

Red Hall Primary School



Supporting Children with Medical Needs and Illness

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Statement of intent

The governing board of Red Hall Primary School and Strive has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Red Hall Primary School and Strive believe it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's **SEND Policy** will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

Rationale

At Red Hall Primary we take seriously our duty of care and consent to administer medication, subject to the conditions set out in this policy. This policy sets out general guidance but each case will be dealt with on its own merits. This policy applies to all children attending Red Hall Primary School from our 2-year-old provision to Year 6 including those children attending the Strive provision.

There is no legal or contractual duty on teachers, administrative staff or support staff to administer medication or supervise a pupil taking medication. It is a purely voluntary role.

As illnesses are diverse in nature it will not be able to cover all eventualities. Making sure your child attends school is your legal responsibility as a parent/guardian. It is also crucial for your child's education and future. Full attendance lets your child make the most of their education. By law, only the school can authorise your child's absence. It is important to keep the school informed if your child is going to be absent.

1. Legal framework

- 1.1. This policy has due regard to legislation including, but not limited to, the following:
- The Children and Families Act 2014
 - The Education Act 2002
 - The Education Act 1996 (as amended)
 - The Children Act 1989
 - The National Health Service Act 2006 (as amended)
 - The Equality Act 2010
 - The Health and Safety at Work etc. Act 1974
 - The Misuse of Drugs Act 1971
 - The Medicines Act 1968
 - The School Premises (England) Regulations 2012 (as amended)
 - The Special Educational Needs and Disability Regulations 2014 (as amended)
 - The Human Medicines (Amendment) Regulations 2017 1.2.
- 1.2 This policy has due regard to the following guidance:
- DfE (2015) 'Special educational needs and disability code of practice: 0- 25 years'
 - DfE (2015) 'Supporting pupils at school with medical conditions'
 - DfE (2022) 'Guidance on first aid for schools'
 - Ofsted (2015) 'The common inspection framework: education, skills and early years'
 - Department of Health (2017) 'Guidance on the use of adrenaline auto injectors in schools'
- 1.3. This policy has due regard to the following school policies:
- SEND Policy
 - First Aid Policy
 - Attendance Policy
 - Complaints Procedure Policy
 - Ensures that arrangements are in place to support pupils with medical conditions.
 - Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
 - Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

2. The role of the governing board

- 2.1. The governing board:
- Is legally responsible for fulfilling its statutory duties under legislation.
 - Ensures that arrangements are in place to support pupils with medical conditions.
 - Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
 - Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
 - Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
 - Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
 - Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
 - Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

3. The role of the Executive Head and Senior Leadership Team (SLT)

3.1. The Executive Head:

- Ensures that this policy is effectively implemented with governors.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.
- Ensure a record of training undertaken will always be kept and available for inspection. It is the responsibility for the medication team and the individuals who support the children/learners to take responsibility for ensuring their training is always up to date.

4. The role of parents/carers.

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Fill in the correct forms obtained by the office.
- Carry out any agreed actions contained in the IHP.
- Keep records of the expiry dates of medicines held in school and replace when necessary
- Ensure that they, or another nominated adult, are contactable at all times.
- Parent/guardian phones the school office between 8.45 and 9.15am to inform school that their child is absent and of the cause of the absence. The school will ask about the nature of the illness and the expected duration of the absence.
- Ensure the child with the medical condition understands the importance of taking their medication and is able (KS2) to administer their medication independently unless they are unable. In order to do this inhalers and injector pens will be allowed to be in the child in conjunction with their IEP.

5. The role of pupils.

5.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.
- In KS2 be responsible for carrying and administering their own medication (inhaler/Injector pen)

6. The role of school staff.

6.1. School staff:

- Have a responsibility of everyone who is accountable for the child/learners health care and or medication needs to read this policy.
- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- It is the responsibility for the medication team and the individuals who support the children/learners to take responsibility for ensuring their training is always up to date.
- Should understand the needs of the children with an IHP.

7. The role of the school nurse.

7.1. The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

8. The role of Integrated Care Systems (ICSs).

8.1. ICSs:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

9. The role of other healthcare professionals.

9.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

10. The role of providers of health services.

10.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

11.The role of the LA

11.1. The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

11.2. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

12. The role of Ofsted.

12.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

12.2. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

13. Admissions.

13.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

13.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

14. Notification procedure

14.1. When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the Executive Head. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in section 18).

14.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Executive Head based on all available evidence (including medical evidence and consultation with parents/carers).

14.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

14.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

15. Staff training and support

15.1. Any staff member providing support to a pupil with medical conditions receives suitable training.

15.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.

15.3. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

15.4. A record of training undertaken will always be kept and available for inspection. It is the responsibility for the medication team and the individuals who support the children/learners to take responsibility for ensuring their training is always up to date.

15.5. The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.

15.6. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

15.7. Training is commissioned by the SLT and the Medication Team and provided by the following bodies:

- Commercial training provider
- Medical professional
- National College training.

15.8. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

15.9. The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

16. Self-management

16.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.

16.2. When medically necessary, pupils are allowed to carry their own medicines and relevant devices. This must be with documented parent permission.

16.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.

16.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Following such an event, parents/carers are informed so that alternative options can be considered. This then needs to be recorded on CPOMs and/or Evolve Accident Book.

17. Supply teachers

17.1. Supply teachers are:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

18. Individual healthcare plans (IHPs)

18.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Executive Head makes the final decision.

18.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

18.3. IHPs include the following information: (Appendix A)

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the head teacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

18.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

18.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

18.6. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

18.7. Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

18.8. Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their IHP.

18.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

19. Managing medicines

19.1. In accordance with the school's belief, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

19.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.

19.3. Non-prescription medicines may be administered in the following situations:

- **When it would be detrimental to the pupil's health not to do so**
- **When instructed by a medical professional**
- **When a parent/carer has given signed permission to administer a dose of paracetamol.**

19.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

19.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

19.6. Parents/carers are informed any time medication is administered that is not agreed in an IHP.

19.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

19.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.

19.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

19.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered. Medicine that requires to be stored in a fridge must go in a lockable container located in fridges.

19.11. The school holds asthma inhalers for emergency use. The inhalers are stored in the medical cabinets and their use is recorded.

19.12. The school holds bottles of non-prescribed paracetamol for use when parents/guardians have given permission. The parents must be contacted first before administering the medication. It should then be checked that it is administered in lines with the guidance on the label. (for example, have they had any before school and the correct gap between dosages is adhered to.) Staff should not administer a second dose as this indicates the child is still unwell and requires to go home. Any medication administered needs to be recorded on Evolve accident book.

19.13. The school has a policy that children and staff do not carry drugs in school. Medication for staff and children should be stored in the locked Medication storage units.

However, where staff and children have a medical condition such as Asthma, Allergies and Diabetes that requires them to carry their medication with them to self-administer, an IEP should be in place.

19.14. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions. If a child spits their medication out they must not be given it again. Parents need to be phoned straight away and informed.

19.15. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held. Where necessary this should be recorded on Evolve accident book.

20. Adrenaline auto-injectors (AAIs)

20.1. Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

20.2. Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession if school and parents agree.

20.3. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location

21. Asthma

21.1 All staff must be aware of what to do in the event a child/learner suffers an asthma attack and how to minimise the risk of this occurring.

Things to consider

- Sprays such as deodorant and air fresheners including strong smelling plug in's.
- The grass being cut on an afternoon

22. Record keeping

22.1. In accordance with 19. Managing Medicines, written records are kept of all medicines administered to pupils.

22.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

22.3. Appropriate forms for record keeping can be found in (appendix b and c) of this policy and on Evolve accident book.

23. Emergency procedures

23.1. Medical emergencies are dealt with under the school's emergency procedures.

23.2. Where an IHP is in place, it should detail (if relevant to the child and medical condition)

- What constitutes an emergency.
- What to do in an emergency.

23.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

23.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

23.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

24. Day trips, residential visits and sporting activities

24.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

24.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

24.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

25. Unacceptable practice

25.1. The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

26. Liability and indemnity

26.1. The governing board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

26.2. The school holds an insurance policy with Zurich covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training.

26.3. All staff providing such support are provided access to the insurance policies.

26.4. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

27. Complaints

27.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

27.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Policy.

27.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

27.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

28. Defibrillators

28.1. The school has a CEU automated defibrillator (AED) in the main school office.

28.2. The AED is stored in the main school office in an unlocked, alarmed cabinet.

28.3. All staff members are aware of the AED's location and what to do in an emergency.

28.4. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

28.5. The emergency services will always be called where an AED is used, or requires using.

28.6. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

29. Policy review

29.1. This policy is reviewed on an annual basis.

29.2. The scheduled review date for this policy is Sept 2026.

Individual Healthcare Plan Implementation Procedure

A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.



The Executive Head is informed and coordinates a meeting with the medical team to discuss the child's medical needs and support required to support the pupil.



A meeting is held to discuss and agree on the need for an individual healthcare plan (IHP).



An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.



School staff training needs are identified.



Training is delivered to staff and review dates are agreed.



The IHP is implemented and circulated to relevant staff. The IHP is reviewed annually or when the condition changes (revert back to step 3)

Pupil Illness

Absence Reporting Procedure

There is a clear process for you to follow to inform the school that your child will not be attending:

- Parent/guardian phones the school office between 8.45 and 9.15am to inform school that their child is absent and of the cause of the absence. The school will ask about the nature of the illness and the expected duration of the absence.
- If the school receives no phone call, school phones home to ascertain the child's whereabouts and reason for absence. If school cannot contact the parent at home, school may contact our PCSO Attendance Office to visit the home so that the whereabouts of the child and their well-being can be confirmed.
- If school can't contact anyone who can confirm the child is safe and well, the school will follow up the absence using information known about the pupil and their specific circumstances.

Decisions regarding attendance or absence

Use common sense when deciding whether or not your child is too ill to attend school. Ask yourself:

- Is your child well enough to carry out the activities of the school day? If not, keep your child at home.
- Does your child have a condition that could be passed on to other children or school staff? If so, keep your child at home.
- Would you take a day off work if you had this condition? If so, keep your child at home.

Common Conditions

Most illnesses can be classified as one of a few minor health conditions. Whether or not you send your child to school will depend on how severe you judge the illness to be. This guidance can help you to make that judgement. If you're concerned about your child's health, please consult a health professional.

- Cough & cold – a child with a minor cough or cold may attend school. If the cold is accompanied by shivers or drowsiness, the child should stay off school, and return to school 24 hours after they are feeling better. If your child has a more severe and long-lasting cough, consult your GP, who can provide guidance on whether the child should stay off school.
- Raised temperature – if your child has a raised temperature or is feeling ill with signs of an acute illness, they should not attend school. They can return when they are feeling better.
- Rash – rashes can be the first sign of many infectious illnesses such as chickenpox and measles. Children with these conditions should not attend school. If your child has a rash, check with your GP or Practice Nurse before sending them to school.
- Headaches – a child with a minor headache does not usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms such as raised temperature or drowsiness, then keep the child off school and consult your GP.
- Vomiting and diarrhoea – children with these conditions should be kept off school. They can return 48 hours after their symptoms have settled. Most cases get better without treatment, but if symptoms persist consult your GP.
- Sore throat – a child with a sore throat alone does not have to be kept from school. If your child is feeling ill with it, the child should stay at home.

- To minimise the risk of transmission of infection to other children, and staff, the following guidelines are suggested.

DISEASE/ILLNESS	MINIMAL EXCLUSION PERIOD
<ul style="list-style-type: none"> • Chickenpox and shingles 	<ul style="list-style-type: none"> • 5 days after onset of the rash. • Immuno-compromised children / adults – should take separate advice from their GP
<ul style="list-style-type: none"> • Conjunctivitis (pink eye) 	<ul style="list-style-type: none"> • A child should stay away if eye is discharging until treated for 24 hours and/or eye(s) appear normal again
<ul style="list-style-type: none"> • Coronavirus 	<ul style="list-style-type: none"> • Children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people. They can go back to school, college or childcare when they no longer have a high temperature, and they are well enough to attend.
<ul style="list-style-type: none"> • Diarrhoea & Vomiting 	<ul style="list-style-type: none"> • Until there has been no diarrhoea or vomiting for 48 hours •
<ul style="list-style-type: none"> • German Measles (Rubella) or Measles 	<ul style="list-style-type: none"> • 5 days from onset of rash and until child feels well •
<ul style="list-style-type: none"> • Head Lice 	<ul style="list-style-type: none"> • No period of exclusion but helpful to let school know
<ul style="list-style-type: none"> • Impetigo 	<ul style="list-style-type: none"> • Once the spots have crusted or healed or 48 hours of antibiotics and the child feels well
<ul style="list-style-type: none"> • Mumps 	<ul style="list-style-type: none"> • 7 days from onset of swollen glands and child feels well
<ul style="list-style-type: none"> • Scabies 	<ul style="list-style-type: none"> • Child can return to school the day after treated
<ul style="list-style-type: none"> • Scarlet Fever 	<ul style="list-style-type: none"> • When child feels well, and 48 hours after start of • Antibiotics
<ul style="list-style-type: none"> • Threadworm 	<ul style="list-style-type: none"> • Child may return the day after treatment
<ul style="list-style-type: none"> • Verruca 	<ul style="list-style-type: none"> • Child does not need to stay away from school and can go swimming

Pupils who become unwell at school

If a child becomes ill at school, every effort will be made to contact their parents/ guardians and failing that, their emergency contacts. It is therefore important to keep the school informed of any changes to home/mobile numbers or any change of home arrangements.

Teaching/support staff will contact the parents or emergency contact to explain the situation and the parent will decide whether to take the child home or administered some preventative medication such as Paracetamol as long as the parent/guardians have given signed permission and it is then recorded. A member of school staff will stay with the child until they are collected by parents/guardians or a known adult nominated by the parent/guardian.

In the event of a pupil having an accident during school hours, the first aiders will assess the severity of the accident and make the decision to apply first aid if appropriate. Any significant injury or accident will be reported to the parent immediately and on occasions where a prompt response is required; the school may take the decision to take the child to Darlington Memorial Hospital, where they will meet up with parents. If appropriate, and the severity demands, the school will call an ambulance.

If in any doubt, professional medical advice should be sought.

Other References: www.hpa.org.uk



Red Hall Primary School, Headingley Crescent, Darlington, Co Durham, DL1 2ST

Tel: 01325 254770

www.redhallprimary-darlington.co.uk

Email: admin@redhall.darlington.sch.uk

Contacting Emergency Services:

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number – **01325 254770**
2. Your name
3. Your location as follows – **Red Hall Primary School, Headingley Crescent Darlington**
4. State what the postcode is – **DL1 2ST**
5. Provide the exact location of the patient within the school setting (e.g. Dinner hall, staff room, playground, etc.)
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

"Fairness is not giving everyone
the same thing.
Fairness is giving each person
what they need to succeed"



Individual Health Care Plan – Confidential

Appendix A

Child's name			
Date of birth		Class	
Child's address			
Medical diagnosis or condition			
Allergies			
Date			
Review date			
SEND	Support Plan	One Plan	EHC Plan



Family Contact Information

Name		Name	
Relationship to child		Relationship to child	
Home Number		Home Number	
Mobile Number		Mobile Number	

Medical Contact Details

GP Surgery		Consultant Name	
GP Address		Hospital	
Phone Number		Phone Number	

Medical needs

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

Daily care requirements, Who is responsible for providing support in school. (e.g. before sport/at lunchtime):

I give permission for my child to carry and administer their own medication. YES/NO

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

1.

2.

3.

4.

Form signed

Parent/Guardian:		Date:	
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Staff Training Required

Appendix B



Red Hall Primary School and Strive, Headingley Crescent, Darlington, Co Durham, DL1 2ST

Tel: 01325 254770

www.redhallprimary-darlington.co.uk

Email: admin@redhall.darlington.sch.uk

Medical Consent Form

We can only give medication which has been prescribed by a health professional (GP or Dentist). Medication must have the original label with the child's name and dosage clearly visible.

Disclaimer:

I understand that the medicines must be given personally by me to the school office and that this is a service which is subject to agreement with the school.

I understand that the school will not administer medication which is prescribed for three times per day unless it must be taken before or after food.

Medication will not be administered by the school unless this form is completed and signed by the parent/guardian of the child.

The governors and Executive Head reserve the right to withdraw this service.

Child's Name: _____ Class: _____ Date of Birth: _____

Name of Medication: _____

Dosage / Amount to be given: _____

Register of Medication Administered

[illegible]

Appendix C

Non – Prescribed Medicine Administration:

Name of School/Setting:

Red Hall Primary school and Strive, Darlington

[illegible]