



Irlam Primary School

Medical Policy

September 2026 – 27

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Agreed by Governors September 2026

DfE Ref:

[Ensuring a good education for children who cannot attend school](#) because of health needs – Statutory guidance for local authorities (January 2013)

[Supporting pupils at school with medical conditions](#) – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England

December 2015)

Supporting pupils within the school community

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for Governing bodies on behalf of the Trust to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

Irlam Primary School's Senior leadership team will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

At this school, the Coordinator for pupils with medical needs is Mrs Amanda Power

Procedure once school become aware that a child has a medical condition

Staff will (if appropriate) meet with parents/carers and medical staff.

Where appropriate, an individual medical care plan or healthcare-professional plan will be obtained, developed or discussed with parents/carers and relevant professionals, and followed by school staff.

Where specific training is required, sufficient members of staff will receive appropriate training before taking responsibility for the pupil's medical support.

Any reasonable adjustments or specific arrangements required to support the pupil safely and enable full participation in school life will be put in place.

For children starting Irlam Primary School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks.

Individual Medical Care Plans

Individual Medical Care Plans (IMCPs) can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. An IMCP is likely to be helpful for many pupils, particularly those with long-term or complex medical conditions.

An additional school IMCP will not be required where a pupil already has an appropriate, up-to-date care or management plan provided by a healthcare professional, for example an Asthma Action Plan. In these circumstances, the healthcare professional's plan will be followed by the school and will form the basis of the pupil's medical support arrangements.

Where no such plan is in place, an IMCP should be considered.

A model IMCP is provided at Appendix A.

At this school the individual(s) responsible for drawing up IMCPs will be: Mrs Amanda Power in liaison with, parents and medical staff

Plans will be reviewed at least annually, or earlier if the pupil's needs, treatment or circumstances change. They will be developed in the context of assessing and managing risks to the pupil's education, health and social wellbeing and minimising disruption. Where a pupil has an Education, Health and Care (EHC) plan, the medical plan will be linked to it where appropriate.

Transition between classes and year groups

As part of the school's annual transition arrangements, the SENDCo/Medical Needs Coordinator will ensure that relevant information about pupils' medical needs is shared with the staff who will support them in the following academic year. This will include any school Individual Medical Care Plan (IMCP), Asthma Action Plan or other care or management plan provided by a healthcare professional. Relevant staff will be made aware of the pupil's condition, known triggers, medication or equipment requirements and the action to be taken should the pupil require medical support.

Parents/carers remain responsible for informing school of any changes to their child's medical needs and for providing any updated plans, medication or equipment.

Collaborative working arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities, parents, and pupils is critical.

The Governing body/Management Board will:

- Ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life
- Ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so
- Ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies on behalf of the Trust should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher will:

- Ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- Ensure that all staff who need to know are aware of the child's condition
- Ensure that sufficient trained staff members are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose
- Contact the designated School Health Advisor in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way (see Liability and Indemnity below for further details).

School staff:

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, **although they cannot be required to do so.**
- All staff will have received suitable training, and their competency will be assured, before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils will:

- Where age appropriate, often be the best person to provide information about how their medical condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision.

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs; contribute to the development and review of any school IMCP where required; provide current healthcare-professional plans; provide medicines and equipment as agreed; inform school promptly of any changes; and ensure that they, or another nominated adult, can be contacted when necessary.

At the end of each academic year, all medication and medical equipment held in school will be returned to parents/carers. It is the responsibility of parents/carers to ensure that any medication or equipment required in school is returned at the start of the new academic year. Before returning medication, parents/carers should check that it is in date, appropriately labelled and reflects their child's current medical needs. Any replacement or newly prescribed medication, equipment or updated healthcare plans should also be provided to school.

School Health Advisor or other qualified healthcare professionals will:

- Notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.

The School Health Advisor would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can support staff on implementing a child's individual healthcare plan (if required) and provide advice and liaison.

- The School Health Advisor is able to provide support and training to school staff to administer the following medications:
 - Epipen (for allergies)
 - Buccal Midazolam (for epilepsy)
 - Inhalers (for asthma)

At this school, the allocated school nurse/qualified healthcare professional is a member of the South 0-19 school health team.

GPs, paediatricians and other healthcare professionals:

- May notify the school health advisor when a child has been identified as having a medical

condition that will require support at school.

- They may provide advice on developing healthcare plans.
- School Health Advisors and Specialist Advisors may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy or other health needs as appropriate).

Salford local authority will:

- Promote cooperation between relevant partners such as Governing bodies on behalf of the Trust of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
- Wherever possible, provide support, advice and guidance, including suitable training for school staff through the School Health Advisors, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- Work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to support schools in making other arrangements.

Irlam Primary School also has regard to Salford Local Authority's guidance:

Supporting Pupils at School with Medical Conditions, which is included at Appendix B.

Providers of health services will:

- Co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school health advisors, and participation in locally developed outreach and training.

Clinical commissioning groups will:

- Ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Staff training and support

All Early Years staff are Paediatric First Aid Trained.

Three members of staff have 'First Aid at Work' (3 day course).

Twelve members of staff have done Level 3 Emergency First Aid at Work (1 day)

All other staff receive basic First Aid Training with regular updates.

All staff to complete 0-19 training on Complex Health Needs, Asthma and Anaphylaxis.

First Aid Boxes

First aid boxes are located in the Reception Office, Reception, Nursery and outside the entrance near the Year 2 classroom. They are checked regularly by a nominated member of staff and restocked as necessary.

The school also has two red travelling first aid kits and one large green kit for use as required.

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been washed.

Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file. Plasters are kept in all first aid boxes.

Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. The first aider will record severe cuts in their accident book.

Anyone treating an open cut must use appropriate disposable gloves.

Bumped Heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack or cold water. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the bumped head book and a copy sent home to parents (notes in the school office or in the infant corridor). Foundation stage have their own book .

Major Incidents

Major accidents are now reported to The Trust. These are then sent to the Health and Safety Advisor who decides if Riddor need to be informed.

Calling the Emergency Services

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must:

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

If the emergency services are called, a member of the Admin Team or another member of staff should wait by the school gate on Liverpool Road and direct the emergency vehicle into the school.

Medicines in School

There is no general contractual duty on school staff to administer medicine or supervise a pupil taking it. Staff who undertake this role will do so in accordance with this policy and any relevant training.

A child who is unwell and unfit to attend school should be kept at home by the parent until fully recovered. It is the parents' responsibility to ensure that their child is fit to attend school.

Parents will be encouraged to ask the GP to prescribe an antibiotic which can be given outside the school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school and immediately after school and then finally at bedtime.

Where medication needs to be administered during the school day, arrangements must be agreed with the parent/carer and the appropriate consent and administration records completed.

Pupils should not carry medication during the school day unless this has been specifically agreed as part of their medical arrangements. Medication should otherwise be handed to the class teacher or school

office and stored safely while remaining readily accessible when required.

Medication and medical equipment required by a pupil must remain readily accessible during off-site visits and activities, including inhalers, adrenaline auto-injectors and other emergency medication.

Asthma and Inhalers

The school recognises that asthma is a common medical condition and is committed to ensuring that pupils with asthma are able to participate fully and safely in all aspects of school life.

Asthma Plans

All pupils with asthma should have an up-to-date Asthma Action Plan completed by their parent/carer or their healthcare professional. The plan should clearly identify the child's usual medication, symptoms, triggers and the action to be taken if their asthma worsens. Class teachers and relevant staff should familiarise themselves with each child's Asthma Action Plan and be aware of any known triggers. The Asthma Action Plan should always be followed in the event of an asthma-related incident. Plans will be shared with the child's new class teacher and relevant staff as part of the school's annual transition arrangements, and parents/carers should provide an updated plan whenever treatment or needs change.

Storage of Inhalers

All inhalers should be handed to the class teacher on arrival at school unless an alternative arrangement has been agreed.

- Inhalers should be stored in an easily accessible but safe place
- Emergency inhalers are kept in the school office.
- Inhalers must accompany pupils during PE, sporting activities, educational visits and any other activity where access may be required.
- Key Stage 2 pupils may self-administer their inhaler, where appropriate, and should carry it with them during vigorous physical activity and on school trips.

Administration and Recording

Children should be encouraged to use their own inhaler in accordance with their Asthma Action Plan.

Routine or preventative use of an inhaler (for example, before PE where this forms part of the child's agreed Asthma Action Plan) does not require recording.

Any **non-routine** administration of an inhaler, including where a child develops symptoms during the school day, must be recorded on the paper inhaler log kept with the child's inhaler. The record should include:

- the date and time;
- the reason the inhaler was administered (e.g. symptoms or trigger);
- who supervised, administered and witnessed the medication;
- any relevant observations or follow-up actions.

Parents/carers will be informed of all non-routine use of an inhaler as soon as reasonably practicable.

Emergency Inhalers

The school holds emergency salbutamol inhalers for use in accordance with current Department for Education guidance.

An emergency inhaler may only be administered where:

- the child has a diagnosis of asthma (or has been prescribed a reliever inhaler);
- the child is displaying symptoms requiring immediate treatment and their own inhaler is unavailable or unusable.

Where a child's own inhaler is unavailable, empty or unusable, the school's emergency inhaler may be used in accordance with the school's emergency inhaler arrangements and current guidance. Parents/carers will be informed of any use on the same day.

Any use of the emergency inhaler must be recorded and parents/carers informed on the same day.

Headlice

If head lice are suspected, parents/carers will be informed. Where appropriate, the school may also provide general information to the relevant class about checking and treatment.

Vomiting and Diarrhoea

If a child vomits or has diarrhoea in school and is unwell, parents/carers will be contacted and the child will normally be sent home. Return to school will be in accordance with current public-health guidance.

Chicken Pox and other diseases and rashes

If a child is suspected of having chickenpox or another infectious illness or rash, parents/carers will be contacted as appropriate. Any physical examination will be limited to what is necessary to assess immediate welfare or infection risk, with due regard to the child's dignity, consent and safeguarding.

Supporting Pupils with Long-Term or Chronic Conditions

What is diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given, but some older children may need to inject during school hours.

It is essential that written agreement is obtained from parents for the administration of any medications such as insulin for diabetic children.

An appropriate medical care plan must be in place where required. Where an up-to-date plan has been provided by a healthcare professional, an additional school IMCP will not normally be required unless school-specific arrangements need to be recorded. Off-site activities, including educational visits and overnight stays, will require appropriate planning and liaison with parents/carers and, where necessary, healthcare professionals.

Medication stored in school will be kept safely and securely while remaining readily accessible to the pupil when required. Pupils should know where their medication is kept and which member of staff to approach. Medication requiring refrigeration will be stored appropriately.

A key aim is to promote independence. Where appropriate and agreed within the pupil's medical arrangements, pupils will be encouraged to manage their own medication or procedures with the level of supervision identified in their plan. Parents/carers must ensure that medicines are supplied in the original container where applicable, clearly labelled with the pupil's name and the prescribed dosage and instructions.

Parents/carers must inform school promptly of any changes to medication, dosage, treatment or equipment. Medication that is no longer required or has expired will be returned to parents/carers for safe disposal. All medication and medical equipment will also be returned at the end of each academic

year in line with the arrangements set out above.

Once the medical and health needs of a child are shared with school, staff will have access to training if required. All staff will be supported in carrying out their role to support pupils with medical conditions. This will be reviewed at the same time as the IHCP review and issues, any requirements or further training needs for staff can be identified. The coordinator for pupils with medical needs will support staff in identifying further training needs by working with medical staff involved and detail how and by whom the training will be provided. This will include raising whole staff awareness of relevant issues. Only staff that have had appropriate training from healthcare professionals will administer prescription medicines or undertake health care procedure.

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Some children with medical conditions may have a disability. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing other agencies with relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement.

The school will do all that it can to maintain links with appropriate agencies and the Local Authority. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Local Authority Support

The aim of Salford Local Authority will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education.

The Local Authority Policy outlines the responsibilities for schools, local authority and health service. This should be read in conjunction with the school's policy.

Where a child's health condition requires an extended period of absence or repeated absences for the same condition, the school is required to notify the Local Authority.

These pupils may be:

- (a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- (b) Pupils with mental health problems who are unable to attend school.

The school will do all that it can to fully implement Salford's policy on the education of children and young people with medical needs.

This policy will be reviewed at least annually, and sooner where necessary in response to changes in guidance, pupils' needs, or learning arising from incidents or practice.



Medical care Plan

Child's Name

Setting: Irlam Primary school

Group or Class: Year

Date of birth:

Child's Address:

Medical diagnosis:

Date form completed/updated :

FAMILY CONTACT INFORMATION

Mother :

Father :

Emergency contact in absence of parents :

HEALTH PROFESSIONALS INVOLVED IN CHILD'S CARE

#Lead Clinician :

Local Paediatrician :

Local Hospital No :

GP :



Medical needs and any details of any symptoms:

Daily requirements:

SPECIAL NEEDS REQUIREMENT [where applicable] :

SPORT/PHYSICAL ACTIVITIES

Emergency situations:

Signed:

X

Appendix B

Salford Local Authority Policy

Supporting Pupils at School with Medical Conditions



Introduction

Salford City Council is committed to providing a good education to all pupils regardless of circumstances or settings. Where a pupil is unable to attend school for medical reasons the local authority will work alongside schools, parents, health and other professionals to provide an alternative education provision to meet a pupil's individual needs to enable them to thrive and prosper in the education system.

Wherever possible the local authority will look at education provision being provided by school to ensure continuity for pupils. However, it is recognised that in some circumstances that may not be possible and provision for such cases may require additional advice and/or support from the local authority.

As part of the interface with these children and their healthcare needs all professionals should maintain awareness of potential safeguarding/child protection concerns and refer to the relevant service if appropriate.

Definitions of Medical Conditions:

Pupils' physical and/or mental health medical needs may be broadly summarised as being:

- Short-term - affecting their participation in school activities because they are on a course of medication or recovering from an illness. E.g. infections, broken limb, post-operative support.
- Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs). E.g. Asthma, cancer treatments, pending transplant, mental health/neuro developmental conditions.

The Statutory Framework

[Section 19 of the Education Act 1996](#) provides that each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.

Section 100 of the Children and Families Act 2014 places a duty on Governing bodies on behalf of the Trust of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

[Equality Act 2010](#) provides a context to Local Authority policies on education for children with medical needs and the need to comply with the equality duties.

Ensuring a good [education for children who cannot attend school](#) because of health needs - Statutory guidance for local authorities

[Special educational needs and disability code of practice](#) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

[Supporting pupils at school with medical conditions](#) – Statutory guidance for Governing bodies on behalf of the Trust of maintained schools and proprietors of academies in England

In this document;

References to schools are taken to include academies and PRUs

References to Governing bodies on behalf of the Trust include proprietors in academies and management committees of PRUs.

References to parents include carers and those who have parental responsibility for the child

The statutory guidance applies to:

- Schools, academies (including alternative provision academies) and PRUs
- Local authorities
- Clinical commissioning groups (CCGs), NHS England

This guidance is also provided to assist and guide:

- Anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions, including alternative provision and independent schools
- Parents/carers and pupils
- Health service providers

Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies on behalf of the Trust **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies on behalf of the Trust should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- Local authorities **must** arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

School responsibility

- The governing body **must** ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child
- Schools **must** have a policy, reflecting statutory guidance (*Supporting Pupils at School with Medical Conditions December 2015*), for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
- Governing bodies on behalf of the Trust should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a **named person** who has overall responsibility for policy implementation.
- Governing bodies on behalf of the Trust should ensure that the school's policy covers the role of **individual healthcare plans (IHCP)**, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Schools should notify the local authority when a pupil is absent for a period of 15 days. However, the pupil **must** remain on the school roll. The named person should liaise with the local authority and continue to review the IHCP. In the event that there is a significant change in the condition of the pupil, or the attendance declines, school are required to notify The Education Welfare Service.
- School remain responsible for all agreed examination entries and ensuring examination fees; arrangements should be made for pupils to sit GCSE examinations including invigilation & assessment of coursework.

- Schools remain responsible for convening annual review meetings, or earlier if evidence is presented that the child's needs have changed, for those pupils who have an Educational Health Care Plan (EHCP)

Local authority responsibility

Local authorities should:

- Ensure that appropriate full-time education is provided as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, as defined in the statutory guidance *Alternative Provision* (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.
- LAs are responsible for supporting schools to arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. (Need to consider Elective Home Education and independent schools although guidance is not statutory for independent)
- The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.
- Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should ensure that part-time education is on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science. Schools should refer to the Salford guidance for reduced timetables.
- Have a **named officer** responsible for the education of children with additional health needs, and parents should know who that person is. The named officer is Cathy Starbuck.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs. The policy should make links with related services in the area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.
- Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.

- Have clear policies on the provision of education for children and young people under and over compulsory school age.

The LA will:

- Provide a model policy for schools.
- Provide a contact e-mail for all initial enquiries and notifications - cme@salford.gov.uk
- Implement a referral and tracking process (Annex A) of pupils who are absent from school for a period of 15 days or more, where the absence is caused by a medical condition.
- Provide support to school staff in monitoring & challenging pupil absence.
- Implement an escalation process to the Education on Track (EOT) panel to ensure the pupil is receiving a suitable education in line with the law. (Annex B)
- Where they have identified that alternative provision is required, ensure that it is arranged as quickly as possible and that it appropriately meets the needs of the child. Transport to any base other than the pupil's main base may be considered.
- Ensure that schools have a re-integration process which focuses on the child's physical & emotional health and education needs.
- Support EYFS children through;
 - My story giving information around SEN needs
 - Medical care plan
 - Early support keyworkers who support children with complex needs until they reach 5
 - Occupational therapy, physiotherapy completing an access visit to check the building is accessible for the children prior to them attending
 - Health visitors supporting transition to nursery and/or reception
- Support Post 16 students through;
 - Ensuring that commissioned services and post 16 providers have appropriate provision in place for students with medical conditions.

Health Service responsibility

Local Authorities (LAs);

- Commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as Governing bodies on behalf of the Trust of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- LAs and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- LAs should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- LAs should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities health needs sets out that they should be ready to make arrangements under this duty when it is clear

that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Advice on the role of clinical commissioning groups (CCGs):

- CCGs commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).
- CCGs should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

Advice on providers of health services:

- Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- School nursing services are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example, on training.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Other healthcare professionals, including GPs, CAMHS practitioners and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local

health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy, mental health/neuro developmental conditions).

Referral and Tracking Process

The aim will be to increase education provision so as to provide as much education as a pupil's health condition allows. Where a pupil requires alternative provision, the overall aim, in all cases, is to reintegrate pupils back into mainstream education as soon as possible, through an individually tailored reintegration plan.

- Where a pupil is, or likely to be, absent for a period of 15 days due to a medical condition, schools are required to notify the local authority Education Welfare Service. All referrals should be made using Annex C and emailed to cme@salford.gov.uk. All referrals should be accompanied by an individual health care plan (IHCP) and **must** be supported by medical confirmation from one of the following health professionals via existing correspondence e.g. appointment letter;
 - Hospital Consultant
 - GP
 - Paediatrician
 - Consultant Child or Adolescent Psychiatrist
 - Senior Mental Health Practitioner or Clinical Psychologist
 - 0-19 service

- Schools should have made reasonable adjustments to allow the pupil to access a suitable full time education (or as much as the child's health condition can manage) in line with statutory guidance 'Supporting pupils at school with medical conditions'.

This may include arrangements for school work being sent home for short periods of absence, a part-time time table or on-line learning.

- Once notified by schools that a child will be absent for 15 days or more, the local authority will work alongside schools, health and other professionals (where appropriate) to ensure that suitable education is available. This will be facilitated by the school identifying a member of staff who will act as lead professional to work with an Education Welfare Officer (EWO) and other professionals to ensure that the education provision is in place and appropriate through the monitoring of Individual Health Care Plans (IHCP).
- Where the EWO, school staff or any other professional involved in the IHCP require further support by the local authority, the EWS will refer the case to EOT.
- The panel will consider information provided by school, pupil, parents & medical staff and additional information will be provided on an individual basis as required.
- The panel will determine whether any alternative provision should be provided on a temporary basis. The intention in all cases will be to reintegrate the pupil back into mainstream provision on a full time basis as soon as possible.
- This alternative provision may consist of on-line learning, one to one tuition or small group teaching in a specialised setting, such as The Canterbury Centre, or can be engagement activity with a specialist

provider. Consideration will be given to providing transport where placement is other than the pupil's main base.

- Schools retain responsibility for funding provision utilising pupil's age weighted pupil unit (AWPU), pupil premium and SEND funding.

Referral Process for Health and Social Care

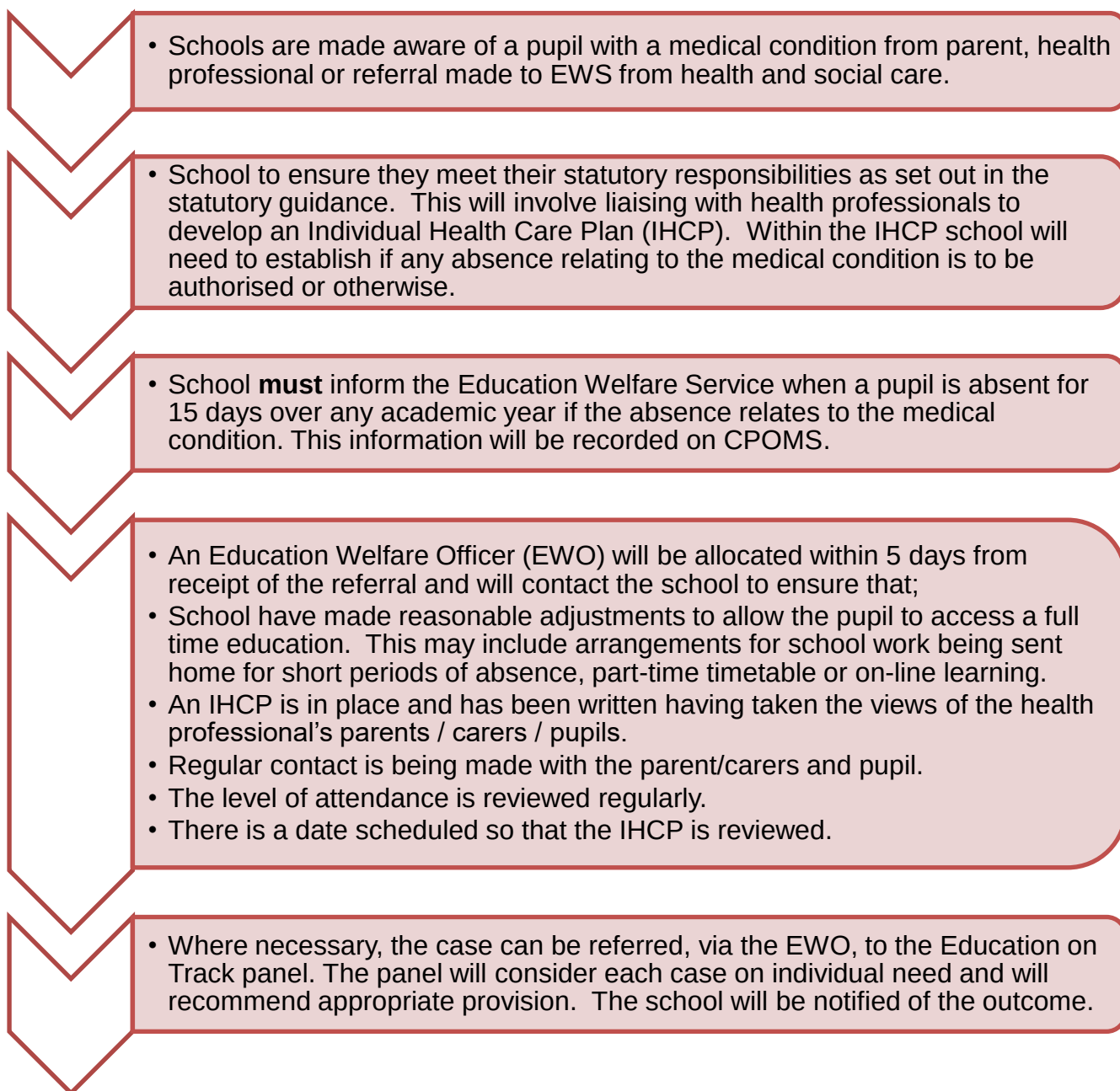
This protocol should be followed where health and social care professionals identify a pupil who has been absent from school, either authorised or unauthorised, due to physical or mental health issues for **15 school days or more**.



Children Missing
Out on Education Pi

ANNEX A

Pathway for supporting pupils at school with medical conditions



Salford City Council

School are aware of a pupil's absence
due to a medical condition

Health/Social care are aware of a
pupil's illness preventing them from
attending school

Notification to EWS via cme@salford.gov.uk

EWS receives notification
and allocates to an EWO

EWO liaise with school using checklist as a basis for dialogue
All communications to be loaded onto CPOMS
If education needs are being met by school EWO will diary for timely review
EWO & supervisor have termly case review meetings
If school are unable to meet education needs EWO to escalate to Education on Track

Information presented to Education on Track by EWO and school
If additional provision is recommended to school
EWO will work with school to ensure that the provision is provided



At the agreed review date schools report to the EWO

- on the engagement and impact of provision
- agree when case is safe to closed

CME reports overview to Education on Track termly 

ANNEX C

Salford City Council

SUPPORT FOR PUPILS WITH MEDICAL CONDITIONS

Referrer:		Date:		Job Title:		
Email:			Telephone:			
Child Details						
Name:				Stud ID:		
NHS No:				P Number:		
Address:						
Date of birth:				Gender:		
Ethnicity:				Age:		Year :
First Language:				School/Education provision		
Religion:				Attendance: overall		%
				I code		%
LAC	CP	CIN	TAF	EHA	EHC plan	SEN support
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Other service Involvement	Past <i>Name and contact details</i>	Current <i>Name and contact details</i>
Royal Manchester Childrens Hospital:		
Health:		
CAMHS:		
Disability Team:		
Education Psychology:		

SEND:		
Social Care:		
Early Help:		
YJS:		
Missing From Home:		
CSE/Protect:		
Outreach:		
0-25:		
Primary Intervention Team:		
Education Welfare:		
Other:		

Attach pupil registration certificate

☐

Provide brief details of pupil's medical condition:

Does school have an Individual Healthcare Plan (IHCP) in place for this pupil? Yes/No *If Yes, please attach.*

If No, Provide details of any special arrangements in place at school

What is working well? What are the protective factors?

Lived Experience, Views and wishes of child/young person.

Views and wishes of the parents/carers.

This form should be returned to Education Welfare Service via cme@salford.gov.uk