

WEXHAM COURT PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy

2026-2027



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Approved By: Full Governing Body & Head Teacher

WEXHAM COURT PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Preparing every child to become a successful individual in an ever evolving world.

Build belonging, Strive for excellence and Do the right thing.

At Wexham Court Primary School we are proud of the diversity of our students and staff and are committed to promoting a positive and inclusive culture in which all are valued and supported to fulfil their potential irrespective of their age, disability, race, religion, beliefs, sex or sexual orientation. We acknowledge that we are all influenced by implicit bias, or the stereotypes that unconsciously affect our decisions and that this can negatively impact traditionally marginalised and disenfranchised students. In all areas of our school, we strive to understand and appreciate all aspects of diversity, equality and inclusion and proactively adapt our school policies and procedures accordingly.

This policy should be read in conjunction with Section 100 of the Children and Families Act 2014, the Equality Act 2010, DFE Statutory Guidance 'Supporting Pupils at School with Medical Conditions', December 2015 (updated August 2017) and the current SEND code of practise.

1. INTRODUCTION

At Wexham Court Primary School, we believe that pupils with medical conditions should be supported, as best we can, to play an active role in school life, enjoy the same opportunities as any other pupil and have full access to all aspects of education. The school has arrangements in place to see that this is achieved and the school liaises fully with health professionals where appropriate. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils themselves feel safe. For these reasons, the school will liaise with health and social care professionals, pupils and their parents to achieve this. This policy is available to parents, staff and other partners on the school's website or on request from the school office. A copy of the policy will be included in the letter to parents/carers inviting them to contribute to the development of the individual healthcare plan (IHP) for a child with medical conditions.

2. OBJECTIVES AND TARGETS

The purpose of this policy is to explain how Wexham Court implements its procedures on dealing with pupils who have medical conditions, in line with government requirements, with a view that all pupils will receive the best education possible for them, despite any medical conditions that they may have to contend with.

3. ACTION PLAN

3.1 THE ROLE OF THE GOVERNING BOARD

The governors will oversee the implementation of this policy. The Head Teacher is in charge on a day-to-day basis and will report to Governors at regular intervals on appropriate staff training to support pupils with medical conditions. The Head Teacher will also ensure that staff do not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Healthcare Plans).

3.2 THE ROLE OF THE HEADTEACHER

The Head Teacher is in charge on a day-to-day basis and ensures that named individuals are responsible for the provision of support to individual pupils with medical conditions. Where pupils have disabilities and/or special needs as well as a medical condition, these will be taken into consideration at all times.

The headteacher will ensure that:

- Training needs are assessed, commissioned and provided by appropriate trainers.
- Sufficient staff are suitably trained and available to implement the policy.
- All staff are aware of the policy and their role in implementing it. Relevant staff will be made aware of any child with a medical condition.
- Staff are supported in their role in supporting pupils with medical conditions and that cover arrangements are in place in case of staff absence, staff turnover and in emergency and contingency situations, to ensure someone is always available.
- The school has a designated member of staff to liaise with the local authority and other partners to ensure that the provision of education for a child unable to attend school because of illness or injury will start as quickly as possible.
- Any supply teachers are aware of the medical condition where appropriate. When supply teachers sign in at the main office, they are provided with a copy of all of the medical needs for the class they are working in. At the end of the day, the supply teacher must return the information to the school office.
- Staff are appropriately insured and are aware that they are insured to support pupils with medical conditions.
- Staff are able to examine insurance policies relating to providing support to pupils with medical conditions should they wish to
- The school first aid team is aware of any child who has a medical condition that may require support at school, and is also aware of any child with a medical condition who has not yet had a formal diagnosis.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable include consideration for any child with a medical condition.
- Individual healthcare plans (IHPs) are initiated, monitored and reviewed at least annually by the First Aid team
- Staff roles are reviewed annually when IHPs are reviewed or when the needs of a pupil change.

- The focus of support is on the needs of each individual child and how their medical condition impacts on their school life.
- Consideration is given as to how children will be reintegrated back into school after periods of absence due to their medical condition.

3.3 THE ROLE OF SCHOOL STAFF

Any member of staff may be asked to provide support to pupils with medical conditions actively so that, wherever possible, they can participate as best they can in school trips and visits, or in sporting activities, and not be prevented from doing so.

Administering medicines is not part of teachers' professional duties but they are expected to take into account the needs of pupils with medical conditions that they teach. All school staff will receive sufficient and suitable training and achieve the necessary level of competency 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.

3.4 THE ROLE OF THE MEDICAL TEAM

Wexham Court has access to the school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, this will be done before the child starts at the school. The school nursing service will liaise between medical practitioners and school staff on implementing a child's IHP and provide advice and training.

3.5 THE ROLE OF OTHER HEALTHCARE PROFESSIONALS, INCLUDING GPs AND PAEDIATRICIANS

- When a child has been identified as having a medical condition that will require support at school, the School is normally notified by the parent(s)/carer(s)
- Other healthcare professionals are involved in drawing up IHPs in respect of certain conditions, such as Diabetes.
- Specialist local health teams are also available to provide support for children with particular conditions (e.g. asthma, diabetes).

3.6 THE ROLE OF THE INDIVIDUAL PUPIL

- Pupils are expected to comply with their IHP.
- All children will be supervised whilst taking their medication, and will never be left to self-manage. Relevant staff will help to administer medicines and manage procedures for them. 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 IHP. Parents will be informed so that alternative options can be considered.

3.7 THE ROLE OF THE PARENTS

- Parents are key partners and will be involved in the drafting, development and review of their child's IHP.
- Parents are expected to provide the school with sufficient and up-to-date information about their child's medical needs.
- Parents are expected to carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment.
- Parents must ensure they or another nominated adult are contactable at all times.

3.8 THE ROLE OF THE LOCAL AUTHORITY

- Local authorities (LAs) provide school nurses for maintained schools.
- The LA provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively.
- The LA works with Wexham Court to support pupils with medical conditions to attend full time but has a duty to make other arrangements when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
- The school works with the LA and other partners to ensure that such provision will start as quickly as possible (once assured that provision is in place, the LA will only intervene if it has reason to think that the educational provision being made is unsuitable or insufficient).

4. PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

Where possible the school will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents.

For children starting at Wexham Court, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

5. INDIVIDUAL HEALTHCARE PLANS (IHPS)

Many pupils with medical conditions will require an IHP which will help to ensure that each pupil's medical conditions are supported. The school, healthcare professionals and parents will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view.

- IHPs may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Those involved will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- IHPs will be developed with the child's best interests in mind
- IHPs will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimise disruption
- IHPs will be drawn up in partnership between the school, parents, and a named relevant healthcare professional who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
- When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will work with the LA education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively
- The IHP will state the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The format of IHPs will vary to enable the school to choose what is most effective for the specific needs of each pupil, and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. However, all will contain the following information:
 1. The medical condition, its triggers, signs, symptoms and treatments.
 2. The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues (e.g., crowded corridors), travel time between lessons.
 3. Specific support for the pupil's educational, social and emotional needs – e.g. how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
 4. Level of support needed including in emergencies. If a child is self-managing their medication this will be clearly stated with appropriate arrangements for monitoring.
 5. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
 6. Cover arrangements for when the usual support person is unavailable.
 7. Who in the school needs to be aware of the child's condition and the support required.

8. For any medicines that need to be administered at school, parents will need to complete a Parental Agreement to Administer Medicine form at the front office. This is then passed to the First Aid Team. Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g., risk assessments.
 9. Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
 10. What to do in an emergency, including whom to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP).
- IHPs will be easily accessible to all who need to refer to them while preserving confidentiality.
 - Where a child has SEN or any additional needs, it will be mentioned in their IHP.
 - Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided at appendix A.

6. STAFF TRAINING

Periodical training is undertaken so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy and to keep them up-to-date with procedures to be followed. Staff will be made aware of 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.

New staff undertake basic first aid training. The First Aid Team will determine if staff members within a particular year group require more specialist training. The named relevant healthcare professional advises the school on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

During the development or review of IHPs suitable training requirements for staff who will be involved with the individual pupil will be discussed. The relevant healthcare professional will normally lead on identifying, and agreeing with the school, the type and level of training required, and how this can be obtained. Once trained, the healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. On reviewing the IHP, any further training requirements for staff will be discussed.

The family of a child will be able to provide relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. However, they will not be the sole trainer.

7. MANAGING MEDICINES IN THE SCHOOL

Details of how the school manages medicines in school can be found in the school's Health and Safety Policy. Medicines are carefully labelled and stored. Access is readily available when the need arises. The school ensures that written records are kept of all medicines administered to children, and parents are informed if their child has been unwell at school.

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children. They must inform the Welfare Assistant of any serious medication and if necessary the Health and Safety Officer will carry out a risk assessment.

8. SCHOOL TRIPS AND SPORTS ACTIVITIES

At Wexham Court pupils with medical conditions are encouraged to participate in school trips and visits, or in sporting activities, and will not be prevented from doing so wherever possible. Teachers will be aware of how a child's medical condition will impact on their participation. As well as being aware of relevant medical conditions and emergency procedures. A risk assessment will be undertaken so that planning arrangements, with any reasonable adjustments, take account of any steps needed to allow all children to participate according to their own abilities. Parents and pupils will be consulted and advice taken from the relevant healthcare professional to ensure that pupils can participate safely, if at all.

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary.

9. EMERGENCY SITUATIONS

- Pupils in the school will know to inform a teacher immediately if they think help is needed. Staff will follow the school's procedures to contact emergency services if necessary.
- Where a child has an IHP, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- Where a child is in distress, or has a need for an intervention and no one in the school feels confident to undertake it, then the parent/guardian and a qualified health professional should be called immediately.
- If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or, if an ambulance needs to be called, will accompany the child to hospital and stay until a parent arrives there.
- Wexham Court holds salbutamol inhalers for use only in emergencies. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (eg because it is broken, or empty).

- Wexham Court possesses an automatic external defibrillator (AED) for emergency use and appropriate staff are trained to operate this equipment. Currently the following staff are trained to use the AED:

Ms T. Nivas – Welfare Assistant, Lunchtime Supervisor and Breakfast Club Supervisor	Mr A. Kargbo – Sports Coach
Mrs C. Woolhouse – Receptionist and First Aider	Ms A. Bevan – LSA, Lunchtime Controller and First Aider
Mr P. Hooper – Site Controller, First Aider and Health and Safety Officer	

10. UNACCEPTABLE PRACTICE

It is considered as unacceptable to:

- Prevent children from easily accessing their inhalers and medication and from administering their medication when and where necessary.
- Assume 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).
- 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 IHP.
- Send a child with a medical condition to the school office or medical room unaccompanied, or with someone unsuitable.
- Penalise children 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 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).
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.

- Administer, or ask pupils to administer, medicine in school toilets.

Staff may face disciplinary action if any such instances are brought to the attention of the headteacher.

11. COMPLAINTS

If parents or pupils are dissatisfied with the support provided they should discuss their concerns informally with the appropriate member of staff. If, however, this does not resolve the situation then they should make a formal complaint using the school's complaints procedure.

12. STAFF INDEMNITY

The School purchases insurance through The Risk Protection Arrangement (RPA) directly via the Department for Education. The RPA fully indemnifies staff against claims for alleged negligence providing they are acting in good faith within the scope of their employment. This indemnity would include all School Governors and any volunteers assisting the school in their business activities. The RPA provides indemnity for the administration of most oral medication and most pre-assembled, pre-dosed medication. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means that the RPA and not the employee will meet the costs of any damages if a claim for alleged negligence be made. It should be noted that qualified medical professionals are not covered under the current liability policy.

13. MONITORING AND EVALUATION

The policy will be monitored by the Headteacher and governors for its effectiveness in implementation, and evaluated and reviewed every three years, or sooner in the light of any incidents that may occur or any changes to legislation.

This is a true version signed by

Rev. A. Parry, Chair of Governors

Signed:

Date:

Miss N. Mehat, Headteacher

Signed:

Date:

Review date: Summer 2027

APPENDIX A: MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS

