

The logo features a blue trapezoidal shape in the upper right corner containing the text 'The Kite Academy Trust'. Below this, four wavy, overlapping lines in blue, green, red, and purple extend from the trapezoid towards the left side of the page.

**The Kite
Academy
Trust**

THE KITE ACADEMY TRUST

WELFARE POLICY

P1197

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1 Introduction

The Kite Academy Trust is committed to promoting and safeguarding the health and welfare of all children in its academies. Children may have needs which arise from physical, medical, sensory, learning, emotional or behavioural difficulties which require additional provision; each academy will strive to meet these needs, balancing them against the academy's responsibility for the welfare of all its pupils.

The Kite Academy Trust is committed to providing children with additional needs the fullest access to education and participation in academy life as possible. The Trust understands that parents/carers are often concerned about the physical, social and emotional impact of attending school on their child; it is therefore important that parents/carers and their children feel confident that the academy will provide effective support. Our academies will liaise closely with parents/carers to establish an Individual Healthcare Plan (see Appendix 1) detailing the child's needs and requirements, including the administration of medication, where required. The academy will also make reasonable adjustments to ensure access. The staff of the Kite Academy Trust recognise their responsibility for the care and welfare of all children and aim to take the same care that a reasonable, prudent and careful parent would take in the same circumstances.

2 Supporting Medical Conditions

The Children and Families Act 2014 states that arrangements for supporting pupils at school with medical conditions must be in place and those pupils at school with medical conditions should be properly supported so that they can play a full and active role in school life, including school trips and physical education, remain healthy and achieve their academic potential. This policy reflects the DfE guidance 'Supporting Children with Medical Conditions'

Children should be in school if fit to participate in the normal curriculum; however, in the best interest of the child, the following exceptions will be made:

- If a G.P. recommends that a child is fit to be in school, although requires medication;
- Children with chronic illnesses who will be assisted to lead as normal a life as possible;
- If it would be detrimental to a child's health if medication were not administered

Close co-operation between the academy, parents, health professionals and other agencies is essential to ensure that any necessary medical interventions during academy activities are undertaken safely and correctly. The academy will agree and record arrangements to provide appropriate medical support for each child needing it through prior discussion with their parents/carers and health professionals before commencement. Parents/carers are required to give written information of a child's medical condition on admission to the academy and will be expected to keep the academy fully informed of any changes that affect the child. When the academy is notified that a pupil has a medical condition, the process will be followed to establish whether the pupil requires an Individual Healthcare Plan (IHP) and every effort will be made to ensure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for children who are joining the academy.

Sharing information regarding medical needs is paramount if staff are to guarantee the best care for a child. The Academy Headteacher will ensure that all staff, including supply teachers, are aware of special medical information for individual children as necessary, and will include:

- Which children suffer from medical conditions;
- Details of medication available for individual children;
- Emergency procedures which should be followed for individual children

The Academy Headteacher is responsible for making sure that staff have appropriate training to support children with medical needs, that this training provides sufficient understanding, confidence and expertise and that arrangements are in place to update training on a regular basis. The Academy Headteacher is also responsible for ensuring that cover arrangements are in place in case of staff absence or staff turnover.

The administration of medicines by academy staff is not a part of standard contracts; this is a voluntary role and staff have the right to decline to administer medicines.

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their Individual Healthcare Plan. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the agreed procedure and inform parents so that an alternative option can be considered, if necessary.

If a child becomes unwell or has an accident during the academy day, contact will be made with the parent/carer to agree suitable arrangements for care of the child. Parents/carers are expected to take responsibility to ensure the academy has up to date contact information. If a child requires hospital treatment during the academy day, every effort will be made to contact the child's parents/carers or other emergency contact numbers. If this is not possible, the academy will make arrangements for the child to be taken to hospital by calling an ambulance. The academy office will continue to try to ensure parents are informed and a member of staff will stay with the child until a parent arrives.

Health Care professionals are responsible for any medical decisions when parents/carers are not available. Any relevant religious/cultural information will be communicated to medical staff by the member of academy staff accompanying the child in the absence of their parent/carer. Academy staff cannot give consent for any medical treatment as they do not have parental responsibility.

3 Individual Healthcare Plans

Not all children with a medical condition will require an Individual Healthcare Plan (IHP). The need for an IHP will be agreed through discussion with parents/carers and relevant healthcare professionals. Any IHP will be based on evidence available; if there is not a consensus, the Academy Headteacher will make the final decision. The academy, parents/carers and relevant healthcare professionals will write the IHP according to the child's specific needs and the child will be involved wherever appropriate. It should always be signed off by the parents and Academy Headteacher.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The contents of the IHP will consider:

- The medical condition, its triggers, signs, symptoms and treatments;
- The child's resulting needs, including medication (dose, administration, storage, expiry) 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;
- Specific details relating to allergies and anaphylaxis;
- Specific support for the child's educational, social and emotional needs, such as how absences will be managed, ELSA support etc.;
- The level of support needed, including the child's level of competency in managing their own medicines and procedures;
- Who will provide the required support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's, and cover arrangements for when they are unavailable;
- Who in the academy needs to be aware of the child's condition and the support required;

- Separate arrangements or procedures required for educational trips or other activities outside of the normal academy timetable that will ensure the child can participate, such as risk assessments;
- Where confidentiality issues may be a consideration, the designated individuals to be entrusted with information about the child's condition;
- What to do if a child refuses to take any medication, including any alternative options, bearing in mind that no member of staff will force them to take a medicine or carry out a necessary procedure;
- What to do in an emergency, including who to contact, and contingency arrangements;

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a child has SEN but does not have a statement or EHCP, the SEN will be mentioned in the IHP.

IHPs will be reviewed annually and will be accessible to all staff responsible for administering first aid/medicines. The Academy Headteacher has overall responsibility for developing and reviewing IHPs. A template IHP can be found at Appendix 1.

4 Administration of Medication

Medication should only be administered by the academy when essential and where it would be detrimental to a child's health if the medicine were not administered during the academy day. Medication should not be given on an ongoing basis, unless prescribed by a doctor.

Medication should only be administered by a staff member who has completed the appropriate training, unless in the case of a medical emergency such as an asthma attack or an anaphylactic response has been triggered. All staff are required by law to have training in anaphylaxis and the use of adrenaline auto-injectors.

The need for medicines to be administered during the academy day should be avoided; parents/carers are therefore requested to arrange the timings of doses accordingly (i.e. medicines prescribed to be taken three times a day can be taken in the morning, after academy hours and at bedtime). Academy staff will agree to administer prescribed medication in exceptional circumstances, such as those requiring four doses a day or a less frequent dose where the medication is required to be taken with a meal, but cannot accept responsibility for missed doses. Parents must give written consent by completing the Temporary Administration of Medicines form (see Appendix 3) and the following guidelines should be followed:

- Medication must be brought to the academy office by the parent or carer, not by the child;
- Medication should be in a clearly labeled, appropriate, container with the following information:
 - Child's full name, DOB and Class
 - Name of medication
 - Dosage instructions – frequency and levels
 - Instructions for administration
 - Date of dispensing
 - Cautionary advice
 - Expiry date
- Parents are responsible for ensuring that the academy has an emergency contact number for the period during which medication is required (if different from the usual emergency contact number);
- Academy Administration teams are responsible for ensuring medicines do not exceed the expiry date;
- Parents are responsible for the disposal of out-of-date medication;

- Instructions for the disposal of Adrenaline Auto-Injectors/needles should be kept with medication but it is the parent's responsibility to arrange for disposal;
- The child will be supported to report to the academy office at the appropriate time;
- Generic medicines (such as a child's own Paracetamol) will not be retained by the academy and will be held solely to administer in exceptional circumstances, following completion of a Temporary Administration of Medicines form.

Exceptions to the administration of prescribed medication include:

- Where the timing of the dose is vital and timing mistakes could lead to serious consequences. In this case, parents/carers will be asked to come into the academy to administer doses;
- Where medical or technical expertise is required (until relevant training has been received);
- Where intimate contact is necessary;
- When a child refuses to take the medication. No member of staff will force a child to do so.

Every effort will be made to administer medication in line with the agreed procedures. However, the academy cannot be held responsible where medication is not administered due to a child's refusal or other exceptional and unforeseen circumstances. Parents/carers will be informed as soon as possible should this situation arise.

The academy cannot take responsibility for administering non-prescribed medication and children are not permitted to bring these into the academy for self-administration.

All medicines will be stored centrally, safely and in accordance with storage instructions.

The academy must keep records of:

- Written requests/parental consent, ensuring that these requests match the written instructions on the pharmacy dispensed label;
- Names of staff responsible for medication, keeping information and medicines up to date and keeping equipment and devices clean and in good working order;
- Names and locations of staff authorised and trained to administer medication;
- All treatments/medication given, including the date, time, medicine, dose and signatures of people administering;
- Full details of any incidents, involving emergency action.

Individual Healthcare Plans for children will be kept until they leave the academy. Records for medicines administered to children should be retained for **as long as those children are pupils at the academy**.

5 Emergency Medication

Emergency medication refers to that which is prescribed for the emergency treatment of a condition, rather than short-term dosage. This may relate to conditions such as allergies, asthma and diabetes and include medications such as adrenaline, glucose/dextrose and inhalers.

Emergency medications will be accessible immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters, insulin devices and adrenaline auto-injectors will always be readily available to children for use in emergency situations. All emergency medication will be kept in the designated storage in the academy office and/or classroom (see below); children will be informed about where their medicines are at all times. Children who are old enough, and where it is stated in their IHP, will have access to their emergency medications immediately.

All members of staff, including new, temporary and supply staff, are made aware of children with specific medical needs. Appropriate training will be given to staff for when situations arise where emergency medicines are necessary, such as assisting in administering medication and calling an ambulance, and all staff are required by law to have training in anaphylaxis and the use of adrenaline auto-injectors.

Schools are required by law to purchase spare adrenaline auto-injectors. These are to be held as a back-up, in case pupils' prescribed adrenaline auto-injectors are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline. These will be stored in the academy office.

6 Asthma Care

Parents/carers will be required to complete the relevant section of the Individual Healthcare Plan if a child requires an asthma inhaler (see Appendix 1).

Each child with asthma will have two inhalers available for use in school, provided by their parent/carers. One emergency inhaler will be stored in the child's designated class medical box and will travel around the school with the child. A second asthma inhaler will be stored in the academy office; this inhaler is to be used for regular prescribed doses as stated in the IHP.

Parent/carers should provide inhalers for academy use in the original box, displaying the pharmacist label, showing the child's name and dosage and required instructions.

Children are expected, where able, to administer their own medication for the treatment of asthma under adult supervision, and the dosage taken will be recorded by a member of staff. It is, however, recognised that due to the age of the child, self-administration may not be possible. This is recorded as part of the Individual Healthcare Plan.

For further advice, please refer to:

[Guidance on the use of Emergency Salbutamol Inhalers in Schools](#)

7 Anaphylaxis Care

Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a time-critical, medical emergency. Adrenaline auto-injectors are used to treat anaphylaxis.

Parents/carers will be required to complete an Individual Healthcare Plan if a child requires an adrenaline auto-injector. If medication changes, parents are required to inform the academy.

The Individual Healthcare Plan must detail the usual allergic symptoms for the child concerned and must be updated with any changes in medication. This information will be shared with relevant members of staff to ensure the best care for the child.

Each child with anaphylaxis will have two adrenaline auto-injectors available for use in school, provided by their parent/carers. One adrenaline auto-injector will be stored in the child's designated class medical box and will travel around the school with the child. A second adrenaline auto-injector will be stored in the academy office; this is to be used as an additional dose if needed in an emergency.

Parent/carers should provide adrenaline auto-injectors for academy use in the original box, displaying the pharmacist label, showing the child's name and required instructions.

All staff are required by law to have training in anaphylaxis and the use of adrenaline auto-injectors.

Schools are required by law to purchase spare adrenaline auto-injectors. These are to be held as a back-up, in case pupils' prescribed adrenaline auto-injectors are not available. They can also be used to treat

a person who experiences anaphylaxis but has not been prescribed their own adrenaline. These will be stored in the academy office.

Please also see The Kite Academy Trust Allergy & Anaphylaxis Policy.

For further advice, please refer to:

[Guidance on the use of Adrenaline Auto-Injectors in Schools](#)

8 Diabetes Care

For children with a diabetes diagnosis, their IHP will detail the procedure for blood glucose checking, the insulin prescribed, including the dose to be given and the procedure for injecting i.e. via a pen device or an insulin pump and the agreed procedure for treating hypoglycaemia and hyperglycaemia.

The academy will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Diabetes care can require the use of sharps, such as insulin syringes and fingertip lancing devices, to treat and manage the condition. These sharps must be used and disposed of safely to minimise the risk of accidental injury or the spreading of infectious diseases. Containers for sharps are available on prescription and in some places are provided by local authorities.

Identified staff involved in a child's diabetes care will receive training on the safe use of any sharps required and the disposal procedure for clinical waste. The child's IHP will detail the individual arrangements for the provision of clinical waste disposal (i.e. a sharps container) and its collection.

9 Intimate Care

Intimate care is any care which involves washing, touching or carrying out a procedure (such as cleaning up a child after they have soiled themselves) to intimate personal areas. In most cases, such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

If a specific procedure is required as part of a medical condition, this must be documented in an Individual Healthcare Plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Kite Academy Trust recognise that intimate care is a sensitive issue and requires staff to be respectful of the child's needs and dignity. Our academies will ensure that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times, respecting the child's right to privacy, choice and control. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as is possible; this may mean, for example, giving the child responsibility for washing themselves. When a child is in need of intimate care, two adults should be present; one to carry out the necessary care and one to support and safeguard the adult and child.

Children with long-term incontinence will require carefully planned arrangements, to ensure the welfare and dignity of the child at all times. These arrangements will be discussed with parents/carers and documented in an Individual Healthcare Plan. Parents/carers will be responsible for providing nappies, disposal bags, wipes, changing mat etc. The academy is responsible for providing gloves, plastic aprons, a bin, non-allergic wet wipes, and liners to dispose of any waste. Please see The Kite Academy Trust's Infection Control Policy.

The Kite Academy Trust Safeguarding & Child Protection Policy will be adhered to at all times. If a member of staff has any concerns about a child's presentation, e.g. marks, bruises, soreness etc, they will immediately report concerns as outlined in the policy. If a child makes an allegation against a member of staff, procedures will be followed as detailed in the Kite Academy Trust Safeguarding & Child Protection Policy).

10 Unacceptable Practice

Staff will use their discretion and judge each case individually, considering any IHP, but it is generally not acceptable to:

- Prevent children from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents;
- Ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP;
- If the pupil becomes ill, send them to the 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 children 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 pupil, including with toileting issues, unless in exceptional circumstances;
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents to accompany their child;
- Administer, or ask children to administer, medicine in school toilets.

11 Allergies

The Kite Academy Trust academies are Allergen Aware schools. Our pupils have a wide range of allergies to different foods, so we encourage a vigilant and considered approach to food being brought into our academies.

Our academies aim to restrict peanuts and tree nuts as much as possible on their sites and do not allow parents/carers to bring food onsite that is intended to be shared with pupils (i.e. birthday cakes, end of term class or year group treats).

All academies within the Kite Academy Trust have provision for children to have a hot meal at lunchtimes, and are fully able to cater for allergies and food intolerances. The Kite Academy Trust promotes a healthy lifestyle and is committed to ensuring that the meals provided have good nutritional value.

For children with specific dietary requirements, a Special Dietary Request form (see Appendix 2) must be completed. This will be provided to catering staff who will take all reasonable steps to ensure the child does not eat food items to which they are allergic/intolerant. Parents will remind the child regularly of the need to refuse food items, and arrange alternatives when appropriate.

Please see The Kite Academy Trust's Allergy & Anaphylaxis Policy.

12 First Aid

Each academy will appoint designated first aiders, at least one of which will have a paediatric first aid certificate, with responsibility for:

- Acting as first responders to any incidents, assessing the situation where there is an injured or ill person, and provide immediate and appropriate treatment;

- Ensuring that an ambulance or other professional medical help is summoned when appropriate;
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

Each academy will have first aid kit(s) in areas around the academy, and a full first aid kit in the office/medical room, and will ensure that there are adequate medical supplies in all kits. All staff at the academy must know where the first aid kits are stored.

Parents/carers are responsible for ensuring that the academy has their correct, up-to-date contact details and must provide **three** emergency contacts for their child, in contact priority order.

An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury; as much detail as possible should be supplied when reporting an accident.

Records held of administered first aid/accidents will be retained by the academy for a minimum of 3 years, after the date of the last entry, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then disposed of securely.

Please see The Kite Academy Trust's First Aid Policy.

13 Infection Prevention & Control

The Kite Academy Trust's Infection Control Policy provides guidance to prevent and manage infections in our academies.

We follow national guidance published by Public Health England (PHE) when responding to infection control issues and encourage staff and children to routinely follow good hygiene practice.

During an outbreak of an infectious illness, epidemic or pandemic, additional measures and procedures will be put in to practice to minimise the spread of the infection and ensure our academies are safe. These will include daily cleaning procedures that follow national guidance and are compliant with the COSHH. Enhanced cleaning will be undertaken where required.

Please see The Kite Academy Trust's Infection Control Policy.

14 Educational Visits & Associated Travel

Children with medical needs will be encouraged to participate in educational visits wherever safety permits. The academy may need to take additional safety measures for such visits and in this instance refer to National Guidance for the Management of Outdoor Learning, Off-site Visits and Learning outside the Classroom for guidance. Prior to the trip, discussions will be held between the academy and parents to agree appropriate provision and safe handling of medication, and will be included in any risk assessment undertaken.

15 Sporting Activities

Most children with medical conditions can participate in the PE curriculum and extracurricular sport. Any restrictions on the child's ability to participate in PE should be clearly identified and incorporated in the Individual Healthcare Plan.

Children requiring asthma inhalers will be encouraged, where needed, to use them by the class teachers before and after PE. With regard to medic alert bracelets/necklaces which are worn to alert others of a specific medical condition, these can be regarded as a source of potential injury in sporting activities and consideration should be given to their temporary removal and safe keeping by the person in charge of the activity.

16 Sun Safety

At The Kite Academy Trust, we want our children, staff and parents/carers to be safe in the sun. Educating our children on the importance of this is part of our curriculum, assemblies, and our Trust-wide commitment to safeguarding.

In school, we talk about how to be safe in the sun with all children in assemblies every year during the summer term. These assemblies introduce and remind children of our sun safety motto of '**Wrap, Splat, Hat**':

- **Wrap** – children are reminded that they should cover up with light clothing if they are going to be spending longer than 10-15 minutes outside.
- **Splat** – children are reminded of the importance of applying SPF 50+ sun cream and drinking plenty of water if they are out in the sun.
- **Hat** – children are reminded of the need to wear a hat for all outdoor activities in the summer term to prevent sunstroke.

Each academy will also provide reminders of the '**Wrap, Splat, Hat**' motto in newsletters and will display posters of this throughout the academy during the summer and autumn terms (see Appendix 4).

Curriculum

All children will be taught how to be safe in the sun and will learn the following in their PSHE and science lessons:

- The sun is the main light source for Earth;
- Spending time in the sun is good for our bodies and minds and it can boost our moods;
- The sun gives off energy, including light that we can see, but also UV (ultraviolet radiation) rays which we cannot see;
- UV rays can damage our skin;
- We can still get a sunburn even when there are clouds;
- We can prevent sun damage by:
 - wearing sun cream;
 - covering up;
 - spending time in the shade;
- We must also protect our eyes from direct sunlight, so we should never look directly at the sun and should wear sunglasses in sunny weather.

Warm weather

In the event of the weather being warmer than usual, we ask that parents/carers are responsible for ensuring the academy is informed, if needed, of their child's specific susceptibility to the sun. In each academy, the following steps will be put in place:

- **Access to water** – children will be encouraged to drink regularly. We ask parents/carers to send their child into school with a named water bottle filled with water (not sugary drinks such as squash or juice) at the start of the day. Children can re-fill their water bottle as necessary and teachers will encourage children to do so.
- **Access to shade** – children are encouraged to bring named wide-brimmed sun hats to school in hot weather to wear outdoors. Reminders will be given to children and parents/carers about this and about wearing tops with sleeves or bringing in a loose/light layer to wear.

In very hot or sunny weather and in the absence of a canopy, children may be encouraged to stay indoors and alternative activities will take place at break time, lunchtime or during PE lessons.

- **Sun cream** – We ask that all parents/carers support us in educating our children about sun safety and ask that they teach their children how to apply sun cream themselves to their face, arms, legs and neck.

Before coming into school each morning, we ask that parents/carers apply an all-day SPF 50+ sun cream to their child. We recognise, however, that should parents/carers wish to, children may bring in sun cream to apply during the middle of the school day. If sun cream is brought into school, this must be handed in to the child's class teacher in a named plastic container at the start of the school day where it will then be stored in a designated safe place away from children. Children will then apply the sun cream to themselves under the supervision of a member of academy staff at an appropriate point in the school day and will not be permitted to share this sun cream with any other children.

Please note, school staff will not apply sun cream unless there are exceptional circumstances (see **Reasonable adjustments** below).

Allergies

Due to the number of complex allergies we have in our academies, we ask that parents/carers do not send any sun cream into school that contains **almond oil**. This will ensure we can keep all children safe.

Special events and outdoor PE

Careful thought will always be given to outdoor events and PE lessons taking place during hot weather. If necessary, events will be cancelled or postponed. Consideration will also be given to outdoor extra-curricular activities during hot weather and a decision will be made at the earliest opportunity as to whether they should be cancelled.

Uniform

During the summer months, children may wear shorts or summer dresses and we ask that children bring in a named wide-brimmed sun hat. Parents/carers should refer to the Kite Academy Trust Uniform Policy for types of footwear to be worn in all weathers. In exceptionally hot weather, academies will communicate adaptations to uniform policies to parents/carers at the earliest opportunity.

Reasonable adjustments

For children with specific medical needs, particularly those with sensitivity to the sun or those who have limited mobility, or are unable to apply sun cream to themselves, extra care will be taken and, if necessary, medical advice sought. Following this, an individual care plan will be written and parents/carers' consent will be sought for the application of any medicine or sun cream. In exceptional circumstances, if a child is unable to apply sun cream themselves, we will follow the procedures outline in **9 – Intimate Care** above. Two adults will be present: one to apply the sun cream and one to support and safeguard the adult and child.

17 Children with Health Needs who cannot Attend School

The Kite Academy Trust is committed to ensuring suitable education is arranged for pupils on roll who cannot attend school due to health needs.

Initially, the academy will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. The SENCO will consult with the parents/carers of the child to agree how work will be set and with what frequency, as well as what support can be provided to assist the family in supporting their child to complete the work. This will depend upon the age and needs of the child. Arrangements could include:

- Attendance at a Hospital School
- Personalised work sent home for the children to complete in hard copy
- Use of online learning platforms or other appropriate online resources

When the child is able to attend school again, they will be reintegrated through:

- A formal meeting with parents/carers, the SENCO and any other relevant professionals
- Where appropriate, targeted support to ensure full access to the curriculum
- Any other measures deemed necessary

After the first 15 days of absence due to health needs, the academy will contact the Local Authority to discuss the arrangements that are in place. If it is agreed that the arrangements are not sufficient to meet their needs, the Local Authority becomes responsible for making the required arrangements.

In cases where the local authority makes arrangements, the academy will:

- Work constructively with the Local Authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the Local Authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the Local Authority to:
 - Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
 - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to academy events or internet links to lessons from their academy)
 - Create individually tailored reintegration plans for each child returning to the academy
 - Consider whether any reasonable adjustments need to be made

18 Designated Teacher for Looked-After & Previously Looked-After Children

Each academy has a suitable member of staff appointed as the designated teacher for looked-after¹ and previously looked-after children² to promote their educational achievement.

Each academy will ensure that staff and families are aware of the identity of the designated teacher and how to contact them.

The designated teacher acts as a point of initial contact within the school for any matters involving looked-after and previously looked-after children and promotes a whole academy culture that supports the educational achievement of these children, where their needs matter and are prioritized. The designated teacher ensures all staff understand the things which can affect how looked-after and previously looked-after children learn and achieve, offering advice as required, and promotes encouragement and support for these children to engage with their education and other school activities. The designated teacher contributes to the development and review of the academy's provision to ensure they consider the needs of looked-after and previously looked-after children.

The designated teacher works directly with looked-after and previously looked-after children and their carers, parents and guardians to promote good home-school links, support progress and encourage

¹ Looked-after children are registered pupils that are: In the care of a local authority, or provided with accommodation by a local authority in the exercise of its social services functions, for a continuous period of more than 24 hours.

² Previously looked-after children are registered pupils that fall into either of these categories:

- They were looked after by a local authority but ceased to be as a result of any of the following: A child arrangements order, which includes arrangements relating to who the child lives with and when they are to live with them; A special guardianship order; An adoption order
- They appear to the academy to have: Been in state care in a place outside of England and Wales because they would not have otherwise been cared for adequately, and Ceased to be in that state care as a result of being adopted

high aspirations, including development and implementation of looked-after children's Personal Education Plans (PEP).

The designated teacher proactively engages with other professionals outside of the academy to enable the academy to respond effectively to the needs of looked-after and previously looked-after children.

Further guidance is provided in the Kite Academy Trust's 'Role of the Designated Teacher for Looked-After & Previously Looked-After Children'.

19 Liability & Indemnity

The Trust is a member of the Department for Education's Risk Protection Arrangement (RPA). Further information regarding insurance is available on request.

20 Legislation & Statutory Responsibilities

The Kite Academy Trust is committed to providing a safe, inclusive and supportive environment for all pupils and to ensuring appropriate procedures are in place to reduce risk and respond effectively to emergencies.

This policy has been developed with due regard to the Children and Families Act 2014, the Equality Act 2010, the Health and Safety at Work etc. Act 1974, the Human Medicines (Amendment) Regulations 2017, the Food Information Regulations 2014, and relevant Department for Education statutory guidance, including Allergy Safety in Schools (2026) and Supporting Pupils with Medical Conditions at School.

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

- Allergy & Anaphylaxis Policy
- Equality & Diversity Policy
- First Aid Policy
- Health, Safety & Environment Policy
- Infection Control Policy
- Safeguarding & Child Protection Policy

21 Complaints

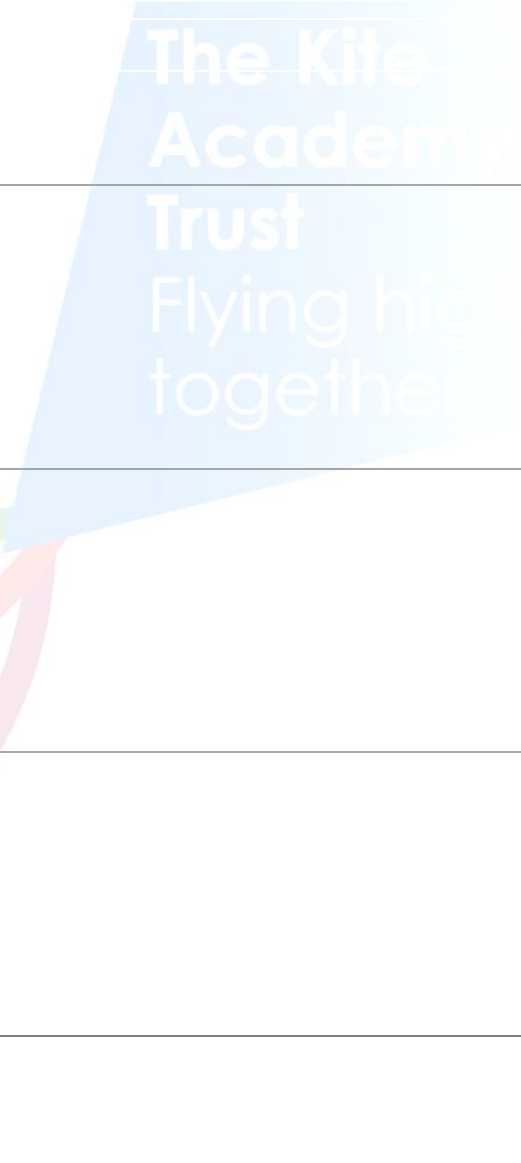
Parent/carers with a complaint about the support of their child's condition should discuss these directly with the Academy Headteacher. If the Academy Headteacher cannot resolve the matter, they will direct parent/carers to The Kite Academy Trust's Complaints Policy.

Document Management

Document ID:	P1197		
Last Review:	July 2026	Review Period:	1 year
Responsibility of:	Deputy CEO	Ratified by:	Trustees (17.09.26)

INDIVIDUAL HEALTHCARE PLAN

Name of Child:			photo	
Class:			The Kite Academy Trust Flying high together	
DOB:				
Reason for Individual Healthcare Plan:				
Emergency contact numbers:	1. 2. 3.			
Created by:		Date Received:		
Background information/ area of Concern:	Background:			
History of allergic reactions: (if applicable)	Date of most recent reaction			
	Previous episodes of anaphylaxis			
	Known hospital admissions			
	Previous use of adrenaline auto-Injector			
Specific allergen information: (if applicable)	Allergen	Suspected/ confirmed	Severe/ mild	Typical reaction

Allergy Action Plan				
	Current Allergy Action Plan attached ☐			
	Date of Allergy Action Plan:			
In cases of anaphylaxis, I consent for an adrenaline auto injector held by the academy to be administered in an emergency (i.e. when the child's individual adrenaline auto injector does not function):				Yes ☐ No ☐
Other Medical Conditions:	Asthma* ☐	For Asthma, please complete the relevant section of the form below.		
	Eczema ☐			
	Hay Fever ☐			
	Other ☐			
	Symptoms of condition:			
	Known triggers:			
History of significant reactions/incidents				
Day-to-Day Care (including risk reduction measures)				
Action during an Episode:				

Asthma symptoms: (if applicable)	I wheeze, cough, my chest hurts or it's hard to breathe I'm having an attack if... My reliever inhaler isn't helping or I need it more than every four hours or I can't talk, walk or eat easily or I'm finding it hard to breathe or I'm coughing or wheezing a lot or my chest is tight/hurts. My asthma is getting worse if I need my reliever inhaler 3 or more times a week or I need it more than 4- hourly. Then I need to see a doctor or nurse.					
	Asthma triggers: These are the things that make my asthma worse so I try to avoid or treat them:					
	Day-to-Day Care (including risk reduction measures) I take puff/s of my preventer (BROWN) inhaler in the morning and puffs at night. I do this every day even if my asthma's OK. I KEEP MY PREVENTER INHALER AT HOME.					
	Action during an Episode: Give Inhaler as below. In the event of an Asthma attack: 1. Call for help. Sit up – don't lie down. Try to keep calm. 2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs. 3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, call 999 for an ambulance. 4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2. 5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately					
Date of next asthma review with nursing team:						
Personalised Asthma Action Plan		Current Personalised Asthma Action Plan attached ☐				
		Date of Personalised Asthma Action Plan:				
In cases of asthma, I consent for an inhaler held by the academy to be administered in an emergency (i.e. when the child's individual inhaler does not function):						Yes ☐ No ☐
Medication (if applicable):	Medication	Dose	Administration method (i.e. oral)	Location of medication (i.e. with pupil, classroom, office)	Expiry date	Returned to parent

I consent for trained school staff to administer the medication detailed within this healthcare plan in accordance with the instructions provided by healthcare professionals and this plan.

Yes

☐

No

☐

Pupil voice/
understanding

What does the pupil know about their allergy/medical need? Can they recognise symptoms?
Do they carry/manage their medication independently?

Staff Involved:

Review Date:

To be shared with all staff (copy to be kept in classroom, staffroom and in office; copy to be given with verbal briefing to all adults with responsibility for the child)

Signed: _____

Date: _____

Parent/Guardian

Signed: _____

Date: _____

Academy Headteacher

The Individual Healthcare Plan will be reviewed earlier if: medication changes, there is a new diagnosis, there is a reaction requiring medical treatment or the Allergy Action Plan is updated.

Special Dietary Request

Child's Name: Year/Class:

Type of Diet:

Medical:
(e.g. allergy)

Religious:

Ethical:
(e.g. vegetarian)

Please print specific details. Identify food that the child is / is not allowed to eat:

Non-Suitable Foods	Suitable or Substitute Foods

DOES YOUR CHILD HAVE A SIGNIFICANT OR LIFE THREATENING FOOD ALLERGY? **YES** **NO** (PLEASE CIRCLE)

TO BE COMPLETED BY THE ACADEMY

The following is required for medical diets only

**EMERGENCY PROCEDURES FOR USE
OF AN ADRENALINE AUTO INJECTOR (AAI
Adrenaline Pen)**

Where is the AAI Adrenaline Pen located?
Administered by whom?

Details: (academy to complete)

**Local arrangements for identification of child
agreed and emergency procedure in place**

Details: (academy to complete)

Signature:
Parent/Guardian

Print Name:
Parent/Guardian

Signature:
Academy Representative

Print Name:
Position:

Signature:
Caterer

Print Name:

Date:

This form should be held with the child's Individual Care Plan and a copy passed to the Catering Service.

Temporary Administration of Medicines

Child's Name:

Date of Birth: Year/Class:

Condition or Illness:

Parents' Tel:

G.P. Name: Tel:

Special Instructions:

Allergies:

Other prescribed medicine child takes at home:

Medicine to be Administered:

Name of Medicine	Dose	Expiry Date	Frequency/ Times	Completion Date of Course

I agree to members of staff administering medicines/providing treatment to my child as directed above. I accept full responsibility for the instructions provided and understand that, while every care will be taken to administer medication as instructed, staff will accept no responsibility for any mistakes.

Signed: Date:
Parent/Guardian

Print Name:

PLEASE NOTE: Where possible the need for medicines to be administered at the academy should be avoided. Parents are therefore requested to try and arrange the timings of doses accordingly.

The poster is divided into three vertical columns, each with a white background and a blue border. The first column features a yellow t-shirt icon with the word 'WRAP' on it, followed by the text 'WRAP UP' and a horizontal line, and then the instruction 'Cover up with light clothing before you go outside.' The second column features a blue and white sun cream bottle icon with the word 'SPLAT' on it, followed by the text 'SPLAT ON' and a horizontal line, and then the instruction 'Put sun cream on your face, neck, arms and legs at the start of the day.' The third column features a blue wide-brimmed hat icon with the word 'HAT' on it, followed by the text 'HAT' and a horizontal line, and then the instruction 'Wear a wide-brimmed hat to keep your face and neck in the shade.'

WRAP UP

Cover up with light clothing before you go outside.

SPLAT ON

Put sun cream on your face, neck, arms and legs at the start of the day.

HAT

Wear a wide-brimmed hat to keep your face and neck in the shade.