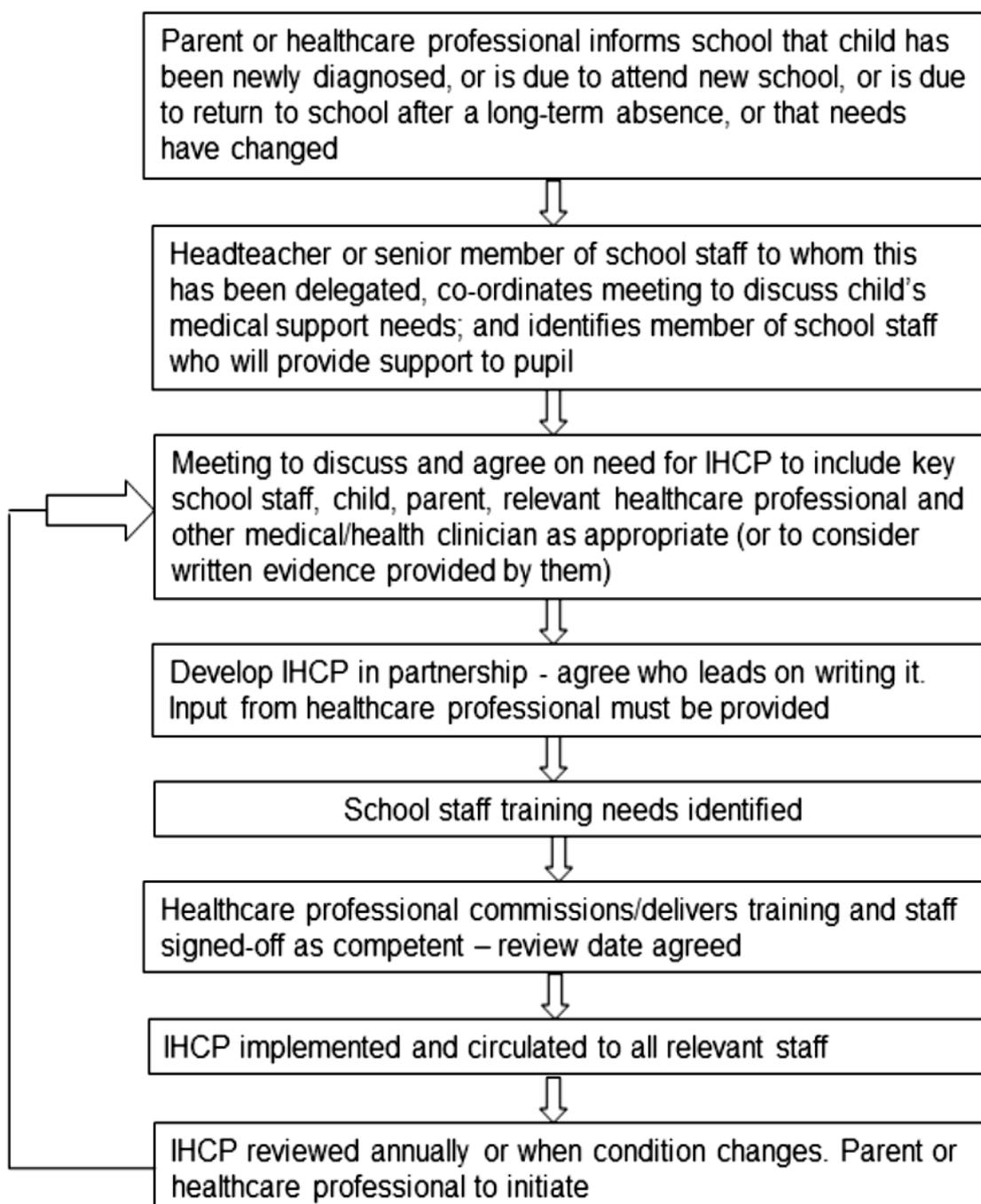
School policy must set out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Liability cover must relate to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

### **Complaints**

Regular communication between home and school ensures that concerns are promptly acted upon. If there is a complaint to be made about the support provided, this can be done by contacting the Headteacher in the first instance, and then the governing board. A copy of the full complaints procedure is available from the office.

**Policy Review date:** October 2023

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



Annex B: Parental Agreement Form



Canon Burrows Medication Administration Form

Canon Burrows will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Group/class/form:	
Medical condition/illness:	
Medicine/s:	
Name/type of medicine (as described on the container):	
Date dispensed:	Expiry date:
Agreed review date: .....	
Review to be initiated by: .....	
Dosage, method and timing:	
Special precautions:	
Are there any side effects that the school needs to know about?	

Self-administration: Yes/No (delete as appropriate)





Describe what constitutes an emergency for the pupil, and the action to be taken if an emergency occurs:

Follow up care:

Who is responsible in an emergency (State if different on off-site activities):

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Signed	Date
Parent/carer	
Pupil (where appropriate)	
Named person in school	

SENCO	
GP	

Schools are made aware of a pupil with a medical condition from parent and health professional

School to ensure they meet their statutory responsibilities as set out in the statutory guidance. This will usually involve liaising with Health professionals to develop an Individual Health Care Plan (IHCP). Within the IHCP school will need to establish if any absence relating to the medical condition is to be authorised or otherwise.

School must inform the Local Authority Tracking Officer when a pupil is absent for 15 days over any academic year if the absence relates to the medical condition. This information will be recorded on the ONE system.

An Education Welfare Officer (EWO) will be made aware of the pupil within 5 days by the tracking officer and will work with the school to ensure that:

- School have made reasonable adjustments to allow the pupil to access a full time education. This may include arrangements for school work being sent home for short periods of absence, part time consider on-line learning.
- That an IHCP is in place and has been written having taken the views of the health professionals, parents / carers / pupils.
- There is a date scheduled so that the IHCP is reviewed at least 6 monthly
- The level of attendance is reviewed regularly.
- Regular contact is made with the parent/carers and pupil.

Where necessary, the case can be referred, via the EWO, to the case management panel. The panel will consider each case on an individual need and will allocate appropriate provision. The school will be invited to attend the panel meeting and be notified of the outcome.

**The Local authority may request a proportion of the age weighted pupil unit (AWPU) to assist with any educational provision.**