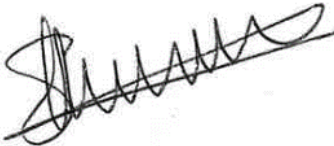




WEAVERS FEDERATION PRIMARY SCHOOLS

Stewart Headlam and Hague

Policy for Supporting Pupils with Medical Conditions 2025-2026

Document edition	Section	Details of Change
Colour Change	All sections	Change all the writing with color to black
Reviewed by		Date
SHH RESOURCES - Paul Gardner 		9th October 2025
Ratified by Chair of Governors		Date
 Sophie Fanning-Tichborne		3rd December 2025

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Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The Federation of Stewart Headlam and Hague Schools, recognises that children with a medical condition will require individualised care and support in terms of both physical and mental health and well-being, to ensure that they play full and active roles in school life, remain healthy and achieve their academic potential.

This policy outlines the procedures, communication and support available to all pupils with medical needs, and their families. It also outlines the roles and responsibilities of all those involved in supporting a child with medical needs and the support and training given to staff.

For some pupils their medical condition may mean that they are considered disabled, or that they have an Education Health and Care Plan, and so this policy should be read in conjunction with the Hague School and Stewart Headlam SEND Policies

The Federation of Stewart Headlam and Hague Schools, aims to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions"

The school has regard for the statutory guidance issued DfE Dec 2015, 'Supporting Children with Medical Conditions' and aims to comply within the resources of the school.

Hague School worked with Compass Well-being, Tower Hamlets School Nurse Service, NHS specialist nurse for Epilepsy and LA Education Safeguarding Service to ensure that the school's policy and risk management of medicines and procedures is secure for all. The Hague Policy has been adapted for the SHH Schools Federation.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities, also including those pupils with medical conditions.

Specific responsibilities for implementation and monitoring of this policy

Designated Governor for Safeguarding	Emily Wright
Designated Governor for SEND	Emily Wright
Designated Safeguarding Leaders	Executive Headteacher Judy Knappett Head of Hague School: Alison Goodliffe Head of Stewart Headlam School: Nilufar Chowdhury
Inclusion Manager / SENCo	Neelma Begum
Education Visits Coordinator	Head of Hague School: Alison Goodliffe Head of Stewart Headlam School: Nilufar Chowdhury

Community School Nurse: Celes Hutchinson for Hague Primary School. Awaiting new name for school nurse for Stewart Headlam. For further advice and training on medicines management in schools, please contact the School Health and Wellbeing Service.

1) Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHCP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The SHH Federated Governing Body is responsible for ensuring that:

- Arrangements are in place to support pupils with medical conditions and such pupils are able to play a full and active role in all aspects of school life i.e. participate in school visits/sporting activities, remain healthy and achieve their academic potential.
- Ensuring school support increases the confidence of the pupil and their family and promotes self-care where appropriate.
- Ensuring that staff are properly trained to provide the support that students need.
- Ensuring the level of insurance in place reflects the level of risk.

c) The Executive Headteacher is responsible for:

- Ensuring resources are allocated to address the needs of the child through, staffing, training, resources and school insurance level and accommodation needs of the policy so that the School Inclusion Manager can develop school practice effectively with partner agencies.
- Ensuring the focus of support is on the needs of pupils.

d) The AHT SHH School Inclusion Manager is responsible for:

- Day-to-day implementation and management of this policy.
- Ensuring that all staff are informed of this policy and understand their role in its implementation.
- Ensuring all staff are appropriately informed of a child's condition.
- Annual review and update of the policy.
- Reporting to Headteacher and Governors so that sufficient resources and staff are trained to meet the needs of pupils in normal, contingency and emergency situations.
- The development of IHCPs, including referral and liaising with healthcare professionals regarding the training required for staff. APPENDIX 1: INDIVIDUAL HEALTHCARE PLAN (IHCP)
- Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified (diagnosed) medical condition.
- Liaising with the partner agencies, the school nurse, other health care professionals and the Local Authority
- Risk assessment and management for pupils needs, storage of medication and administration.
- Ensuring compliance for confidentiality and data protection.

e) All staff members are responsible for:

- Reading and understanding their role in the implementation of this policy.
- Understanding the emergency procedures as outlined in the policy.

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where medicines including controlled medication are stored in school and comply with systems for their safekeeping, administration and records of use.
- Taking account of the needs of pupils with medical conditions in lessons, playtime or trips. (So that medication can be administered at appropriate times.)

f) School nurses are responsible for:

- Collaborating on developing an IHCP with parents and a designated member of Hague School staff in anticipation of a child with a medical condition starting school or having the medication reviewed. The level of collaboration being dependent on the medical condition involved.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHCP and then participate in regular reviews of the IHCP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Inclusion Manager in identifying training needs and providers of training.
- Support parents/carers with care plans.

g) Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school. APPENDIX 2: MEDICINE IN SCHOOL FORM –Permission for school to administer medicine.
- Participating in the development and regular reviews of their child's IHCP with the school nurse and agreed school staff.
- Providing the school with the prescription medication their child requires, making a note of its expiry date and keeping it up to date. School will keep a record of the expiry dates of medication. Parents are responsible for providing the school with in date medication for their child.
- The Department for Education has confirmed that a prescription is not required for non-prescription 'over-the-counter' medications (e.g. Calpol) and non-prescription medication can be administered where parents give written consent and complete APPENDIX 2A.
- Collecting and safe disposal of any leftover medicine. APPENDIX 2B Medicines are to be signed out from the school office by parents/carers. Parents are responsible for the safekeeping and safe disposal of returned medicines. Schools recommend disposal of medication at Boots the chemist. If medicine is not collected by parents after the use by dates the school will record medicines safely disposed of at Boots the Chemist.
- Carrying out actions assigned to them in the IHCP with particular emphasis on, they or a nominated adult, being contactable at all times.
- Providing evidence from a GP or a Nurse to state that their child no longer has a medical need.

h) Pupils are responsible for:

- Contributing to their IHCP as appropriate to their age and communication skills and with the support of their parents, by providing information on how their medical condition affects them
- Complying with their IHCP and managing their medication or health needs depending on their specific condition. E.g., putting on their emollient cream or recognising when they need to use their inhaler and self-administer with adult monitoring but they would not be expected to administer their emergency adrenaline or medication. Older children Year 3 upwards are encouraged to remember times and regularity if taking medication as part of self-care, but will be checked by a named adult. Children will be supported by adults to remember.
- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

2) Training of staff

- Newly appointed teachers, supply or agency staff and support staff will receive induction on a range of school policies including 'Supporting Pupils with Medical Conditions Policy' as part of their induction with the school deputy.
- Staff identified to administer prescription medicines or undertake any healthcare procedures will be trained in accordance with the child's IHCP under guidance from the Inclusion Manager.
- All staff have emergency first aid training. Some are identified for paediatric first aid at work training. School will keep a record of training and renewal dates. APPENDIX 5

3) Medical conditions register

- The Inclusion Manager has leadership responsibility for the medical conditions register.
- Admin support staff in each school are identified to support the record keeping process of registering children with new medical needs or amending records for any changes to a child's medical status or need each half term.
- Teaching staff will have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis.
- Parents should be assured data sharing principles are adhered to.
- Schools admissions forms request information on pre-existing medical conditions to inform the school register.
- Parents must inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHCP and to share information for recording attendance.
- For pupils on the medical conditions list, key stage/ transition point meetings should where possible take place in advance of transferring to enable parents, school and health professionals to prepare IHCP and train staff if appropriate
- Teaching Assistants in each class to check medication register on a weekly basis and sign to confirm all present and in date.

4) Individual Care Plans (IHCP) - APPENDIX 1

- Where necessary an IHCP will be developed in collaboration with the pupil, parents/carers, Headteacher, Inclusion Manager and medical professionals. The level of collaboration being dependent on the medical condition and risk assessment. Meetings will be led by the medical professional, the school nurse.
- IHCPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHCPs as visitors /parent helpers etc. may enter. If consent is sought from parents, a photo and instructions may be displayed. *However, in the case of conditions with life-threatening implications the information should be available clearly and accessible to everyone.*
- IHCP's will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care Plan, the IHCP will be linked to it or become part of it as agreed by professionals.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHCP identifies the support the child needs to reintegrate. The lead person will be the Inclusion Manager in the first instance. It may then be reassigned to the class teacher.

5) Transport arrangements

- Where a pupil with an IHCP is allocated school transport, the school will inform the transport company. A copy of the IHCP will be copied to the Transport team and kept on the pupil record. The IHCP must be passed to the current operator for use by the driver /escort. Transport team will ensure that the information is supplied when a change of driver/escort takes place.
- For some medical conditions, the driver/ escort will require specific training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport. Transport staff can be invited to attend any relevant school based training to support the needs of the child.
- When controlled drugs need to be sent in to school. Parents must complete the 'medicine in school agreement in person' prior to their child travelling on transport.
- Controlled drugs, if required to travel with the child, will be kept under the supervision of the adult in the car throughout the journey. They should be collected and returned to the school office daily as IHCP states. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

6) Education Health Needs (EHN) referrals

- All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.
- The school Attendance Officer, supported by the LA Attendance and Welfare Advisor (AWA) is responsible for identifying when a child would qualify for this support and application. The Inclusion Manager should be kept advised of the period of absence.

7) Medicines and their secure storage

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form. APPENDIX 2
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin, which may come in a pen or pump) with dosage instructions. Medicines, which do not meet these criteria, will not be administered.
- Any medications left over at the end of the course will be returned to the child's parents and they will be asked to complete the return of medication form, APPENDIX 2B by the admin team.
- Written records will be kept of any medication administered to children, with the exception of emollient creams.
- Pupils who have been encouraged by the health team to start learning how to access or apply their medication will do so with supervision.
- Parents/Carers must inform the school if the GP, Nurse or Specialist advises them that their child no longer requires medication. APPENDIX 4
- If a child shows adverse side effects following taking their medication, they will be seen by a school first aider and monitored. Parents will be informed as concerns arise.
- If a child refuses to administer/take their medication school staff will not force them to. School will inform their parents at the time of the incident that the child is not non-compliant.

STORAGE OF MEDICINE

1. Medicines that are not controlled substances will be stored in two places; the classrooms and the office. For example, inhalers and emergency adrenaline.

- The set kept in class will be in a class medical box with individual named bags with a copy of the child's IHCP inside.
- Staff supervising the taking of inhalers in class must inform the office in order for it to be recorded centrally. See APPENDIX 3 for record sheets.
- Medication in the office will be in individual named bags with a copy of the child's IHCP in, inside a secure cupboard. Office will administer the medicine/oversee the child taking their medicine and keep a central record of all medicine taken.

2. Controlled drugs will be stored in the office, in a secure cupboard

- They will be kept in a bag with the child's name on it, a copy of their IHCP and a copy of what to do in the case of the medicine needing to be administered.

3. Short term prescription medicine will be stored in the office, in a secure cupboard or fridge if required.

Risk assessments at the time of IHCP meetings will identify location and number of medicines including emergency back up to be in school.

8) Medical Emergencies: APPENDIX 6

Any member of staff can call an ambulance if deemed necessary. They do not need to wait for a member of senior management or designated first aider to be at the scene.

Medical emergencies will be dealt with under the school's emergency procedures, which will be communicated to all relevant staff so they are aware of signs, symptoms and appropriate action.

- Adults or pupils will be informed in general terms of what to do in an emergency by the adult at the scene taking charge such as telling a teacher or another member of staff.
- Children will be told to tell the nearest adult if they think there is an emergency.
- If a pupil/adult needs to be taken to hospital, a member of staff will remain with the Child/adult until their parent/carer arrives.

Where an Individual Healthcare Plan is in place, it should detail:

- a. What constitutes an emergency?
- b. What to do in an emergency.

See APPENDIX 5: MEDICAL EMERGENCY PROCEDURES

Follow-up:

When a child is either sent to hospital, or advised to attend hospital, the Head or Inclusion manager should ensure that designated follow-up phone call takes place within 24 hrs

School follow-up for staff:

Line managers to follow up with staff/adults about their well-being after a traumatic incident. There may be a need to refer parents/adults to a senior member of staff who can go through the process taken by the school, and refer them to relevant complaints documentation if that is required

9) Education Visits, residential visits and sporting activities

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- Risk assessments for educational off site learning will be undertaken initially by the class teacher then signed off by the Education Visits Coordinator (deputy head). The Risk Assessment includes arrangements for supporting pupils with medical conditions.
- Consultation with parents, healthcare professionals etc. may be necessary for residential trips. This will be separate to the normal day-to-day IHCP requirements for the school day.
- Controlled medicine needs to be signed out from the office and in school on return.
- Adults will carry children's medication on any off site visits. Medicines taken on the trip must be recorded as part of the visit risk assessment.
- Residential Trips: there will be pre visit medication forms and meetings between school and parents to agree procedures. Where necessary the school nurse will be consulted.

10) Avoiding unacceptable practice

Each case will be judged individually but in general, the following is not considered acceptable.

The following behaviour is unacceptable in School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the school office alone or with an unsuitable escort if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- To allow medication to run out before advising parents in good time to replenish; ideally giving one month's notice.

11) Insurance

- Teachers and support staff who undertake responsibilities within this policy will be assured by the Head Teacher that they are covered by the school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions.

12) Complaints

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure.
- The DFE 'Supporting Children at School With Medical Conditions 2017 guidance' states "Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted."

13) Definitions

- 'Parent(s)' is a wide reference not only to a pupil's birth parents but also to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed by Hague Primary School.

14) Monitoring and Evaluation

- Evaluation of the effectiveness of this policy will be undertaken by governors responsible for safeguarding. Curriculum and Well-being Committee. The Headteacher Report will include a termly update for the Governing Body.
- The policy and practice will be reviewed annually or earlier if circumstances require it.

ROLES AND RESPONSIBILITIES FOR STAFF SUPPORTING PUPILS WITH MEDICAL NEEDS AT STEWART HEADLAM & HAGUE SCHOOLS. All new staff must read, sign and return to School Office.		
Roles	Responsible for ensuring	Practice
The Governing Body And/or the link governor for Children with Medical Needs	• Arrangements are in place to support pupils with medical conditions and such pupils are able to play a full and active role in all aspects of school life i.e. participate in school visits/sporting activities, remain healthy and achieve their academic potential. • School support increases the confidence of the pupil and their family and promotes self-care where appropriate. • That staff are properly trained to provide the support that students need. • The level of insurance in place reflects the level of risk. • Complaints are effectively addressed.	Question and ratify policy as presented annually • Annual Health Check with Inclusion Manager on IHCPs to ensure they are of a high standard • Regular link visits to discuss implementation and impact of the policy, i.e. risk management, training, issues arising. • Annual Governor's briefing on Safeguarding and Medical Needs to include 'Keeping Children Safe in Education' and 'Supporting Students with Medical Needs.' • Training schedule for staff checked at Governor link visits. • Annual Inspection of medical cupboard and procedures for administering.
The Executive Headteacher	• Resources are allocated to address the needs of the child through, staffing, training, resources and school insurance level and accommodation needs of the policy so that the SHH Federation Inclusion Manager can develop school practice effectively with partner agencies. • The focus of support is on the needs of pupils.	• Work with Inclusion Manager and governors to be well informed for strategic, financial and safeguarding decisions. • Executive Headteacher / Heads of School provide Reports to governors on key issues. • Half termly attendance and report to Safeguarding Committee Training plan.

AHT SHH Federation Inclusion Manager/ SENCo	• Day-to-day implementation and management of this policy. • All staff are informed of this policy and understand their role in its implementation. • All staff are appropriately informed of a child's condition. • Annual review and update of the policy. • The Exec Headteacher, Heads of School and Governors are informed so that a sufficient number of staff are trained to implement the policy and deliver IHCP in normal, contingency and emergency situations. • The development of IHCPs, including referral and liaising with healthcare professionals regarding the training required for staff. • Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition. • Liaison with the partner agencies, the school nurse, other health care professionals and the Local Authority. • Risk assessment and management for pupils' needs is carried out, safe storage of medication and administration. • Compliance to confidentiality and data protection.	• Checks files for students with medical needs are accurately maintained by admin support staff. • Brief staff on updated medical needs register half termly or as needs arise. Includes all pupils with IHCP, asthma and allergies, and distributed to staff. • Annual update on Policy and Procedure. • Annual training plan. Maintain a register of first aid and medical/care plan training for staff. • Regular meetings with School nurses, managers and other healthcare professionals to review pupil's needs, risk management, ensure systems are working and compliant. • Identify with the school nurse which staff need to attend IHCP review meetings with parents. • Liaise with kitchen staff for pupils with food allergies • Implement awareness activities for staff and pupils, parents: i.e. display posters, facilitate health workshops • Complete risk assessments for IHCPs as required. Ensure staff are aware of their role in risk management. • Monitor security of medicines held within school half-termly. Office, classrooms and when taken off site. • Line manage delegated members of the admin team using their support for record keeping, management of medicines in school, including medicines in and out of school, those that are due to expire or need replacing, tracking and sending reminders to parents for replacement medication. • Ensure that all permissions for medication are held by the school.
All SHH Fed staff members (NB Volunteer and agency staff should be	• They have read and understood their role in the implementation of this policy. • They know the emergency procedures as outlined in the policy.	• Know where emergency first aid is kept • Direct parent/carers to the school office if they say their child needs medicine in school. The office has

informed of the policy and information relevant to their role on induction)	● They take appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. ● They know where medicines including controlled medication are stored in school and comply with systems for their safe-keeping, administration and records of use. ● They take account of the needs of pupils with medical conditions in lessons, playtime or trips. (So that medication can be administered at appropriate times.)	‘medicine in school forms’ for parents to complete. ● Assess children when unwell. Staff should check if they have taken any prescribed medication in school that day. ● Report to the inclusion manager should a child’s inhaler run out during use. It must be reported the same day and the child’s back up inhaler used. ● Undertake training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have been requested to undertake a medication responsibility. ● Ensure inhalers, adrenalin pens and blood glucose testers are stored safely in agreed accessible location ● Staff supervising the taking of medicine/ inhalers must ensure it is recorded on medical record sheets.
Heads of Hague and Stewart Headlam Schools.	● Support of the AHT SHH Inclusion Manager in the induction of new staff, agency supply teachers, students on work experience or volunteers to ensure that they are sufficiently briefed to undertake their role and support the needs of pupils with medical conditions. ● Monitoring of risk assessments for Education Visits off site to ensure the needs of pupils with medical needs are addressed.	● Communicate with the Inclusion Manager about any concerns or issues arising. ● Advise the Inclusion Manager of any new adults working with children who have medical needs so that any training needs can be taken account of. ● Ensure new staff sign they have read this document.
SHH Federation Class Teachers	● They know the specific needs of any pupils they are allocated to work with on a regular basis. ● They use the medical needs register to inform planning for learning and events on and off site where a pupil’s	● Read IHCPs, apply training as necessary, ● Awareness of condition and signs of concern to act on. ● Identify pupils on Education Visits/ Risk assessments to be shared with the EVC coordinator – Deputy Head.

	medical needs may need to be supported. • They inform supporting specialist teachers. I.e. for PE /Drama/ Music of pupils with medical needs.	• Ensure risk assessments for activities, food tech and science lessons take account of allergies. • Communicate with Teaching Assistants or other adults who support pupils with medical needs. • Be aware of pupils who are likely to need asthma inhalers in PE.
SHH Federation Teaching Assistants	• They know the specific needs of any pupils they are allocated to work with on a regular basis. • They check the register of medical needs when working with a new pupil or a pupil who has newly received a health care plan. • they understand what to do in an emergency	• Supporting pupils with medical needs to participate in lessons, where needed. • Read IHCPs, apply training as necessary. • Awareness of condition and signs of concern to act on. • Support class teacher in day-to-day management of pupils with medical needs in class i.e. food allergy lanyards for lunch time, pupils who are likely to need asthma inhalers in PE. • Support record keeping in class or at the office.
SHH Federation Admin Teams and Hague Premises Manager	• They have read and understood policy and practice. • They know how to access the medical needs register when updates are announced. • They know the names and conditions of pupils at 'severe risk'. • Premises Manager to be aware of the security and safe storage arrangements of medicines within the school office and classrooms including First Aid boxes.	• Update RM Integris – School data management as necessary. • Know and understand the systems for monitoring a child who is unwell. • Support the Inclusion Manager in updating medical records, maintaining medical records associated with the policy and communicating with parents. • Support the management of emergency First Aid boxes in school. • Support the safe disposal of sharps and blood which may be identified in IHCPs.
Kitchen Staff at Hague and Stewart Headlam Schools	• They have read, understood and know which children have medical needs for which they need to take into account in menu planning, food preparation and serving. • They know the pupils who are 'severe risk' pupils.	• All foods and packaging checked for allergens. • Display awareness posters in the dining hall and or kitchen. • Inform the inclusion manager of any risks associated with food or cross contamination. • Undertake training from Tower Hamlets Catering Team for first Aid, asthma and allergies.

	• They know how to respond to information received about pupils with food allergies. • They support and advise pupils or supporting adults in making safe choices for pupils' meals.	
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- I confirm that I am a member of _____ School
- I am contracted to work regularly at _____ School.

I have read and understand the contents of the policy and my role in implementing it at school.

- I have highlighted all the boxes above which apply to me and I am aware of my responsibilities in relation to supporting pupils with medical needs.
- I have read the register of students with medical needs and know how to access updates.
- I will ensure that I will read and note any updates from the AHT SHH Federation Inclusion Manager or Designated Safeguarding Leaders.

Staff name:

Staff signature:

Date:

Appendix

1. Individual Health/Care Plan IHCP
2. 2a A Medicine In School – Parent/Carer Agreement For School To Administer Medicine
2b: Medicine in School – Returns and Safe Disposal by Parents/Carers
3. Record Sheet For Administration Of Medicine
4. Medical Needs-Notification Form For Children Who No Longer Require Medication in School
5. Staff Training Record – Administration Of Medicines
6. Contacting Emergency Services
7. Model Letter Inviting Parents To Contribute To Individual Healthcare Plan Development
8. Medical Consent GDPR Compliant for internal school notices

APPENDIX 1: INDIVIDUAL HEALTH/CARE PLAN (IHCP) TEMPLATE

DFE e.g. attached Tower Hamlets School Nurses provide schools with completed documentation

Name of school/setting				
Child's name				
Group/class/form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				
Family Contact Information				
Name				
Phone no. (work)				
(home)				
(mobile)				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Clinic/Hospital Contact				
Name				
Phone no.				
G.P.				
Name				
Phone no.				

Who is responsible for providing support in school?	
---	--

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

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

--

Other information

--

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (*state if different for off-site activities*)

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

Form copied to

APPENDIX 2A: MEDICINE IN SCHOOL – PARENT/CARER AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE. (2 COPIES 1 FOR SCHOOL 1 FOR PARENT)

Name of school/setting	HAGUE PRIMARY SCHOOL STEWART HEADLAM SCHOOL		
Name of child			
Date of birth			
Group/class/form			
Medical condition or illness			
Medicine			
Name/type of medicine (as described on the container)			
Expiry date			Serial no:
Dosage and method			
Timing/When to be taken			
Special precautions/other instructions			
Are there any side effects that the school/setting needs to know about?			
Self-administration	YES	NO	YES WITH SUPERVISION BY STAFF
NB: Medicines must be brought into school by a parent/carer, in the original container as dispensed by the pharmacy. The form must be complete before staff will administer medicines. Contact Details. If it is over the counter medicine it must have the age appropriate dosage included – i.e. Calpol the form must be completed. If non-prescription medicine can be timed so that it is given out of school hours this would be preferable.			
Name of adult			
Daytime telephone no.			
Relationship to child			
Address			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that the school may require an Individual Health Care Plan meeting with the school nurse if medication is a long term arrangement or there have been changes to a previous plan.

Parent Signature: _____ Date: _____

'Medicine in School' form received by, staff name:

APPENDIX 2B: SAFE RETURN AND DISPOSAL OF MEDICINES

Medicine Returns Form

Collecting and safe disposal of any leftover medicine. Medicines are to be signed out from school office by parents. Parents are responsible for the safekeeping and safe disposal of returned medicines.

Name of school/setting	HAGUE PRIMARY SCHOOL STEWART HEADLAM PRIMARY SCHOOL
Name of child	
Date of birth	
Group/class/form	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	Serial no:
Date returned	
Name of Parent Collecting	
Reason for Returning	

Signature of Parent:

Staff name and signature

APPENDIX 3: RECORD SHEET FOR ADMINISTRATION

Adult name print							
Adult signature							
Child signature if self-administered							
Any reactions							
Dose given							
Name of Medicine Prescription or over the counter							
Time							
Child's Name							

A T I O N O F M E D I C I N E	Date	/	/	/	/	/	/	/
		/	/	/	/	/	/	/

APPENDIX 4: MEDICAL NEEDS-NOTIFICATION FORM FOR CHILDREN WHO NO LONGER REQUIRE MEDICATION IN SCHOOL

Child's Name	Class
I have been advised by the (GP, Nurse or Specialist) at the (Surgery or Hospital) Name of medical professional and place	
Date of when you were informed that the child no longer required medication:	
Write the name of the medication and the professional's reason(s) for why the child no longer requires the medication(s)	
Parent/Carer Print name	
Signature	Date

Please hand this form back to the school office or the Inclusion Manager.

Received by _____ name of staff member

It will be kept in your child's medical file for the school's record.

APPENDIX 5: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Example of information to be kept.

Name of school/setting	HAGUE PRIMARY SCHOOL STEWART HEADLAM SCHOOL
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the named member of staff has received the training detailed above and is competent to

Carry out any necessary treatment. Suggested review date _____

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

APPENDIX 6: CONTACTING EMERGENCY SERVICES

- In a medical emergency anyone can call an ambulance. Do not delay by waiting for First Aider Headteacher or Senior staff especially if the person is unconscious, not breathing, and shows signs of stroke, seizure, cardiac arrest.
- Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
- Speak clearly and slowly and be ready to repeat information if asked.

1. Telephone number Hague 207 739 9574
2. Telephone Number Stewart Headlam 0207 247 1201
3. your name
4. your location as follows
5. state what the postcode is

E2 0BP Hague Primary School, Wilmot Street. Bethnal Green	E1 5RE Stewart Headlam School Tapp Street, Whitechapel
---	--

6. provide the exact location of the patient within the school setting
7. Provide the name of the child and a brief description of their symptoms.
(Conscious/ not conscious/ breathing or not, severity of injury, body part, blood loss)
8. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.

Hague: Finnis Street emergency services can park directly outside the gates. Disability access and bins access gates can be opened to facilitate.	Stewart Headlam: Tapp Street Note emergency services can park directly outside or access the playground via Brady Street gates.
--	--

9. Keep a completed copy of this form by the phone

EMERGENCY PROCEDURE SUPPORT CHECKLIST FOR LEAD ADULT AND
SUPPORTING ADULTS ONCE EMERGENCY SERVICES CONTACTED

Contacting Emergency Services requires team action, identify lead person to coordinate communication

1	Premises manager or another member of staff to have gate open and to support access to site.
2	Staff to monitor child or adult until arrival of ambulance crew and be in contact with supporting adults.
3	Office staff or other designated person to accompany ambulance crew to child/adult.
4	Person talking to Emergency Services keep all staff updated about actions and arrival times.
5	Inform Headteacher or a senior member staff to decide on how the situation is supported – i.e. keeping area clear of staff and students etc. This person to notify and keep the Headteacher informed.
6	Call parents or a named person in case of emergency and advise them of the situation.
7	The senior member of staff liaises with the First Aid trained member of staff who stays with the child.
8	If parents not at school - member of staff accompanies child to hospital ii. parents are called and advised to go directly to the hospital iii. member of staff stays with child until parents arrive
9	If a child needs to be taken to hospital then the child and parent travel to hospital with the ambulance.
10	All accident reports are filed with copies in the student file and sent to parents. All external documentation is completed, sent and copies filed in school.

At the first available opportunity all staff involved attend a de-brief and review procedures and their effectiveness. The designated governor responsible for children with medical needs will be advised of the incident and outcomes by the Headteacher or Inclusion Manager. Governor may be asked to attend a debrief meeting.

Follow-up:

- When a child is either sent to hospital, or advised to attend hospital , the Head or Inclusion manger should ensure that designated follow-up phone call takes place within 24 hrs

For adults:

- Line managers to follow up with staff/adults about their well-being after a traumatic incident.
- There may be a need to refer parents/adults to a senior member of staff who can go through the process taken by the school, and refer them to relevant complaints documentation if that is required

APPENDIX 7 : MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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

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

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

Yours sincerely

INCLUSION MANAGER

APPENDIX 8: MEDICAL CONSENT FORM TO DISPLAY PUPIL INFORMATION

In order to comply with the General Data protection Regulations (GDPR) Hague/Stewart Headlam Primary School would like to seek your consent to display the following information at appropriate locations in the school, to ensure that all staff can act appropriately in the case of a medical emergency.

Please indicate your preference by selecting the relevant option below and signing the form.

If you wish to change your mind, please contact the school office.

Photograph

Name

Date of Birth

Medical Issue/Allergy

Emergency Treatment/ Contact

Displaying of relevant information as above

Yes

☐

No

☐

Signed

Parent Carer of

Date

Appendix 9: Tower Hamlets Health Protection reporting and links to guidance for managing infectious diseases in schools and other conditions which need medication. Updates from TH Headteacher bulletins

Reporting

Education settings are expected to report all cases of infectious diseases via email to [Tower Hamlets Public Health Protection](#).

With the exemption of COVID-19, education settings are expected to report cases of all other infectious diseases to UK Health Security Agency (UKHSA) by [email](#) or by calling 0203 837 7084.

The Tower Hamlets Health Protection Team will advise when UKHSA inclusion criteria for COVID-19 outbreak management has been met.

Resources

Advice and guidance for all infectious diseases here:

[Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](#)

Practical guide to managing cases by type of infectious disease:

[Chapter 3: public health management of specific infectious diseases - GOV.UK \(www.gov.uk\)](#)

Vaccines

Polio vaccine boosters are available for children under 9 years in North and East London. Parents can arrange their booster through their GP surgery or book a spot at a selection of community vaccine clinics in convenient places throughout the area. [Find more information about the polio vaccine.](#)

To download information for parents to promote the polio vaccine programme in your school, [Public Health England's Polio Resource Centre](#) has leaflets in local languages and alternative formats.

MEDICINES IN SCHOOLS

For further advice and training on medicines management in schools, please contact the [School Health and Wellbeing Service](#).

[Referral form](#) - shreferrals@nhs.net 0204 551 1414 (option 2)

[Katie Cole](#)

Associate Director of Public Health for Children and Families

The #AskAboutAsthma campaign encourages children and young people, their families, and those involved in their care, to ensure four simple and effective measures to help them control their asthma:

1. Make sure every child has an asthma plan. You can print the standard asthma plan and ask the family to sign as this will cover you for the whole time they are in the school and will cover you for any emergencies while waiting for the individual asthma plan to be finalised. Individual Asthma/wheeze plans should be done by the hospital and GP every year. Your school nurse can check GP records and if needed send a letter to the GP to obtain the plan. For any outstanding records, you can send them a list of children. If you do not have a school nurse send to schoolnurses@nhs.net
2. Ensure children and young people can use their inhalers. Children under four should use a spacer with a face mask and school-age children should use a spacer with mouth piece. They should always use a spacer and know how to look after it.
3. They should have a review with the GP every year, especially if they need a blue inhaler more than three times a week, if they are missing days at school or if they cannot join in with PE. Changes to the use of blue inhalers with attacks means children should have a review with their GP if needing blue inhaler every four hours as this signals that their asthma/wheeze is not controlled. They should not be having to use a blue inhaler every four hours for longer than 24 hours. For more information please watch this video.
4. Air quality impacts lung health, especially in children with asthma and wheeze - see our School Pack containing actions your school can take to help reduce exposure to air pollution.