



LORDSHIP LANE
PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy

2026/27

Statutory or non-statutory	Haringey Policy adapted for LLPS	Date reviewed	Date of next review
Statutory	No	Summer 2026	Summer 2027

What is the purpose of this policy?

The purpose of this policy is to describe how Lordship Lane Primary School will ensure that children with medical needs have access to a good quality and appropriate education whilst they are attending school and having to take regular medication or during a prolonged absence from school. The policy is written in accordance with the following guidance from the Department for Education: 'Supporting Pupils at School With Medical Conditions' and 'First Aid in Schools, Early Years and Further Education'.

Who leads on this policy?

It is a requirement that each school has a named person who leads on the implementation of the policy for children with medical needs. At the time of writing our medical officer is Sue Christodoulou (Office Manager).

What is the definition of children with medical needs?

All children are likely to be absent from school occasionally. This policy is directed at children who have serious illnesses that are likely to prevent attendance at school for long periods of time and may well involve repeated periods of absence. It is also likely that such children will also spend time in a hospital. In this policy this group of children are described as Category A. However, the policy also describes what will happen when otherwise healthy children have to take medication in school either for a short period or on an ongoing basis. In this policy this group of children are described as Category B.

What will be the provision for children defined as Category A?

The SENCO will maintain a list of children who are defined as falling into Category A. In most cases an Individual Healthcare Plans (IHPs) will be written. Parents of children in Category A will be informed of this policy so that the Plan can be written at the earliest possible time in order to ensure that appropriate provision is made from the moment the absence begins. The IHP will be reviewed as appropriate for individual cases.

Each IHP will be different, because each child's circumstances will be different. The following list describes some of the possible actions that could be included in an IHP. An IHP will always name the relevant class teacher who will be the contact person for the parents.

1. The child may go to a hospital that has a hospital school. The Special Educational Needs Coordinator (SENCO) will contact the head teacher of the hospital school and will provide copies of teachers' planning to indicate the curriculum that would have been provided if the child had been in school. If the child has special educational needs a copy of the Provision Map will also be provided. It is then the responsibility of the head teacher of the hospital school to ensure that the child's needs are met at a level appropriate to her/his medical condition.

2. A child may have a long-term absence and be at home. If this absence is likely to exceed 15 days an application will be submitted to the Haringey Home Tuition and Inclusion Team for possible home tuition (more info here: <https://www.haringeylearningpartnership.org/Tuition-in-the-Community/>)
3. It is possible that a Medical Plan might also include an element of part-time attendance at school.
4. Where appropriate, arrangements will be made to send work to the child's home.

What will be the provision for children defined as Category B?

If it becomes apparent that a child needs ongoing medication in school, the parent should fill in an 'Administration of Medicines in Schools' form (appendix 1) and return it to the school office. The submission of this form may trigger a meeting with the medical officer, depending on the individual circumstance or severity, in order to review and agree appropriate action.

If your child has a complex medical condition requiring regular administration of medical procedures or care, the school will require a medical consultant's report. The report or letter should clearly indicate the necessary attention required within the constraints of a busy school setting.

What is the Policy on Asthma?

Children who suffer with asthma need to be able to gain quick access to their inhalers and spacers. Parents should provide the school with the inhaler. Inhalers are kept in the classroom. Members of staff need to ensure that inhalers are taken on off-site visits. We are aware that children's need of asthma inhalers may change during their years at school. We ask parents and/or older children to keep us up to date on inhaler needs.

What is the Policy on the Administration of Medicines?

The school will only administer prescribed medicines that are required to be taken MORE than three times per day (the only exception to this being if the child has a medical condition that requires the administration of medicine at a specific time of the day as directed by a healthcare professional). If this is necessary, the parent should complete an 'Administration of Medicines in Schools' form and leave it with the school office along with the medication. The medicine should be in date and clearly labelled with:

- Name of medication
- The child's name
- Dosage, time and frequency
- The prescribing doctor's name.

Each time a medicine is administered it is recorded in a book stored in the office. **The school will not administer non-prescribed medicines or treatments.**

Administering of Medicines When on School Trips

The procedure for administering medicine when on a school trip will be the same as above, except that:

- the three times per day rule does not apply if on a residential trip

- staff will take the 'Administration of Medicines in Schools' form with them and complete the prescribed medication record section when administering medication. This form will then be returned to the medical officer upon returning to school.

How do we know which children have medical needs?

The medical officer will maintain a register that will be circulated to all staff at the beginning of each school year. A list will also be kept in each teacher's class file.

Policy on the Administration of EpiPens. What is the purpose of this policy?

The purpose of this policy is to describe to parents, governors, and staff the measures taken by the school to protect those children who may need to receive the administration of an EpiPen. This policy only describes in outline the causes and symptoms of anaphylaxis. Staff will receive detailed training from our local medical team.

What is anaphylaxis?

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system.

How will I know when and how to administer an EpiPen?

We provide all our teaching support staff with regular training on anaphylaxis and the administration of EpiPens by the school's locally assigned nurse. In the event of an attack, it is important to administer an EpiPen as soon as possible and then call 999 for an ambulance. If no improvement after 5 minutes, the second EpiPen is to be administered.

How will I know which children might need an EpiPen?

At the beginning of each new school year (or when a new child joins the school), all information about anaphylaxis will be passed to the Medical Officer who will ensure that this information is given to all those adults that have most frequent contact with individual children.

Where are EpiPens stored?

Each child should have two EpiPens in school supplied by the parents, which should both be stored in their classroom. Each EpiPen is stored in a plastic wallet that also contains the name of the child, her/his photograph, and a copy of the child's individual medical plan. There are also two EpiPens stored in the school office.

How are staff made aware of children with high-risk medical needs?

Children with high-risk medical needs are all displayed on a poster which is kept confidentially in the staff room, school office and with the medical officer. This contains a small photograph of the child, a description of the illness and/or food allergy, the medication required and class. This enables all staff to become familiar with these children in order to take prompt and corrective action if required.

How do we deal with injuries at school?

Any child experiencing an injury at school will be given immediate first aid treatment by one of our trained staff. Minor injuries would be treated on location (playground or classroom) as appropriate. In all cases an accident report form will be completed. One copy will be kept on file and a second copy will be sent to the child's parent/carer.

Minor injuries to the child's head will be treated as above, but the school will always contact the child's parent/carer to inform them of the incident (however slight it may initially appear) and give the parent the opportunity to collect their child earlier from school if they so wish.

Staff will be aware that children with SEND may have difficulty communicating the extent or nature of any injuries. Attention will be paid to this in the administration of treatment and subsequent follow up.

How do we deal with children with broken/injured limbs?

Any child who has an accident at school which necessitates a visit to the hospital would prompt an investigation by medical officer and the SLT. This will involve a discussion with the member of staff who came to the child's assistance and also a discussion with the child him or herself on return to school. All appropriate report forms will be completed and sent to the Local Authority's Insurance and Risk Management Team and to the Local Authority's principal Health and Safety Manager. Broken limbs should not necessarily be a barrier to a child attending school. If the child's doctor agrees to the child returning to school, an individual risk assessment identifying any support needed will be provided to the class teacher for guidance and action.

Emergency Procedures

First aiders will follow the St John Ambulance's 'The Duties and Responsibilities of First Aiders' <https://www.sja.org.uk/first-aid-advice/duties-and-responsibilities-of-first-aiders/> which clearly outlines the steps to be taken when giving help to someone who injured or ill. In brief the emergency advice is:

1. Assess the situation quickly and calmly
2. Protect yourself and others from harm
3. Treat the casualty and arrange help

Staff will call 999 if a pupil is experiencing a life-threatening emergency, such as unconsciousness, difficulty breathing, severe or uncontrollable bleeding, a seizure, or a severe allergic reaction (anaphylaxis).

In the event that 999 is called, parents will be notified as soon as is reasonably possible.

