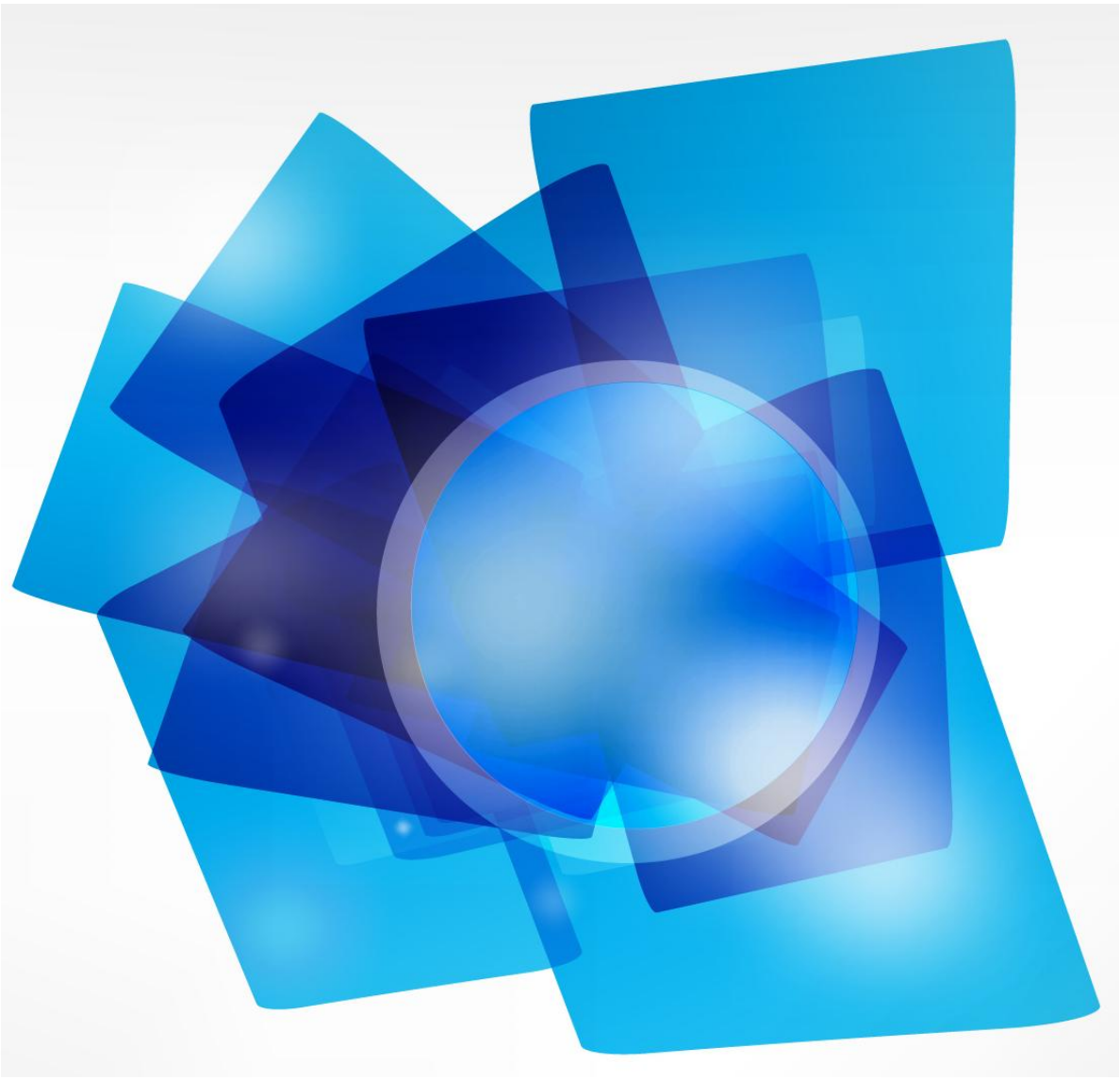
Wollescote Primary School

Be Proud, Be Positive, Be Polite.



Supporting pupils with Medical Conditions Policy

Supporting Pupils with Medical Conditions

2025-26

The Wollescote Way

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs can attend school regularly and, with some support from the school, can take part in most normal school activities. Wollescote Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

Roles and Responsibilities

The Role of the Governing Body:

- To determine the schools general policy and ensuring that arrangements are in place to support pupils with medical conditions so they can enjoy all opportunities at school as any other child.
- To take in to account the variations of medical conditions and how it can affect the quality of life or be life threatening for that pupil.
- To focus the action required on the needs of the individual child and how their medical needs impacts their school life.
- To demonstrate an understanding of how medical conditions impact on child's ability to learn.
- To ensure that the pupils arrangements give parents and the pupil confidence of the schools ability to provide effective support for medical conditions in school.
- To ensure that all appropriate staff under go any training required to provide support to the pupils needs.
- To review the supporting pupils at school with medical conditions policy and ensure that it is readily accessible to parents, carers and school staff via our school website.

The Named Person with Responsibility for Children with Medical Conditions

The named person responsible for children with medical conditions is Miss Lynne Hudson

This person is responsible for ensuring:

- Staff are suitably trained to support a child with a specific medical condition.
- Relevant staff are made aware of a child's medical condition.
- Cover arrangements are in place in case of staff absence or staff turnover keeping in mind that there is always someone available to support a child with a medical condition.
- Supply staff should be briefed and made aware of any children they are teaching who have medical needs.
- Completion of risk assessments for any offsite school visit, residential or other school activities outside of the normal timetable.
- Monitoring of all Individual Healthcare Plans.
- Working together with pupils, parents and other healthcare professionals to provide ongoing

The Headteacher is responsible for:

- Overseeing the management of support for children with medical conditions.
- Ensure that sufficient trained members of staff are a available to implement the policy and deliver individual healthcare plans, including covering absence and staff turnover.
- Ensure school staff are insured appropriately.

The SENCo, teaching and support staff are responsible for:

- Managing day to day the medical conditions of the children they work with.
- Working alongside the named member of staff to assist in the completion of risk assessments for offsite school visits and other activities outside of the normal school timetable.
- To pass on medical information to any supply staff covering their role so support for the child can continue without any impact.
- Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of teaching staff can be required to provide this support.

The School Health Advisor is responsible:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's Individual Healthcare Plan and providing advice and liaison including with regard to training.

The Healthcare professionals are responsible for:

- Notifying the school of a pupils medical condition when identified which will require support. This should be done before the child's starts school if possible
- Providing support for staff when implementing Individual Healthcare Plans and providing the school with advice and future training that may be required.

Parents are responsible for:

- Informing the school of a medical condition that has been identified for your child that may require support in school.
- Providing school with up to date information for their child's medical needs.
- Ensuring that the correct medication has been provided to the school that is in date and labelled correctly if this has been agreed.
- Informing the school of their child's absence due to their medical condition.

Pupils are responsible for:

- Following school procedure by ensuring they follow their Individual Healthcare Plan.
- Where possible children will be fully involved in discussions about their medical condition and support they require.

Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's individual needs, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

Individual Healthcare Plans

When a pupil has a complex and long-term medical condition an Individual Healthcare plan will be written. These will be reviewed annually and earlier if something has changed in the child's medical need. This will be completed in consultation with the parent, member of staff and a healthcare professional.

Within this plan it will clarify what the medical need is, what needs to be done and by whom. special requirements, medicines required, what an emergency is and how the action that needs to be taken in case of an emergency.

When a child has Special Educational Needs (SEN) and does not require a statement or an Education Health Care Plan (EHCP) then their needs will be put into their Individual Healthcare Plan.

When deciding on what information should be included and recorded on an individual healthcare plan, the following points should be considered:

- The medical condition—Its triggers, signs, symptoms and medication required.
- The level of support needed including what to do in an emergency, who to contact and contingency arrangements.
- Support for the pupils educational, social and emotional needs.
- Who will provide the support and the training required.
- Members of staff that should be aware of the pupils medical condition.
- Parental written consent to administer medicine as part of their medical condition and to apply the administer medications policy.
- Completion of risk assessments for school visits or activities outside of the normal school day or routine.
- All confidential issues relating to the child's medical condition that are raised by the parent or child themselves can be entrusted to the designated individual.

Administering Medication at school

We follow the Supporting Children with Medical Conditions in School guidance published by the DFE in 2015 and updated in 2017.

- Consent forms must be signed by parents before any medication can be administered to a child with a medical condition.
- All medication administered is recorded on a record sheet and all signed forms filed correctly and accordingly.
- Medicines should be stored safely. Children should be aware of where the medicines are always stored.
- Sufficient staff training will be provided to staff working and supporting with a child with a medical condition.
- After completion of staff training certificates will be kept on record and this will be reviewed when near expiration date to ensure the appropriate courses have been booked.
- Prescribed
- In date
- Labelled clearly
- Provided in the original container as dispensed by a pharmacist and includes instructions for administration, dosage and storage. (The only exception to this is insulin which must be in date but will generally be available in an insulin pen or pump, rather that its original container.)

Medicines should be stored safely. Children should be aware of where the medicines are always stored.

Sufficient staff training will be provided to staff working and supporting with a child with a medical condition.

After completion of staff training certificates will be kept on record and this will be reviewed when near expiration date to

Prescription Medication

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bedtime.

Parents are encouraged to ask the GP to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in date but will generally be available to school inside an insulin pen or a pump, rather than in its original container. School will never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

Non-Prescription Medication

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school, going on a trip or on a residential stay. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.

If non-prescription medication is to be administered, then the parent/carer must complete a consent form, and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

Procedure when notification is received that a pupil has a medical condition

The named person will liaise with the relevant individuals including the parents, pupil, healthcare professionals and any other agencies that are involved to decide on what support is to be provided to the child.

Appendix 1 outlines the process for developing a healthcare plan when a medical need has been identified.

Action in Emergencies

School office staff are aware of the procedures to follow when calling for emergency help. This is also displayed in the office in case other members of staff need to phone.

999

If you need to phone emergency services for an ambulance, please follow these steps.

1. **Dial 999 immediately -** Be ready and speak slowly and clearly.
2. The schools' telephone number is: **01384 283622**
3. Name of person calling.
4. Location: **WOLLESCOTE PRIMARY SCHOOL, DRUMMOND ROAD, STOURBRIDGE, WEST MIDLANDS, DY9 8YA.**
5. Provide location of patient.
6. Provide name of child and a description of their symptoms.
7. Inform the service the best entrance to use and state that they will be met by a member of staff.
8. Contact site manager to open gates or member of the office team.
9. Contact parents and inform them of the situation.
10. A member of staff must stay with the pupil until a parent arrives. If a parent does not arrive before emergency services a member of staff should accompany the pupil when transported to hospital.

Unacceptable Practice

The following points are examples of unacceptable practice with regards to children with medical conditions.

In some cases, the school will use discretion to respond to each individual case in the most appropriate manner.

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition.
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Requiring parents, or otherwise making them feel obliged, to attend school to administer prescribed medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

FOR CHILDREN AND YOUNG PEOPLE UNABLE TO ATTEND SCHOOL BECAUSE OF MEDICAL NEEDS

Sometimes children are unable to attend school due to their medical needs. Wollescote will work with the Local Authority to support children who are unable to attend school because of their medical needs. The responsibility for educating children who cannot attend school resides with the Local Authority as outlined in the statutory guidance produces by the DFE 'Ensuring a good education for children who cannot attend school because of Health Needs January 2013

Children and young people who are unable to attend school as a result of their medical needs will include those with:

- Physical health issues
- Physical injuries
- Mental health problems, including anxiety issues
- Emotional difficulties/school refusal
- Progressive conditions
- Terminal illness
- Chronic illnesses

Expectations on the Local Authority

Dudley Local Authority must ensure that:

- A pupil who is unable to attend school because of medical needs is not at home without access to education for more than 15 working days.
- Pupils who have a chronic condition or illness which is likely to result in prolonged or recurring periods of absence from school, whether at home or in hospital, should have access to education from day one of the absence so far as is possible.
- Pupils who are unable to attend school because of medical needs receive a suitable full time education.
- The education provided should be of a similar quality to that available in school, including a broad and balanced curriculum.
- The costs of hospital tuition for children and young people admitted to hospital are funded.

Expectations on schools

DfE Statutory Guidance January 2013 indicates that schools should:

- Ensure that there is a named person who is responsible for pupils who cannot attend school as a result of their medical needs. At Wollescote this is Mrs. Sankey
- In the case of a pupil who is expected to be absent for 15 working days or less, and where this is not part of a pattern of absence related to a chronic or recurring illness, decide in liaison with the pupil's parents to provide the pupil with homework as soon as they become able to cope with it.
- Ensure that pupils who are not attending school because of medical needs where the absence is expected to last for more than 15 days are referred promptly to the Local Authority so that alternative education can be provided in a timely way and within the 15 working days.
- Work closely with the staff in the hospital school/tuition service and in particular:
    - Ensure that information about the pupil's curriculum, their achievements and any special educational needs that they may have is provided promptly
    - Provide appropriate work and materials promptly and regularly
    - Be active in the monitoring of progress and in the smooth reintegration into school, liaising with other agencies as necessary

- Ensure that pupils who are unable to attend school because of medical needs are kept informed about school social events, and are able to participate in homework clubs, study support and other activities as appropriate.
- Encourage and facilitate liaison with peers, for example through visits and videos.
- Schools should promote co-operation between them when children cannot attend school because of ill health.

Arranging tuition

For absences that are expected to last for 15 working days or less and are not part of a recurring illness:

- Liaison between the school and pupil's parents to arrange homework as soon as the pupil is able to cope with it or part time education at school.

For absences that are expected to last for more than 15 working days:

- For a pupil where the medical need involves a physical or medical condition, the school will seek the advice of the Community Pediatrician or relevant Consultant. The Community Pediatrician/Consultant will be asked to:
  - Confirm the pupil's medical condition
  - Indicate whether the pupil's absence is likely to last for more than 15 working days
  - Comment on the pupil's ability to cope with educational provision, i.e. whether the pupil is medically unfit to attend school
  - Comment on the kind of arrangements that would be needed to ensure the pupil's continued access to education
  - Comment on the length of time that the pupil is likely to be absent and therefore in need of support
  - Comment on whether the illness is chronic and therefore whether future absences are likely and tuition will be needed without the need to re-refer
  - Indicate the review arrangements to ensure that the pupil returns to school as soon as they are medically able to do so and any reintegration arrangements that should be considered
  - Indicate the treatment or support that the pupil is to receive through the Health Service to support their return to health and mainstream schooling
  - For a pupil where the medical needs involves a psychological or mental health difficulty or emotional difficulties/school refusal, the school will refer to CAMHS for a view of the pupils needs and reason why TLC is required. A referral to an Education Psychologist may be appropriate. NB The School should undertake a risk management plan for pupils who are at significant risk of self-harm.

The services consulted will be asked to:

- Provide confirmation from a relevant health consultant e.g. Community pediatrician, hospital consultant or consultant psychiatrist of the pupil's psychological or mental health difficulty and need for TLC and provide an estimated timescale that the provision will be required.
- Indicate whether the pupil's absence is likely to last for more than 15 working days Ø Comment on the pupil's ability to cope with educational provision
- Comment on the kind of arrangements that would be needed to ensure the pupil's continued access to education
- Comment on the length of time that the pupil is likely to be absent and therefore in need of support
- Indicate the review arrangements to ensure that the pupil returns to school as soon as they are able to do so and any reintegration arrangements that should be considered
- Indicate the treatment or support that the pupil is to receive to support their return to health and mainstream schooling

Review and reintegration

- Decisions about when and how a pupil should return to school following illness need to take account of a wide range of views, including those of the pupil, their parents/carers, the pupil's school, the Community Pediatrician, and the Child and Adolescent Mental Health Service.
- It is essential that each pupil receiving tuition because they are unable to attend school due to their medical needs is reviewed at least half termly. This should involve all parties liaising with the relevant Community Pediatrician and/or Child and Adolescent Mental Health Service/or GP to determine:
    - Whether the pupil continues to need tuition (unless the advice received previously has indicated a need for longer term tuition, for example in the case of a pupil who is terminally ill)
    - Whether plans need to be made to reintegrate the pupil into mainstream school, and if so, whether there are factors that need to be taken into account
    - When the pupil is considered well enough to return to school, staff will develop an individually tailored reintegration plan in liaison with the pupil, their parents/carers, the school and other agencies who are actively involved.
    - Where the pupil might benefit from a phased return to school staff will work to accommodate this and be flexible with the time that the pupil is expected to attend school.
    - The Local Authority will review all pupils who are receiving tuition because they are unable to attend school due to their medical needs on a termly basis to ensure that provision is kept under review in accordance with this policy and practice document. The school will work with the Local Authority as requested

Procedures for Children with Long Term Medical Needs who Cannot Attend School

School will work with parents/carers, medical professionals and the Local Authority to ensure that they are supporting the education of children who have long term medical needs. This will include but will not be limited to:

- Providing a flexible timetable so children can attend school if they are able for short periods of time
- Providing work at home where a child is able to complete this
- Providing regular meetings with parents/carers at least every half term and more often if needed to review if a child can return to school and the suitability of work provided
- Supporting parents to complete work at home if needed by providing meetings with the child's teacher to go through allocated work
- Working with the Local Authority to support their statutory obligation to provide a balanced education to a child with medical needs.

This guidance should be read in conjunction with the following policy:

Ensuring a good education for children who cannot attend school because of health needs Statutory guidance for local authorities January 2013

Parents should be aware that whilst the school will support the child with medical needs, the obligation to provide a balanced education sits with the Local Authority as stated in the above documentation.

Complaints Procedure

If any individual wishes to make a complaint about the school's action in supporting their child with a medical need, in the first instance this should be discussed with the school.

If the issue is not resolved, then a formal complaint may be made by following our complaints procedure as set out by the school which can be found on the school's website www.wollescoteschool.com

Appendix 1

Model Process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed.

⇩

Headteacher or senior member of school staff whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; identifies member of school staff who will provide support to pupil.

⇩

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/ health clinician as appropriate (or to consider written evidence provided by them)

⇩

Develop ICHP in partnership—agree who leads on writing it. Input from healthcare professionals must be provided.

⇩

School staff training needs identified.

⇩

Healthcare professional commission/ delivers training and staff signed off as competent—review date agreed.

⇩

IHCP implemented and circulated to all relevant staff.

⇩

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has signed consent.

Name of school	Wollescote Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	
Medicine	
Name/type of medicine *(as described on the container)*	
Expiry date	
Amount supplied	
Dosage and method (staff will not exceed the dose stated on the medication)	
Form supplied (liquid/tablet)	
Timing	
Procedures to take in an emergency	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Y/N	

NB: Medicines must be in the original container in which they were purchased/dispensed

Contact Details

Name of person who brought in the medicine	
Daytime telephone no.	
Relationship to child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting policy.

I confirm that the child has taken this medicine before and has had no adverse reactions that I have not told the school about. The child has no allergies to any of the ingredients contained within the medication.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent Consent

Print Name:_____ Headteacher

signature_____

Signature(s): Date:

Medication name 1:	Medication name 2:	Medication name 3:
Amount to be given:	Amount to be given:	Amount to be given:
Time to be given:	Time to be given:	Time to be given:

RECORD OF MEDICINE ADMINISTRATION

Child's Name: …… Class: ……

Date	Medication	Amount given	Amount left	Time	Adminis-tered by 1	Admin-istered by 2	me Acti Side e fects

Important Information and Contacts

Special educational needs and disability code of practice 0 to 25
The early years foundation stage - sets out specific requirements on early years settings in managing medicines for children under 5 years of age

Working together to safeguard children - statutory guidance on inter-agency working

Safeguarding children: keeping children safe in education - statutory guidance for schools and colleges

Ensuring a good education for children who cannot attend school because of health needs - statutory guidance for local authorities

Drug advice for schools - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs

Home to school transport - statutory guidance for local authorities

Equality Act 2010: advice for schools - to help schools understand how the Act affects them

School Admissions Code 2012 - statutory guidance that schools must follow when carrying out duties relating to school admissions

Health and safety - advice for schools covering activities that take place on or off school premises, including school trips

Alternative provision - statutory guidance for local authorities and headteachers and governing bodies of all educational settings providing alternative provision

First aid - departmental advice on first aid provision in schools

Automated external defibrillators (AEDs) - how schools can buy, install and maintain an automated external defibrillator

School exclusion - statutory guidance for maintained schools, academies and pupil referral units (PRUs)

School premises - departmental advice to help schools and local authorities understand their obligations in relation to the School Premises Regulations 2012

Mental health and behaviour in schools - departmental advice to help schools identify and support those pupils whose behaviour suggests they may have unmet mental health needs

Associated resources and organisations - medical conditions

Diabetes UK – supports and campaigns for those affected by or at risk of diabetes

Children's Heart Federation - a children's heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland

Education and Resources for Improving Childhood Continence (ERIC) supports children with bladder and bowel problems and campaigns for better childhood continence care

Anaphylaxis Campaign - supports people at risk from severe allergic reactions (anaphylaxis)

British Heart Foundation - supporting those suffering from heart conditions

Little Hearts Matter - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions

CLIC Sargent - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer

Sickle cell and Young Stroke Survivors - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia

Coeliac UK - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents

The Association of Young People with ME - supports and informs children and young people with ME (myalgic encephalomyelitis)/CFS (chronic fatigue syndrome), as well as their families, and professionals in health, education and social care

The Migraine Trust - a health and medical research charity which supports people living with migraine

Migraine Action - an advisory and support charity for children and adults with migraine and their families

Stroke Association - supports families and young people affected by stroke in childhood

Young Epilepsy - supports young people with epilepsy and associated conditions

Asthma UK - supports the health and wellbeing of those affected by asthma

Epilepsy Action - seeks to improve the lives of everyone affected by epilepsy

East of England Children and Young People Diabetes Network - provide diabetes guidelines for