

# SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

A statutory policy

## **Definitions:**

1. *'Parent(s)' includes guardian(s) or any person who has parental responsibility for the student or who has care of them.*
2. *'Is to', 'are to' and 'must' are obligatory. 'Should' is not obligatory but is good practice and is to be adhered to unless non-compliance can be justified.*

## **GENERAL**

1. This Policy will be delivered within the context of the Bishop Wordsworth's School's (the School's) Ethos statements and its selective status.
2. **Legislation.** This Policy is written in accordance with:
  - a. Department for Education, Supporting Pupils with Medical Conditions at School (Statutory guidance).
  - b. Section 100 of the Children and Families Act 2014 and associated regulations.
  - c. The Equality Act.

## **DEFINITIONS**

3. **Medical Conditions.** There is no statutory definition of 'Medical Conditions' but students should not be disadvantaged in the provision of education if they require support or special procedures due to a medical condition which may be long term, short term or include a disability. The requirement not to be disadvantaged does not apply if there is an infectious disease that could be dangerous to any student or staff member.
4. **Individual Healthcare Plan (IHP).** A student with a medical condition may require an Individual Healthcare Plan but not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents whether and when an IHP would be appropriate and proportionate.
5. **Special Educational Provision.** Special Educational Provision is support which is additional to or different from the support generally available to students of the same age (other than special schools). The provision will be appropriate and proportionate to the student's needs and will last for as long as the student requires the provision.

## **POLICY PRINCIPLES**

6. The School's Policy aims to ensure that:
  - a. Students, staff and parents understand how the School will support students with medical conditions.
  - b. Students with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities wherever possible.
  - c. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
  - d. Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- e. Parents understand their responsibility to provide the school with sufficient and up-to-date information about their child's medical needs, to be involved in the development and review of their child's IHP and to carry out any action they have agreed to as part of the implementation of the IHP.
- f. Students are fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

## **GOVERNORS ROLES AND RESPONSIBILITIES**

- 7. The Governing Body is to monitor achievement of the Policy Principles and direct improvement as necessary.
- 8. The governors play an important role in ensuring that:
  - a. They are involved via the Link Governor in developing and monitoring the Policy.
  - b. They understand how the School's medical conditions provision is funded and how equipment and personnel resources are deployed.
  - c. medical conditions provision is an integral part of the School Improvement Plan and the school's self-evaluation process.
  - d. The quality of medical conditions provision is continually monitored.
- 9. Governor's roles and responsibilities for disabled students are specified in the Equality Policy.

## **NOTIFICATION OF MEDICAL CONDITIONS**

- 10. When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

## **INDIVIDUAL HEALTHCARE PLANS (IHPs)**

- 11. The SENCo, Mrs Paden holds the overall responsibility for the development and monitoring of IHPs for students with medical conditions. This responsibility is delegated from the Headmaster.
- 12. IHPs will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.
- 13. IHPs will be developed with the pupil's best interests in mind and will set out what needs to be done, when and by whom.
- 14. Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the SENCo will make the final decision.
- 15. Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.
- 16. IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN should be mentioned in the IHP.
- 17. The level of detail in the plan will depend on the complexity of the student's condition and how much support is needed. The SENCo will consider the following when deciding what information to record on IHPs:

- a. The medical condition, its triggers, signs, symptoms and treatments
- b. 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
- c. Specific support for the pupil's educational, social and emotional needs. For example, 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
- d. The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- e. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- f. Who in the school needs to be aware of the pupil's condition and the support required
- g. Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- h. Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- i. Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- j. What to do in an emergency, including who to contact and contingency arrangements

## **MANAGING MEDICINES**

18. **Prescription and non-prescription medicines** will only be administered at school:

- a. When it would be detrimental to the pupil's health or school attendance not to do so and
- b. Where we have parents/carers' written consent

19. The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

20. Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

21. **Pupils managing their own needs.** Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

22. Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

23. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.
24. The school will only accept prescribed medicines that are in-date, labelled and provided in the original container, as dispensed by the pharmacist, including instructions for administration, dosage and storage.
25. The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
26. **Storage.** All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
27. Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.
28. **Controlled drugs.** Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.
29. A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
30. Controlled drugs will be accessible in an emergency and a record of any doses used and the amount held will be kept.

## **EMERGENCY PROCEDURES**

31. Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.
32. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompanies the pupil to hospital by ambulance.

## **STAFF TRAINING**

33. Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
34. The training needs will be identified during the development or review of IHPs.
35. Training will be kept up to date.
36. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.

## **ADMISSION ARRANGEMENTS**

37. Normal Bishop Wordsworth's School admission arrangements apply. The School is to admit students who have medical conditions if they have passed the 11+ and are deemed to be suitable to follow a grammar school curriculum in mainstream classes
38. **Transition.** Students with medical needs who transfer from other schools are to be supported through their induction to the School by the SENDCo.

## **LINKS WITH AND USE OF OUTSIDE AGENCIES/ PARENTS**

39. Close links are to be maintained with the LA support services in order to ensure that the school makes appropriate provision for students' medical conditions. When it is necessary to contact outside agencies, the SENDCo should make the necessary arrangements and discuss with parents accordingly. Outside agencies may contribute to the development and review of the Individual Healthcare Plans.

40. **Partnership with Parents/Students.** The input from parents and students is crucial in the development, monitoring and review of a student's medical condition and subsequent needs. Parents and students are expected to work collaboratively and supportively with the School.

41. **Links with Other Schools.** Liaison with primary schools can begin as early as the application to take the 11+ test, with data about a child's needs being gathered from the primary school, the parents and any outside agencies. This is to ensure that a child's needs are met for the 11+. To ensure a smooth transfer on entry, links are to be maintained through liaison and visits to the feeder schools of all students who have a known significant need. Students are to be invited to visit the School for induction visits in the term before they start school and, if found to be necessary, the School is then to liaise with other agencies.

## **ADMINISTRATION**

42. **Record Keeping.** All records, reports, discussions, provision maps, advice sheets outcomes and other relevant data are to be retained by the School in accordance with School policy for data retention and the Law. Such data is to be available to Ofsted at an inspection.

43. **Complaints Procedure.** If parents have a complaint concerning provision for their child they should discuss this with the relevant Head of School (Lower, Middle or Sixth Form). If the issue cannot be resolved, the complainant is to be referred to the SENDCo and/or Head. If the matter is still unresolved, the parents may take action in accordance with the Complaints Policy. If a parent is rude, offensive or threatening to a member of staff during this procedure, the staff member may terminate the discussion (verbal or written) and refer the issue to the Head.

## **CHANGES IN LEGISLATION**

44. If, during the currency of this Policy, any statute or statutory instrument is enacted that adds to, modifies or is in conflict with any provisions of the Policy, then the Policy will be deemed to include any such statutory provision to the extent necessary to make the Policy compliant with that provision.

## **MONITORING AND EVALUATION**

45. This Policy is to be evaluated against the objectives at paragraphs 10 to 16 by:

- a. An analysis of all teachers' planning by Subject Leaders/Heads of School/Head to ensure that a differentiated approach is taken and that the learning objectives in the Individual Education Plan are identified and reflected in the planning.
- b. Involving students in discussing, constructing, reviewing and having their views recorded on the Individual Education Plan
- c. Ensuring that outside agencies, where appropriate, have their comments and recommendations recorded on Individual Education Plan
- d. Review meetings between Heads of School and the SENDCo.
- e. Periodic meetings of the SENDCo with the Link Governor.
- f. Any external evaluation or inspection.

46. The Governing Body, advised by Leadership Team, will review this Policy annually.  
The last 3 years' review history is:

13 <sup>th</sup> June 2023	Minor updates
5 <sup>th</sup> November 2024	Minor updates
9 <sup>th</sup> June 2025	Separated from SEND Policy

**Annexes:**

- A. Provision for Students with Medical Conditions.
- B. SEND & Medical Conditions Individual Education Plan.
- C. Publishing Information.

## **PROVISION FOR STUDENTS WITH MEDICAL CONDITIONS**

### **KEY POINTS**

1. Reasonable adjustments are to be made so that students at School with medical conditions have full access to education, including school trips and physical education. Where full access is not possible, appropriate alternative arrangements are to be made in lieu of trips, physical education etc.
2. The Governing Body is to ensure that arrangements are in place to support students at School with medical conditions.
3. The Governing Body directs that school leaders consult as appropriate health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.

### **ACCESS & SUPPORT**

4. The Governing Body is to ensure that arrangements are in place to support students with medical conditions so that such children can access and enjoy the same opportunities at school as any other child as far as is reasonable, practical: see Main Body Sub Paragraph 9b.
5. It is to be noted that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is to be on the needs of each individual child and how their medical condition impacts on their school life. In such cases support for training school staff will be sought.

### **STAFF TRAINING**

6. All staff are to be appropriately trained to provide the support that students need. The SENDCo is to assess training needs and advise the Assistant Head (CPD) accordingly. The latter is responsible for provision of agreed training.

### **MEDICAL PERSONAL EDUCATION PLAN (Medical PEP)**

7. If a Medical PEP is required for a student the SENDCo is to lead on its development and review.
8. A Medical PEP is to be developed with the student's best interests in mind to manage risks to his education, health and social well-being while minimising any disruption to other students (Main Body Sub Paragraph 9b refers). Plans are to be reviewed annually or more frequently if appropriate. Parents have a responsibility to disclose relevant medical information to allow staff to put in place appropriate plans.
9. The following information may be relevant to an individual healthcare plan:
  - a. The medical condition, its triggers, signs, symptoms and treatments.
  - b. The student'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.

- c. Specific support for the student's educational, social and emotional needs – for example, how absences are to be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- d. The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- e. Who will provide this support, their training needs, the expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a healthcare professional. Additionally, cover arrangements for when they are unavailable.
- f. Who in the School needs to be aware of the student's condition and the support required.
- g. Arrangements for written permission for medication to be administered by a member of staff, or self-administered by the student during school hours in accordance with Paragraph 7 to Annex H of the Behaviour Policy.
- h. 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.
- i. Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition.
- j. 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 Medical PEP.

## **ADMINISTRATION OF MEDICINES**

- 10. The Home School Partnership Agreement requires parents to advise the School in writing of details of any prescription or non-prescription medicines that require to be administered in school hours including dosage, whether to be self-administered and any side effects. Parents are also advised that they are responsible for checking that any long-term medicine is resupplied and in date.
- 11. School Staff may not administer medicines without appropriate training. Students may self-administer medicines if authorised by parents.
- 12. The School will secure medicines if requested or appropriate (normally long-term prescription medicine).
- 13. Administration of medicines will be recorded by School staff when staff either administer or supervise self-administration.

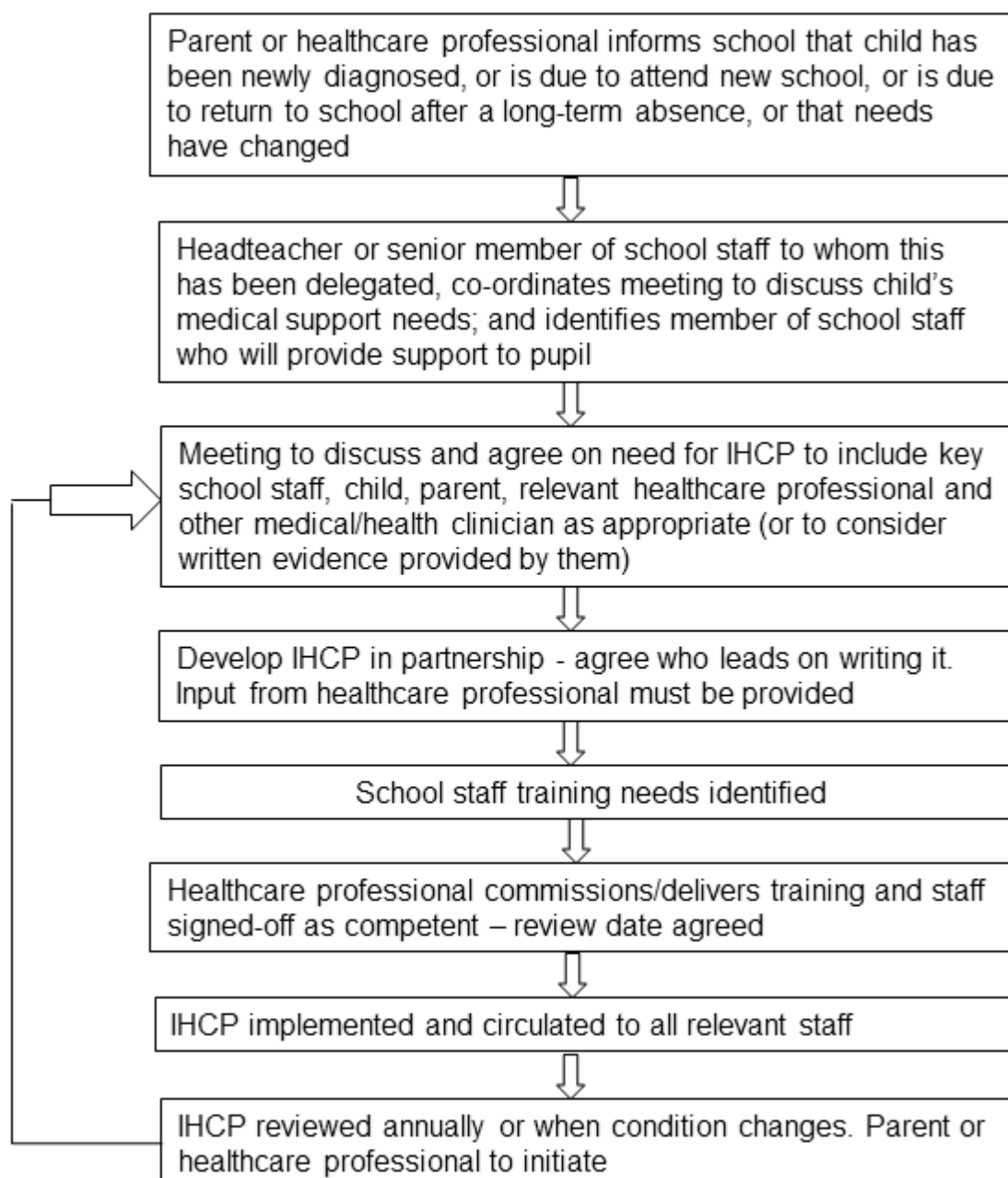
## **Appendix:**

- 1. Model Process for Developing Medical PEP.



**APPENDIX 1 TO  
ANNEX A TO  
SEND & MEDICAL PROVISIONS POLICY**

**MODEL PROCESS FOR DEVELOPING MEDICAL PEP**



**SEND/MEDICAL CONDITIONS INDIVIDUAL EDUCATION PLAN (IEP)**

1. This advice sheet may be used on direction of the SENDCo and is to be written in consultation with these agencies, parents, the child, the SENDCo and the Head of School. The SENDCo is to seek parental consent before any outside agencies are involved.
2. The IEP is to include:
  - a. The student's strengths and weaknesses.
  - b. The date.
  - c. The names of staff and/or outside agencies involved with the targets.
  - d. Short term targets.
  - e. Recommended teaching strategies.
  - f. What provision is being made.
  - g. How progress will be judged and the exit criteria.
  - h. Any outcomes after a review.

**ANNEX C TO  
SEND & MEDICAL PROVISIONS POLICY**

**PUBLISHING INFORMATION**

1. It is a statutory requirement that information be published on the School Websites the implementation of the Governing Body's policy for students with Special Educational Needs and Disabilities (SEND). The information published should be updated annually and any changes to the information occurring during the year should be updated as soon as possible.
2. The information required is set out in the Special Educational Needs and Disability Regulations 2014 and is to include information about:
  - a. The kinds of SEND that are provided for.
  - b. Policies for identifying students with SEND and assessing their needs, including the name and contact details of the SEND Coordinator (SENDCo).
  - c. Arrangements for consulting parents of students with SEND and involving them in their child's education.
  - d. Arrangements for consulting students with SEND and involving them in their education.
  - e. Arrangements for assessing and reviewing students progress towards outcomes. This should include the opportunities available to work with parents and students as part of this assessment and review.
  - f. Arrangements for supporting students in moving between phases of education and in preparing for adulthood. As students prepare for adulthood outcomes should reflect their ambitions, which could include higher education, employment, independent living and participation in society.
  - g. The approach to teaching students with SEND.
  - h. How adaptations are made to the curriculum and the learning environment of students with SEND.
  - i. The expertise and training of staff to support students with SEND, including how specialist expertise will be secured.
  - j. Evaluating the effectiveness of the provision made for students with SEND.
  - k. How students SEND's are enabled to engage in activities available with students in the school who do not have SEND.
  - l. Support for improving emotional and social development. This should include extra pastoral support arrangements for listening to the views of students with SEND and measures to prevent bullying.
  - m. How the school involves other bodies, including health and social care bodies, local authority support services and voluntary sector organisations, in meeting student's SEND and supporting their families.
  - n. Arrangements for handling complaints from parents of students with SEND about the provision made.
  - o. Arrangements for supporting students and young people who are looked after by the local authority and have SEND.