



GEARIES PRIMARY SCHOOL

Co-Head Teachers: Mrs A Dias and Mr D Lea

Policy for supporting pupils at school with medical conditions

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Signed by:	Alex and Dan	Adam Ainley
	Co-Head Teachers	Chair, Board of Governors
Date:	05/03/26	05/03/26

Purpose

This policy sets out our arrangements for supporting pupils at our school with medical conditions.

We aim to ensure that all children with medical physical and mental health conditions are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Gearies Primary School works with health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve programmes of study that rely on part time attendance at school in combination with alternative provision.

Roles & Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work cooperatively with other agencies to ensure that the needs of pupils with medical conditions are met effectively.

The Board of Governors:

- Must make sure that relevant school policies are developed and implemented which ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Will not, in line with their safeguarding duties, place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.

The Co-head teachers:

- have overall responsibility for the implementation of this policy and will ensure that it is implemented with partners.
- will ensure that all staff are aware of this policy and understand their role in its implementation.
- will ensure that new staff are fully informed about this policy.
- will ensure that relevant staff, including supply staff are informed about a child's condition.
- will ensure that sufficient staff are suitably trained and available. (Additional staff will be trained in order to cover staff absence or staff turnover.)

The SENCo:

- will identify any training needs necessary during the development or review of IHCPs.
- will liaise with external agencies to assess staff training needs.
- will arrange for external professionals to train staff.
- will support staff in carrying out their role.
- will liaise with the co-head teachers to commission training
- has overall responsibility for the development of IHCPs.

Staff:

- must not give prescription medicines or undertake health care procedures without appropriate training.
- may be asked to provide support to pupils with medical conditions, including the administering of medicines but are not required to do so
- will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- should know what to do and respond accordingly when they become aware that a pupil with medical condition needs help

- who provide support to pupils with medical conditions should be included in meetings where the pupils medical needs are discussed

Pupils:

- should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their IHCP.
- will be encouraged to take responsibility for managing their own medicines and procedures if, following discussions with their parent/carer, it is agreed that they are competent.
- who refuse to take medicine or carry out a necessary procedure will not be forced to do so but the procedure in the IHCP for dealing with this situation should be followed and the parent/carer must be informed so that alternative options can be considered

Parent/Carer:

- should ensure that their child is fit enough to attend school
- should keep any child who is acutely unwell at home
- should provide the school with sufficient and up to date information about their child's medical condition and any treatment and special care needed at school.
- should be involved in the development and review of their child's IHCP and may be involved in its drafting.
- should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- should remind the class teacher of the need to take the relevant medicines on all school trips

Phase Leaders

- will ensure that supply teachers are briefed on any child with medical conditions in the class they are teaching in.

Educational visit leaders

- will liaise with the SENCo to carry out risk assessments for school visits and other school activities outside of the normal timetable.

Parent Support Advisor (PSA)

- is responsible for ensuring that IHCPs are monitored and that they are reviewed at least annually.

Managing Medicines on School Premises

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. We will therefore only administer medicines when absolutely necessary decided on an individual basis. If a parent/carer feels it is absolutely necessary for a child to receive medication during the school day, the parent/carer is always welcome to come into school to administer the dosage.
- Children for whom we are likely to agree to administer medicines include children with long term medical needs including diabetes, epilepsy, asthma, severe allergies and occasionally medicines prescribed by GPs that have to be given during the daytime and when parent/carer is unable to come in to administer them.
- Children will not be given medicines without their parent/carer's written consent.
- If we agree to administer any medicine, the parent/carer must complete form 'Medical1' (see Appendix 1). A copy is available from the school Welfare Assistant.
- Children should not bring any medicine into school with them- this includes cough sweets.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Children 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.
- We 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 may be inside an insulin pen or pump rather than its original container.
- All medicines will be stored in the First Aid room(s) but medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens must be readily available and will, therefore, not be locked away.
- On school trips the children should know where their medication is at all times.
- Controlled drugs will be stored in a non-portable container and named staff will have access. Controlled drugs should be accessible in case of emergency.
- Staff administering medicines should do so in accordance with the prescriber's instructions.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal.

Additional information relating to school bought asthma inhalers

Arrangements for the supply, storage, care, and disposal of the inhaler and spacers:-

The school currently obtains its supply of inhalers from Day Lewis Pharmacy (642 Cranbrook Rd, Ilford IG6 1HJ, Tel: 020 8550 3606). The Welfare Team will need to:-

- Ensure emergency inhalers are clearly labelled as such to avoid confusion with a child's own inhaler;
- carry out monthly checks to ensure the emergency inhaler(s) and spacers are present and in working order;
- check whether the inhalers have a sufficient number of doses available;
- be aware of expiry dates and obtain replacements as expiry dates approach;
- ensure the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary

Administering the emergency inhaler (first aiders)

- ensure that the emergency inhaler is only used together with a spacer
- ensure that the emergency inhaler is only used by children with asthma
- a copy of the list of children prescribed a reliever inhaler should be kept with the emergency inhaler
- obtain written parental consent for the use of the emergency inhaler. This permission should be included as part of a child's individual healthcare plan
- where necessary, organise appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- keep a record of those using the emergency inhaler and inform parents or carers that their child has used the emergency inhaler

After using an emergency inhaler

- If there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should not be re-used but should be disposed of by specialist means.

Use of school bought emergency adrenaline pens

Emergency adrenaline pens will be administered on a child with anaphylaxis if their adrenaline pen is out of date, has run out or they do not have a 2nd one in school.

Usage/dosage information for each pupil will be on their individual care plan.

Non-prescription medication

Non-prescription medicines in support of a care plan can be administered by school staff according to manufacturer's guidance.

Managing Medicines on Residential School Trips

During residential school journeys, we will administer medicines prescribed by the GP. We will not administer other medication unless there are exceptional circumstances for the request. Permission must therefore be sought from the co-head teacher(s) well in advance of any trip if any non-prescribed medicine (for example, travel sickness tablets, hay fever medication) is requested to be administered. A 'Medical 1' form will have to be completed and agreement reached from the staff who are being asked to administer this medication. After consultation with parents/carers and pupils we will administer non-prescription medication such as Calpol or travel sickness pills only on residential school journeys, after completion of a Medical1 form.

Record Keeping

- A record must be kept of all medicines administered to individual children, stating what, when and how much was administered and by whom. Any side effects of the medication should be noted (Appendix 2).
- A record will be kept of any doses of a controlled drug used and the amount of the controlled drug held in school.

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

- Parent/carer or healthcare professional informs the school that the child has been newly diagnosed or is due to return to school after a long-term absence, or that needs have changed.
- The Admissions Manager informs the PSA.
- The PSA informs the Co-Head Teacher and a meeting is arranged between the PSA, the parent/carer, child and relevant healthcare professional (or to consider written evidence provided by them) to ascertain the child's medical support needs.
- At the meeting a discussion will take place to agree on the need for an IHCP.
- The PSA informs the SENCO and the Co-Head Teacher of the meeting outcomes
- The school will liaise with the healthcare professional in order to develop and write the IHCP.
- A member of staff is identified to provide support to the child.
- The SENCo will identify any training needs.
- The SENCo commissions/delivers training and staff are signed off as competent. Review date agreed.
- The IHCP will be signed by the parent/carer and the SENCo.
- The IHCP will be implemented and circulated to relevant staff.
- The IHCP will be reviewed annually or when the condition changes. (Parent/carer or healthcare professional to initiate)
- In the case of a new diagnosis or children moving to the school mid-term every effort will be made to ensure that arrangements are put in place within two weeks.

Transition Arrangements

When a child transfers to Gearies Primary School the previous setting will be contacted by the Admissions Manager and a request will be made for any paperwork to be transferred. The PSA will liaise with health professionals, parent/carer and the SENCo and will aim to have arrangements in place in time for the pupil's start date.

If a child transfers to another school the SENCo will share, if contacted, information about the child. The Admissions Manager will send the child's school records, when contacted, to the new school.

Parent/carers are responsible for informing the school about any change to their child's condition.

Individual Healthcare Plans

Individual healthcare plans (IHCPs) can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

Healthcare plans may be initiated, in consultation with parent/carers, by a member of school staff or a healthcare professional involved in providing care to the child. The school, healthcare professional and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

A healthcare plan will be essential in cases where:

- a condition fluctuates
- there is a high risk that emergency intervention will be needed

They will also be helpful in other cases where a medical condition is long term and complex.

The healthcare plan will be drawn up in partnership between the school, parent/carer and a relevant healthcare professional who can best advise on the particular needs of the child.

Where the child has a special educational need identified in a statement or EHC plan the IHCP will be linked to or become part of the statement or EHC plan.

When a child returns to school following a period of hospital education or alternative provision the school will work with the local authority to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

The IHCP will be made accessible to all staff and professionals who need to refer to it whilst preserving confidentiality.

The IHCP will be reviewed on an annual basis or earlier if evidence is presented that the child's needs have changed.

Emergency Procedures

The child's IHCP should define what constitutes an emergency and explain the action to be taken in an emergency situation. Staff working with the child and first aiders need to be aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child in school until the parent/carer arrives or will accompany a child taken to hospital by ambulance. Staff should not use their own cars.

It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think a pupil needs help.

Day Trips, Residential Trips and Sporting Activities

The school will carry out a risk assessment to take account of any steps needed to ensure that pupils with medical conditions are supported to participate in school trips and visits wherever possible.

The school will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits.

The school will consult with parent/carers and take advice from the relevant healthcare professional to ensure that the child can participate safely.

Unacceptable Practice

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 parent/carer 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 unless this is specified in their IHCP
- send a child to the school office or First Aid room unaccompanied or with someone unsuitable if they become ill.
- 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 parent/carer to attend school to administer medication or provide medical support to their child including toileting issues
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life including school trips.

Insurance Arrangements

Our public liability policy covers the school, school Board of Governors, teachers, other employees and volunteers should a claim be made by a pupil who alleges they have sustained injury or damage to property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically or by tube and the use/application of appliances, catheters or dressings. This applies both to straightforward and complex conditions.

However, it is important that any guidance provided with the medication is followed, that those administering the treatment have received the appropriate training and that this is reviewed on a regular basis.

Complaints

If parent/carers are dissatisfied with the support provided they should discuss their concerns directly with the school's PSA in the first instance. If this does not resolve the issue they should make a formal complaint via the school's complaints procedure which is available from the school website.



APPENDIX 1

Instructions for the administration of Antihistamines (if the child has a care plan), creams, ointments and asthma pumps

Name of pupil: _____

Class: _____ Date of birth: __ / __ / ____

Name: _____

Relationship to the pupil: _____

Address: _____

Daytime telephone number: _____

Please give full details below of medication/dosage:

Condition/illness: _____

Name of medication: _____
(as on the container)

Dosage & method: _____

MEDICATION WILL BE ADMINISTERED ACCORDING TO MANUFACTURERS GUIDANCE IF NOT PRESCRIBED

Storage: _____

Frequency of use: _____

Special precautions: _____

For how long should your child take this medication: _____

Side effects: _____

Can the child self-administer: Yes / No? (Supervision will be given)

Do you give consent for use of an Emergency Inhaler Yes No

NB: From September 2016, children in year groups 3 to 6 will be asked to carry their own inhalers when off site. All pupils will be supervised when using their inhalers and a log will be kept of the time/amount of puffs taken. Other Medication will be administered and parents contacted.

Procedures (if any) to be followed in an emergency:

Medicines must be delivered to a school Welfare Assistant. School staff agree to make available to your child his/her medication on the understanding that you, the parents, agree to instruct your child as to when to request it. Parents are responsible for providing in-date medication.

Signed: _____ Date: _____

Expiry date of medication:

APPENDIX 2

RECORD OF MEDICATION ADMINISTERED IN SCHOOL

Pupil's Name _____ Class _____ Medical Condition: _____

Date	Time	Name of Medication	Dose Given/Applied	Areas Medication applied	Applied by	Any Reaction	Print Name	Sign
/ /	:							
/ /	:							
/ /	:							
/ /	:							
/ /	:							
/ /	:							
/ /	:							
/ /	:							
/ /	:							

Appendix 3: Children with health needs who cannot attend school

Introduction

In May 2013 the Department for Education produced statutory guidance for local authorities entitled "Ensuring a good education for children who cannot attend school because of health needs". From September 2013 Local Authorities are expected to have regard to the statutory guidance when carrying out their duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their health. The duty applies to all children and young people who would normally attend mainstream schools, including academies, free schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently.

The Local Authority is not expected to become involved in arrangements where the child is able to attend school with some support, where the school has made arrangements to deliver suitable education outside of school for the child or when there are arrangements in place for the child to be educated in a hospital or in an on-site hospital school.

The principles behind the request for medical tuition are as follows:

- It will in all cases be the starting expectation that the school in question is responsible for securing the delivery of education to pupils on its roll. The school will be expected to demonstrate why it is not able to make suitable provision for the child in question from its resources. For most pupils this will include the use of an Individual Healthcare plan demonstrating how they have attempted to include the young person.
- All referrals are ratified by the Head of Behaviour and Inclusion. Referrals must be accompanied by current evidence from a medical consultant or specialist (not a GP), or member of a Child and Mental Health Services team (CAMHS). A child unable to attend school because of health needs must not be removed from the school register without parental consent. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their education progress.
- Each child will have an Individual Healthcare Plan which will be agreed with parents, the school and relevant medical and other professionals.
- In deciding whether to allocate Medical Tuition, the Head of Behaviour and Inclusion considers the following criteria:
 - All attempts should be made to support young people in mainstream education where possible.
 - Medical Tuition should normally be reserved for young people with serious illnesses which may include an anxiety related disorder or, injury that prevent them accessing their school.
 - Medical tuition is not an optimal long-term provision for young people, including those with mental health difficulties or with Education Health Care Plans.

- Medical tuition should be a time-limited component of a Children & Mental Health Service (CAMHS) led therapeutic plan to enable a young person to return to full time provision.

Education for children who cannot attend school because of health needs protocol

Redbridge is responsible for arranging suitable full-time education for pupils of compulsory school age, who because of illness or other reasons would not receive suitable education without such provision. This protocol applies to children who are pupils on roll of maintained schools, academies, free schools, special and independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently.

The aim of any education outside school for children with health needs is to minimise the interruption and disruption to the child's schooling by continuing education as normally as the child's health condition permits and to work towards their reintegration into school as soon as possible. There will be a range of circumstance where a child has a health need but will receive suitable education that meets their needs without the intervention of the Local Authority. Examples include: where the child can still attend school with some support, where the school has made arrangements to deliver suitable education out of school for the child, or where the child is being educated in a hospital by an on-site hospital school.

1. Redbridge Context

In Redbridge, education for children who are unable to attend school due to medical needs will be delivered by the Redbridge Medical and Inclusion Service. The education offer will be of good quality and will enable children to take appropriate qualifications, maintain their educational progress and allow them to reintegrate successfully back into school as soon as possible.

The education provided must be suitable full-time education, or as much education as the child's health condition allows. This protocol reflects the statutory guidance contained in 'Ensuring a good education for children who cannot attend school because of health needs' (DfE, January 2013).

Children with health needs who are approaching public examinations may require special arrangements to be made: the school will, unless the Local Authority has agreed to do this, submit the relevant applications to awarding bodies as early as possible.

Children with health needs should have provision which is equivalent to the education they would receive in school. Where children receive 1-1 tuition, the hours of face-to-face provision will normally be fewer as the provision is more concentrated.

Where full time education would not be in the best interests of the child for reasons relating to their physical or mental health a part time education will be provided. In some instances electronic media may be used to complement face to face education. There may be some cases where a child's health needs may make it advisable to use only virtual education for a period of time but this is not expected to be commonly the case or of long duration.

All alternate provision will be subject to the Local Authority's quality assurance framework.

2. Identification

Schools, Health and Social Care professionals, Education Welfare Officers, Special Educational Needs officers, Education Psychologists and a range of other Local Authority professionals working with children and schools are responsible for notifying the Redbridge Medical and Inclusion Service of any child with health needs who may meet the criteria for tuition outside school.

All referrals will be ratified by the Head of Behaviour and Inclusion. Referrals must be accompanied by evidence from the child's treating or supervising consultant, or member of a Child and Mental Health Services team (CAMHS). The evidence should clarify why education outside school is appropriate and identify, in appropriate circumstances, a potential reintegration plan. There may be circumstances where a consultant's evidence is not yet available, or where a child has long term health problems. In these circumstances the Head of Behaviour and Inclusion will consider liaising with other medical professionals and consider what, if any, provision is required pending receipt of any reports.

3. Schools

Schools are critical in supporting the education of child with health needs. The Department for Education (DfE) Statutory guidance entitled "Supporting pupils at school with medical conditions" (April 2014). Places a new duty on schools from 1st September 2014 to make arrangements to support pupils at school with medical conditions. The guidance recommends that schools should have a publicly accessible policy that sets out how schools will support children with health needs, as well as a named person who can be contacted by the Local Authority and parents. Furthermore the school's policy must cover the role of Individual Healthcare Plans (IHP), and clarify who is responsible for their development, in supporting pupils at school with medical conditions.

The sharing of information is critical and there must be effective co-operation between schools, the Local Authority and all relevant services to support a child who cannot attend school because of ill health.

Schools would usually provide support to children who are absent from school because of illness for a short period for example: chicken pox, influenza, broken arm.

A child unable to attend school because of health needs must not be removed from the school register without parental consent and certification from the school medical officer, even if the Local Authority has become responsible for the child's education. (The Education (Pupil Registration) (England) Regulations 2006). Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their education progress.

4. Working Together

Partnership with parents, children, health services, schools and other agencies is important in ensuring that there is a robust education offer which meets the needs of the child and enables them to return to their mainstream school as swiftly as possible.

5. Individual Healthcare Plans

Each child will have an Individual Healthcare plan which will be agreed with parents, the school and relevant medical and other professionals. The plan will include an individually tailored reintegration plan where appropriate.

6. Timescales

Redbridge aims to provide education for children with additional health needs promptly and as soon as the Local Authority is advised that a child's absence for health needs is expected to last more than 15 school days, either in one absence or over the course of a school year. The expectation is that appropriate medical evidence will accompany the referral form (see referral form for guidance)

7. Disability Discrimination

Some complex and most long-term health issues will be disabilities under the Equality Act and relevant legislation. The Local Authority and schools will need to consider whether there are any reasonable adjustments which may need to be made to alleviate the effect of the disability. This may include the use of an Individual Healthcare plan.

8. Redbridge Procedures

Details regarding the named officer and the process for referring children with health needs can be found on the referral form.

Criteria for referrals of young people with anxiety related difficulties and poor school attendance.

Under Section 19 of the Education Act 1996 (amended by the Children, Schools & Families Act 2010) there is a duty on local authorities to arrange provision of suitable education at school or otherwise for a child of compulsory school age who may not attend school for reasons of illness, exclusion from school or otherwise. The education should be full time unless the child's physical or mental health means that it would not be in their best interests. As a result of increased professional concerns about the impact of educating children with anxiety related disorders in their homes away from both schools and peer groups, there has been a re-evaluation of the core principles and best practice approaches when dealing with such cases.

There is sometimes an overlap between the Education Welfare service, which may be considering prosecution for non-attendance and/or with child protection concerns. In such cases the views of professionals from the relevant agencies will normally be sought.

Original content created by the local authority in 2021 – adapted for our school in April 2021 and approved by the Board of Governors in June 2021. This will be reviewed annually by the Board of Governors in future.

For further information please contact:
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