



WILSON'S SCHOOL

**Policy for Supporting Pupils with
Medical Conditions**

Date approved by Trustees: Spring 2026

Date for review: Spring 2029

Policy for Pupils with Medical Needs

The statutory guidance on supporting pupils at school with medical conditions makes three 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 must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies 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 effectively supported.

This policy sets out how these areas are addressed at Wilson's.

At Wilson's, children with medical conditions can access and enjoy the same opportunities at school as any other child. If a child is physically unable to attend school due to a medical need but is able to continue learning, remote education will be considered as a short-term measure, in line with section 19 of the Education Act 1996 and current DfE statutory guidance: *Supporting pupils at school with medical conditions* (2015, updated 2024).

The educational needs of pupils with medical conditions

(Adapted from an OFSTED briefing on pupils with medical needs)

- Potentially vulnerable groups of pupils, or those most at risk of underachieving, include those with a chronic illness or long-term health condition; for example, musculoskeletal problems, cancer, asthma, severe allergies, epilepsy, diabetes, Crohn's disease, heart problems and pupils with mental health problems, such as anxieties, depression and/or school phobia.
- If chronic illnesses are not managed well by pupils and those who help care for them, including schools, this can have a detrimental effect on pupils' emotional development as well as their health and safety, physical and mental well-being and their ability to participate and achieve well academically.
- The Equality Act, at section 6, sets out that a person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
- Therefore, pupils with a chronic illness or long-term health condition may be covered by the Equality Act. Schools are expected to make reasonable adjustments to help meet the needs of pupils with chronic and long-term health conditions.

The support of pupils with chronic or long-term medical needs at Wilson's

1. Information about pupils with medical needs is made available through the list of medical conditions issued at the start of each term, and also (for those with chronic or long-term medical needs) via the 'pupil monitoring' list that is published alongside the SEN list to staff.

2. Each pupil with chronic or long-term medical needs has an Individual Healthcare Plan (IHP), developed with the School Nurse and school staff.
3. Where appropriate, teaching and the use of resources is amended to help meet the needs of pupils with chronic or long-term medical needs.
4. The details on the 'pupil monitoring' list also make teachers aware of when it is and is not advisable for pupils to participate in different activities; where necessary, additional adult supervision or support will be acquired to ensure that a child with a medical condition is given full access to school activities.
5. Pupils with chronic or long-term medical needs are very closely monitored by Heads of Year and Directors of Key Stage in order to ensure that they are making good progress.
6. The attendance of pupils with chronic or long-term medical needs is very closely monitored.
7. Where a pupil is to be absent from school due to their chronic or long-term medical needs, suitable forms of remote education will be considered.

Staff training and support

1. Regular meetings take place between the School Nurse and school staff to help the school to determine the training needs of staff, relating to particular conditions (e.g. diabetes) or apparatus (e.g. EpiPens).
2. The School Nurse supports the school in determining who is best equipped to deliver training related to medical needs.
3. Any member of staff who agrees to support a pupil with medical needs will receive background information about the pupil and training in his condition.
4. Members of staff who are responsible for looking after medicines or have responsibilities concerning pupils with chronic or long-term medical needs will receive appropriate training to do so.

The duties of the school's First Aid Officer

1. Running the medical room (including ensuring adequate first aid equipment and consumables are available here and in other locations), dealing with illness and injuries as appropriate
2. Liaising with parents regarding sick pupils
3. Ensuring safe keeping of any medication (such as inhalers and EpiPens)
4. Ensuring pupil medication is available for school trips
5. Liaison with school nurses including organisation of vaccinations.
6. Maintenance of the defibrillator(s).

Children's role in managing their own medical needs

1. Children who are competent to manage their own health needs in school are able to do so. Wherever possible, they are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication.

2. Where it is not appropriate for a pupil to self-manage, then relevant staff will administer medicines and manage procedures for them.
3. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan (IHP). Parents will be informed.

Managing medicines on school premises

1. Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so.
2. No child under 16 will be given prescription or non-prescription medicines without their parent's written consent (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents). In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
3. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available inside an insulin pen or a pump, rather than in its original container.
4. All medicines will be stored safely; when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

The following guidance is provided regarding controlled drugs:

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

These procedures concerning the management of medicines apply in the same way to the management of medicines on school visits.

Data and record keeping

A record is kept of all medicines given to children in the school. Information relating to pupils' medical conditions is handled in accordance with the Data Protection Act 2018 and UK GDPR. Medical information is shared only with staff who need it to support the pupil effectively.

Emergency Procedures

1. Individual Healthcare Plans (IHPs) define what constitutes an emergency and explain what to do under these circumstances. These procedures will be followed.
2. Relevant members of staff are aware of emergency symptoms and procedures for students with chronic and long-term medical needs.
3. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. In general staff should not take children to hospital in their own car but may do so in exceptional circumstances with the approval of a member of SLT when it is not possible for a parent to arrive within a reasonable time.

Unacceptable practice

It is not generally acceptable practice to:

1. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
2. Assume that every child with the same condition requires the same care
3. Ignore the views of the child or their parents
4. Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
5. If the child becomes ill, send them to the school office or medical room unaccompanied
6. Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
7. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
8. Require parents, or otherwise make them feel obliged, to attend school to administer 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
9. Prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child

Complaints

Complaints about the operation of this policy should be made in accordance with the school's Complaints Procedure.

Review

The Trust Board is responsible for ensuring that this policy is implemented, reviewed regularly, and that appropriate arrangements are in place to support pupils with medical conditions. This policy will be reviewed every three years or sooner if there are changes to statutory guidance or significant changes in the needs of pupils.