Disclaimer:
Our recommendations are based on current national guidelines and relevant evidence-base. This guideline helps inform clinicians clinical judgement. However, clinicians will consider the trade-off between the benefits and harms of an intervention before making a clinical decision.

OP 01 Attachment 3

Spread your wings, learn new things, fly as high as you can.

Supporting Children and Young People with their Medical Conditions in Early Years' Settings, Schools, Academies and Other Education Establishments
Model Medicines Policy for Schools

Approval Date: October 25

Review Date: October 26

1.0 POLICY STATEMENT

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of and be responsible for their own medicines varies. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility (DfE, 2014/2015). Every school should follow a "Medicines Policy" that is discussed with and disseminated to staff, parents, children and young people.

This document should be read in conjunction with the Department for Education (DfE) and the Department of Health (DoH) documents:

- Supporting pupils at school with medical conditions (DfE 2014/2015)
- Supporting pupils with medical conditions: templates (DfE 2014)
- Guidance on the use of emergency salbutamol inhalers in schools (DoH 2015)
- Guidance on the use of adrenaline auto-injectors in schools (DoH 2017)
- Automated external defibrillators (AEDs) a guide for maintained schools and academies

(DfE 2023).

This guidance is for supporting children and young people with their medical conditions who attend early years' settings, schools, academies and other education establishments within Wolverhampton.

Definitions

School Nurse

A registered nurse employed by the Royal Wolverhampton NHS Trust with additional qualifications/training in child and adolescent health.

Individual Health Care Plan IHCP/HCP

A plan to support a child or young person with their health care need when they attend an education setting.

Special Educational Needs and Disability

A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support (NHS England accessed 06/9/23).

Pupil Referral Unit (PRU)

A PRU is an Alternative Education Provision provided by the Local Authority for those children of compulsory school age who, by reason of illness, exclusion from a centre or otherwise, may not for any period receive suitable education unless such arrangements are made for them (Education Act, 1996).

Home Centre/Service Education

Education provision where a child or young person has been enrolled by their parents or guardians.

Education Resource Panel (ERP)

A Panel that meets weekly (term time) to consider referrals made for additional education support for children and young people who are unable to attend their usual education establishment because of illness or injury.

2.0 ACCOUNTABILITIES/RESPONSIBILITIES

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRU) to make arrangements for supporting pupils at their school with medical conditions.

In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014. This means that relevant educational leads will need to take account of the guidance and to carefully consider it. Having done so, there would need to be a good reason to justify not complying with it.

Statement of Principles

The Governors, Head Teacher and staff of Dovecotes Primary School School will conform to all statutory guidance and work within the guidance issued by Royal Wolverhampton NHS Trust and Wolverhampton Local Authority.

The Governors, Head Teacher and staff:

- are committed to ensuring that all pupils have access to as much education as their medical condition allows to maintain the momentum of their studies, keep up with their peers and fulfil their educational potential
- recognise the valuable contribution of parents/guardians and other agencies in providing information to ensure best access to all educational and associated activities for pupils with medical needs
- recognise that on occasion pupils with long-term and/or complex medical needs may require intervention from a specialist alternative provision, such as a Special School, the Home and Hospital Tuition Service and Pupil Referral Units
- will work with specialist providers, whenever necessary, to ensure smooth transition to and from (where appropriate) the specialist provision and, as far as it is possible, provide continuity in learning

Governing Body

A nominated governor will be responsible for reviewing and monitoring the procedures that apply to children and young people with medical needs. This may or may not be the same person as the governor with link responsibility for SEN and/or disability access.

The Governors of the school:

- will ensure that the school has an effective policy on the management of pupils with medical needs and that a summary of the policy is included in the prospectus/school brochure
- will have delegated day-to-day responsibility for the management of pupils' medical needs with the Head Teacher
- will ensure the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions
- will receive information on issues relating to the management of pupils with medical needs, once a term, via the Head Teacher's report
- will review the effectiveness of this policy on an annual basis and make any necessary revisions to ensure that it continues to be effective and that it reflects any changes in the law
- will ensure that parents' cultural and religious views are always respected in managing the medical needs of pupils
- will ensure that arrangements are clear regarding support for pupils with medical conditions in participating in school trips and sporting activities
- will ensure procedures are in place to cover any transitional arrangements between schools
- will ensure written records are kept of all medications administered

The Head Teacher

Subject to the provisions set out in this policy and guidance document the Head Teacher will accept responsibility for the school giving, and/or supervising, pupils taking medication during the school day and:

- will ensure that the school has an effective policy on the management of pupils with medical needs and that a summary of the policy is included in the prospectus/school brochure. This should be read in conjunction with the Department of Education document (DfE, 2014/2015) Supporting pupils at school with medical conditions, with particular attention being paid to pages 19-20, section 21 on the Management of Medicine on School Premises, and page 23, section 25 Unacceptable Practice
- will ensure school staff are appropriately insured and aware that they are insured to support pupils (DfE, 2014/2015 Section 26)
- will ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- will ensure that procedures are in place for formal agreements to be drawn up between the school and parents/carers of pupils with a medical need
- is responsible for ensuring the effectiveness of this policy in providing pupils with medical needs access to education and all associated activities available to other pupils
- has an overall responsibility for the development and implementation of individual health care plans
- will ensure that school staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities

- will ensure that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs and deliver against all health care plans

Named Contact

- To ensure that parents/guardians, staff, governors and outside agencies that have contact with pupils with medical needs have an easy route to communication with the school and the school should identify named contacts.
- As well as acting as first contact for parents/guardians and outside agencies, the Named Contact will be responsible for:

    - the school's system of record keeping for pupils with medical needs
    - ensuring the confidentiality of all records of pupils with medical needs
    - ensuring that school staff understand the nature of the condition where they have a pupil with medical needs in their class, and that all staff have appropriate access to information and training so that pupils with medical needs can attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities
    - ensuring that risk assessments are carried out wherever necessary, for both in-school and off-site activities (DfE, 2018)
    - ensuring that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs
    - monitoring the attendance of pupils with longer term medical needs
    - assisting in maintaining contact with pupils out of school because of medical needs
    - attending multi-agency reviews as required
    - ensuring that, wherever appropriate, pupils out of school for short periods of time with any medical condition are provided with work to do at home, and this work is assessed and recorded appropriately
    - providing appropriate agencies with confidential access to school records in order to ensure that pupils transferred to specialist provision are able to maintain their learning and progress as far as is possible

Teachers and Other Staff

There is no statutory/contractual duty for teachers to administer medicine in school. However, in an emergency swift action will need to be taken by any member of staff to secure assistance for any pupil.

The consequences of not helping a pupil in an emergency may be more far reaching than the consequences of making a mistake by trying to help. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would, to make sure that pupils are healthy and safe on school premises (Children Act 1989 and Children Act 2004). This duty extends to teachers leading any activities taking place off the school site.

- The school should identify teachers who have volunteered to take responsibility for administering medicine and supervising pupils taking medication, whenever requested to do so.
- The school should identify teaching assistants/clerical staff that have specific duties to provide medical assistance as part of their contract.

School staff will receive suitable and sufficient training and achieve the necessary level of competency to support children with medical conditions. In some cases, this may be

completed annually by the school nurse or other specialist nurse(s) on request for example prior to school trips. This also includes staff who escort pupils to and from school. Any member of school staff will know what to do and will respond accordingly when they become aware that a pupil with a medical condition needs help.

When pupils are out of school for short periods of time with a medical condition, it is the responsibility of the class/form teacher to:

- ensure that, wherever appropriate, they are provided with work to do at home and that this work is assessed and recorded appropriately
- maintain contact with the pupil and their family
- ensure that the pupil is welcomed back into school with the minimum of disruption
- ensure that the pupil has any additional support necessary to catch up with work and maintain best progress

Responsibility of the Pupil and Parent/Guardian

Children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this can be reflected in the Health Care Plan.

Parents or Guardians should ensure that they provide written consent for any medication that they would like their child or young person to have administered at school. They should ensure that the medication is in date and that their child or young person's name and date of birth are clearly displayed. Parents or guardians should provide any updates on their child or young person's condition.

Monitoring, Review and Evaluation

The implementation of this policy will be monitored by the named contact and any issues will be reported to Governors on a termly basis through the Head Teacher's report. The success of this policy will be evaluated once a year by the Head Teacher, staff and governors and reported to parents, with any proposals for improvements.

3.0 PROCEDURES

School Policies on the Management of Pupils with Medical Needs

- All schools should have a written policy statement and guidance to staff.
- Policies should be clear and understood and accepted by staff, governors, and parents/carers. They should provide a sound basis for ensuring pupils with medical needs receive proper care and support at school and when they are unable to attend.
- The school should include a summary of the policy in the prospectus/school brochure or other information sent to parents/carers.
- Procedures should be in place for formal agreements to be drawn up between the school and parents/carers of children with medical needs.
- Policies should ensure and enable regular school attendance as far as possible.

What School Policies Should Cover

- Procedures for managing prescription medicines which need to be taken during the school day.
- Procedures for managing prescription medicines on trips and outings.
- A clear statement on the roles and responsibilities of staff managing administration.
- A clear statement on parental responsibilities in respect of their child's medical needs.
- The need for prior written agreement from parents/guardians (for early years settings prior permission is a mandatory requirement) for any medicines to be given to the child.
- Circumstances in which children may take any non-prescription medicines.
- Children carrying and taking their medicines independently.
- Staff training regarding dealing with medical needs.
- Record keeping.
- Safe storage of medicines.
- Access to the school's emergency procedures.
- A statement about the school's commitment to ensuring access to education for pupils with medical needs.

Health Care Plans and Staff Training

The School Nurse and other Health Professionals can be asked to provide support and training for staff, including advice and liaison on the implementation of the health care plan (HCP). Consultation should also be undertaken with parents/carers and /or pupils. Nurse specialists for e.g., diabetes, sickle cell etc can also provide health care plans and will contact the school to arrange to complete these individual health care plans (IHCP). A copy of the HCP/IHCP should be sent to the school nurse and the child's GP.

The training of staff will be reviewed annually when completing the working together agreement between the school and the school nurse.

Medication Coming into School

Most medication prescribed for a pupil will be able to be administered once, twice or three times a day. In these circumstances' parents/carers will be able to manage this before and after school and there is no need for medication to come into school. No medication should be allowed into school unless it is clearly labelled with the:

- child's name
- child's date of birth
- name and strength of the medication
- dosage and when the medication should be given
- expiry dates

This information is to be checked each and every time that medication is administered. If there are any doubts about the procedure staff will check with parents/carers before proceeding. When Medication is to be administered either short or long term it will need to be recorded. Wherever possible, it is good practice to have the dosage and administration witnessed by another responsible adult.

All medication must come into school in the original child-proof container and be accompanied by the original guidance literature. Where two or more types of medication are required, each

should be in a separate container and labelled as above. Where medication is required long-term, a letter from the pupil's General Practitioner (GP), Consultant or Medical Prescriber must accompany the medication.

Parents/carers will hand all medication to the named contact or the Head Teacher on arrival at school. Medicines will normally be stored in an identified locked cupboard or, where necessary in a lockable refrigerator and accessed only by identified staff. Certain medicines, e.g., salbutamol, adrenaline etc., may need to be readily available to pupils. These will be kept by:

- the class teacher
- a designated teaching assistant
- the pupil

Storage of Medication

Medication received into school must be stored in a locked, wall-mounted, cabinet in a designated area of school, such as the school office. The key must be kept in an accessible place known to designated members of staff but inaccessible to pupils. Written consent from a parent/guardian will be required for medication to be administered. In most cases, where there are no specific issues related to privacy, medication should be administered in this designated area.

Some medication may need to be kept at low temperatures and must therefore be kept in a lockable fridge located in the same designated area of the school. Where schools do not currently have a lockable wall-mounted cupboard and/or a lockable fridge, these should feature as short-term objectives in the school's Accessibility Plan.

Some medicines may be needed by the pupil at short notice, for example asthma inhalers and adrenalin auto injector (AAI) pens. In most cases pupils should be allowed to carry these with them, to ensure easy access. Where this is not appropriate, other arrangements for easy access must be established e.g., the class teacher keeping the medication in a desk drawer.

All staff should be made aware that schools have purchased an emergency salbutamol inhaler (minimum of one) and will have been given information and training as to how and when to access them and how to and when to administer them (DoH, 2015). Staff will also be made aware if the school have purchased an emergency AAI and provided with information and training to enable the administration of one (DoH, 2017).

Prescribed, Non-Prescribed Medication and Controlled drugs.

A Parent or Guardian's written consent is required for schools to administer any medications on the school premises or whilst in the care of the school i.e., on an offsite activity. Medications issued on the instructions of e.g., GP/Consultant are known as prescribed drugs. Drugs covered by the Misuse of Drugs Act (1971), otherwise known as controlled drugs (such as methylphenidate) may occasionally be prescribed for pupils. These drugs should be treated in the same careful manner as all other prescribed medication, in line with the procedures agreed by Wolverhampton Local Authority (LA) and described within this guidance.

Schools should keep a record of any medication, and with controlled drugs, a record should be kept of any doses used and the amount of controlled drug kept in school (DoE, 2014).

Emergency Medication

This type of medication, such as reliever inhaler and the adrenaline autoinjector e.g., EPIPEN, must be readily available.

For this type of medication, the school's procedures should identify:

- where the medication is stored
- who should collect the medication in an emergency
- who should stay with the pupil concerned
- supervision of other pupils in the vicinity
- support for other pupils witnessing the incident
- arrangements/requirements for requesting an ambulance or other medical support
- recording systems
- that, where a pupil is off-site for activities e.g., football or swimming etc, staff need to ensure that the pupil's own inhaler and spacer (if appropriate) is always taken with them
- arrangement for regular staff training
- the policy for access to the emergency asthma inhaler, the emergency adrenalin auto-injectors and rescue medication for epilepsy

An Emergency Inhaler must always remain on the school site at all times**.**

Defibrillators in School

'Sudden cardiac arrest' is when the heart stops beating, can happen to people of any age and without warning. If this does happen, quick action in the form of early cardiopulmonary resuscitation (CPR), and defibrillation, can help save lives.

A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Staff members appointed as first aiders should already be trained in the use of CPR.

The Department for Education (DfE 2023) is providing Automated External Defibrillators (AEDs or 'defibrillators') to state-funded schools in England where existing provision is not in place. By the end of the 2022/23 academic year, the DoE expect all schools in England to have access to a defibrillator.

Defibrillators, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER). As such, this places a duty on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, defibrillators are designed to be used by someone without any specific training, by following step-by-step instructions on the defibrillator at the time of use. It should therefore be sufficient for schools to provide a short general awareness briefing session to staff in order to meet their statutory obligations (DfE, 2023).

Non-Prescription Medications/Over the Counter Medication (OTC)

In March 2018 NHS England issued guidance for reducing the prescribing of some medications and the promotion of self-care and the use of over-the-counter medication. This would apply to health problems:

- that is considered to be **self-limiting** and so does not need treatment as it will heal of its

own accord
- which lends itself to **self-care**, i.e., that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over-the-counter medicine

Educational establishments may find that they may be more likely to see non-prescribed medication in their schools and nurseries. More health care providers will be encouraging parents to purchase medication from the pharmacy or supermarket. Some of the more common items that may be seen include items such as pain killers, antihistamines for mild to moderate hay fever and some creams. (NHS England 2018)

For the use of non-prescribed medication (over the counter medication) in educational environments, where possible, ensure the medication comes in its correct container that has instructions for use. The child's name and date of birth should be clearly added to the medication. Parents should provide written consent and provide details and full instructions on its use. The Walk in Service and the Urgent Care Centre may also provide written advice to parents to give to school regarding Over-the-Counter Medication that they have advised.

Homeopathic Medicines

Many homeopathic medicines need to be given frequently during the day. This is difficult to manage in school and schools are therefore advised only to agree to parental requests where the pupil can self-administer this type of medication. Parents/carers will be required to complete and sign the appropriate form for administration of medication.

Herbal Medicines

Many over-the-counter herbal medicines may be contra-indicated if a child is taking prescribed medication. If a parent/carer requests that herbal medicines are administered on school premises, this should only be agreed, upon receipt of written consent from their General Practitioner.

Refusal to Take Medication.

If pupils refuse to take medication, school staff will not force them to do so unless deemed life threatening. The school will inform the child's parent/carer as soon as possible and seek medical advice as a matter of urgency. If the child's parent/carer is not contactable, advice may be sought from a Community Paediatrician (01902 446270) or another suitably qualified practitioner at the Gem Centre. The School Nurse can be contacted through the Administration Team – (01902 441057).

The parent/carer must always be notified, even when professional advice has been sought.

Disposal Procedures/Safe Disposal of Medicines

Medicines should be returned to the child's parent/carer and a receipt obtained and kept on file when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached

- the term or half-term ends

At the end of every half-term a check will be made of the lockable medicine cabinet by the named contact. Any medicine that is not returned to parents/carers and which is no longer needed, is out of date or no longer clearly labelled will be returned to a local pharmacy for safe disposal.

All medication returned to parents/carers or a pharmacy, even empty bottles, must be recorded and a receipt filed.

No medicine should be disposed of into the sewerage system or into refuse. Current waste disposal regulations make this practice illegal.

Safe Disposal of Medical Waste

If a child requires enhanced provision of medical equipment e.g., requiring injections, it is the parents'/guardians' responsibility to provide the required equipment for this procedure. Parents/guardians must also provide the school with an empty sharps container if needed, which **must** be used to dispose of any used needles.

Sharps must be disposed of in a sharps box where the injection has taken place. The sharps box is then temporarily closed (click once depending on the box design) and not left open as items can fall out or be accessed. Sharps containers must be used for the safe disposal of any sharp implements which could have been contaminated with bodily fluid. Sharps containers must only be kept in the designated medical area of school.

Any other clinical waste must be disposed of using the RWT NHS Trust "orange bag" system or other procedure agreed by the Wolverhampton LA.

Off-site activities

Schools should follow procedures set out in the LA Guidance on the Management of off-site visits. Where appropriate, information about parental concerns and serious medical conditions should be requested.

Special arrangements may need to be made whenever pupils with medical needs are engaged in off-site activities. This includes such activities as a visit to the local swimming pool, a visit to another school, an educational day visit, a residential experience or work experience/college placement.

A risk assessment on the specific needs of the pupil in the particular activity will be carried out. All reasonable adjustments should be considered to ensure that the pupil can access all parts of the activity alongside their peers, in the safest possible way. Where it is not possible to eliminate all risk for the pupil, a meeting should be requested with the parents/guardians to agree the best way forward. A written agreement should be reached before the activity takes place.

Alternative Education Provision

Duty of the Local Authority

Local authorities have a duty set out under section 19 of the Education Act 1996 to 'make arrangements for the provision of suitable full time or part-time education 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'.

The Department for Education document: 'Arranging education for children who cannot attend school because of health needs' (DfE,2023) outlines the considerations that local authorities should reflect on when meeting their legal duty:

- Provision should be made whether the child or young person is on a school roll or not.
- Regardless of circumstance children, young people and their families should expect a high standard of education.
- Children and young people not attending schools due to their health needs should have good quality education equivalent to that provided in mainstream school, as far as the child's health needs allow.
- Alternative provision should be suitable to the child or young person's age, ability and aptitude, and any special educational needs they may have.
- The legal duty does not apply to those not of compulsory school age, but good practice would be to have clear policies in place to support these children and young people.

Research identifies five key factors that enable Wolverhampton LA and The Royal Wolverhampton NHS Trust to create best practice and effective provision. These are reflected in Wolverhampton's policy on access to education for children and young people out of school with medical needs. The five factors are:

- **Mainstream ownership** - the extent to which the pupils' home school maintains a high profile during the time the pupil is unable to attend through illness or injury.
- **Partnership and Collaboration** - the ways in which specialist provision seeks to establish relationships with other agencies to ensure that an individual's needs are met whilst education is interrupted.
- **Flexibility** – the ways in which provision is organised to enable individual circumstances to be addressed and modified as needs change.
- **Responsiveness** – the ability of specialist provision to respond to the need of all stakeholders which include pupils, parents/carers, home schools, health and other professionals.
- **Clarity** – this is defined as LA and RWT services and schools having written policies and guidance that outline clearly all the roles and responsibilities of those involved.

Wolverhampton LA aims to maximise the life chances of all pupils, including those at risk of social or educational exclusion. Pupils, who are physically ill, injured or who have mental health problems are at risk of underachievement or of being less employable when they reach the end of compulsory education. Therefore, Wolverhampton LA has a continuum of educational provision in place to support these pupils.

Educational provision is the responsibility of the Local Authority, with the support of all schools and services where education other than at school is required for reasons of illness. This can be accessed through the following specialist provision:

- City hospital placements can be accessed through pre-commissioned placements on the children's ward at New Cross Hospital.
- Out of city hospital placements, will be arranged by the admitting hospital and invoiced to the local authority.
- At home using school-based resource, AV1 robots, or a relevant tutor dependant on illness and time required away from school.
- At a relevant alternative provision commissioned by the LA.

Additionally, specialist services for hearing and visual impairment liaise closely with all schools and services to ensure that learning at home meets pupils' needs.

Placement with a Specialist provision is agreed by the Education Resource Panel.

Standards of Education and Performance Measures

Whenever pupils are referred to the specialist provision for children with medical needs, a formal contact is made with the home school and/or LA and RWT educational placement, to ascertain pupils' attainment levels in the National Curriculum to meet the pupil's individual needs.

Shared Responsibility Between the LA, Schools and Specialist Provision

The Wolverhampton LA are responsible for ensuring that:

- there is a named senior officer for Emotional Based School Non-Attendance (EBSNA) Coordinator, with responsibility for the provision of education for children and young people who are unable to attend school because of emotional health and wellbeing needs (https://www.wolverhampton.gov.uk/education-and-schools/wolverhampton-inclusive-schools-everyone/attendance-pathway-targeted-stage)
- pupils receive an education of similar quality to that available in schools, including a broad and balanced curriculum
- pupils receive a minimum entitlement of 10 hours teaching per week (where possible)
- parents/carers are informed about whom to contact to request specialist provision
- where reintegration is a gradual process, educational support continues to be available to the pupils

Wolverhampton LA, educational settings, The Royal Wolverhampton NHS Trust (RWT) and specialist services for pupils with medical needs are responsible for ensuring that:

- clear procedures are in place for ensuring early and accurate identification of pupils who may need to be referred to specialist provision or to other services
- pupils with medical needs are not home or in hospital without access to education for more than 15 working days
- pupils with a long term or recurring illness whether at home or in hospital have access to education, as far as possible, from day one
- a Personal Action Plan is in place for all pupils in order to encourage and support a smooth return to school

- pupils are taught in accordance with plans agreed with the home schools
- the appropriateness of provision is monitored on behalf of the children and young people referred to in it
- close liaison is maintained with all stakeholders

Arrangements for Collaboration with Other Agencies

Effective and flexible collaboration between the LA, the child's school, medical personnel, allied health professionals, parents/guardians and other agencies, e.g. Connexions Service, is crucial to the continuity of high-quality educational provision for children and young people with medical needs and a successful re-entry into school or post-16 placement.

Effective liaison with respect for each agency's prioritising of the pupil's needs will ensure that on re-entry to school there will be expectations that are realistic and goals which are attainable within the pupil's limitations, resulting in a confident young person moving back into school. Forward planning and collaboration are essential to achieve this, and the production of an Inclusion plan will facilitate a smooth re-integration as all parties will be aware of their role and responsibility.

Partnership with Parents, Guardians and Pupils

Parents and guardians hold key information and knowledge and have a crucial part to play. They are included as full collaborative partners and are informed about their child's educational programme and performance.

Children and young people also have a right to be involved in making decisions and exercising choices.

Wherever possible, parents, guardians and pupils are informed about the education available before a child is admitted to hospital. Booklets are available to provide information about educational and medical services and about the organisation of the hospital day.

All parents and guardians are consulted before teaching begins at home and offered advice and support during their child's illness. Parents and guardians views of their child's education are taken fully into account when planning programmes. Parents and guardans are encouraged to provide additional liaison with the pupil's home school both at the beginning and end of stay in hospital and with the home teacher. The positive involvement of the parents/carers with the school once the child has returned provides reassurance for the child, teachers and parents/carers themselves.

Medical Needs Service Provision

Strategies to support young people with medical conditions and reintegrate pupils into school:

- The school's own Medical Needs policy checked, and all procedures followed.
- Contact health professionals to seek advice and set up a Health Care Plan.

Checklist for Schools– Prior to Making a Referral to the Education Resource Panel

- Guidance requested from specialist services if applicable
- Contact made with General Practitioner (GP)

- Meet with parent/carer
- Complete an Individual healthcare plan if appropriate
- Assessment by Special Educational Needs Coordinator (SENDCO) if Special Educational Needs and/or Disability (SEND) identified
- SEND Support Guidance checked for potential strategies
- Mental Health and Behaviour in schools' guidance checked and EBSNA pathway followed (if appropriate)
- Use of SEND notional budget e.g. how has SEND funding (beyond the notional £6,000) been used to support this child as per the statutory SEND Code of Practice and the SEND Support Guidance. An application for additional funding may be required
- Provision of keyworker/access to a preferred staff member in school who can support the child
- Attendance action plan commenced
- Safe space/break-out room trialled if appropriate
- Time-out card/exit strategy utilised
- Temporary modified timetable trialled
- Reduced examination offer (KS4-5 only)
- Outreach support/use of Alternative Provision – use of off-site education
- Approved Alternative Provision Directory also checked

AV1 Robots (Support for Children with Medical Needs – Pilot until Dec 2024)

The City of Wolverhampton Council have a small number of AV1 robots available for schools to use with pupils who are too unwell to attend. The robot sits in the classroom and the pupil accesses the lesson(s) remotely via a tablet. The pupil can see and hear what is going on in the class and interact via the robot (e.g., ask questions). The pupil is not visible to others in the room, and there are stringent safeguarding mechanisms in place to prevent any screenshots or recording of lessons. The AV1 can be extremely successful but this very much depends on the individual case and school. For further information, please contact the EBSNA co-ordinator AttendanceandInclusion@wolverhampton.gov.uk. Schools and/or parents or carers who think that the AV1 robot may be appropriate for a medical needs case should submit a referral via the Education Resource Panel for consideration.

Pupils Receiving Education Otherwise Than at School Because of Medical Needs

Referrals to the Education Resource Panel should be completed by the educational setting. Referrals are expected to include information:

- a letter from an NHS health consultant confirming that they are unfit to attend
- brief history indicating long term nature of the problem
- previous strategies employed with outcomes
- current attendance pattern
- a copy of the SEND needs plan/Education Health Care Plan (EHCP) if appropriate
- evidence of having followed and implemented the EBSNA pathway (if applicable)
- pupil and parent/guardian voice

The recommendation for access to LA's commissioned alternative provision should be supported by an Educational Psychologist or CAMHS professional following their involvement through the EBSNA pathway.

Evidence provided which shows that the health professional has not seen or spoken to the young person will be challenged. The City of Wolverhampton Council recognises that there are waiting lists for some services, which means that on occasion, GP/practice nurse/surgery confirmation of diagnosis/treatment/referral to a specialist service is appropriate. However, schools should note (and make parents/carers aware), that repeat referrals based on a GP's advice may not be accepted. It is expected that a young person who is too unwell to attend school for more than 12 weeks will have been referred to or have had contact with other health services.

Referrals to the Education Resource Panel can be made by schools to support pupils who are too unwell to attend school. The service should not be used as an interim measure for a pupil awaiting a special school place, or to avoid attendance procedures.

All students have an initial trial period of four weeks. During this time a more detailed assessment of needs is undertaken, and their placement may be modified during or at the end of this time at a formal review. It may also be decided to extend the trial period further if deemed necessary.

LA commissioned alternative provision uses its own assessments to supplement information received on referral. Once baselines have been established, students are given access to the National Curriculum. Arrangements are made for Key Stage 4 students to undertake national tests and public examinations, with programmes linked to alternative accreditation where appropriate, and access to the Connexions Service.

Specialist teachers provide a range of curricular expertise as well as specialist knowledge about the needs of students whose education has suffered interruption.

Local Authority Commissioned Alternative Provision

Students attending local authority commissioned alternative provision are expected to remain dual registered with the home school. Costs are recouped in retrospect from each school on a termly basis. Good communication is essential to the smooth transition of the student back to the home school. Where relevant, regular multi-agency reviews are held. Termly reviews with the referring school are calendared and individual progress reports are forwarded to all stakeholders.

- For students who attend the Vireo Home and Hospital Academy a review will be held after 5 weeks. During this meeting it will be discussed that a weekly charge will be applied to the home school if the placement continues beyond 10 weeks.
- Where applicable, schools/LA will agree to pay a weekly charge for free school meals, young people premium, matrix funding and transport.
- All examinations will be facilitated for which the Alternative Provision are currently registered, and school will be invoiced separately for all examination entries.
- All placements at the Vireo Home and Hospital Academy will have a 5 week and 10-week review.
- It is not permitted to off register a young person that has been allocated a place.
- During the referral assessment process, the young person will remain the responsibility of the referring school until the admissions process is completed. Strong links exist between hospital, home education and mainstream schools and regular liaison takes place. Every effort is made to provide continuity for students so that when they return to their usual school, they are up to date with work completed by their peers.

Welfare Checks

In addition to maintaining an overview of the pupil's curriculum, schools should ensure that they carry out any necessary welfare checks. There are no firm recommendations around the frequency of welfare checks; schools must make this decision based upon their knowledge of the child and family. Safeguarding responsibilities will continue to be based within the home school. Where an alternative provision/off site colleague, or e-learning professional has concerns about safeguarding, they should contact the school's Designated Safeguarding Lead [DSL] (as named on the Initial Planning and Review Record).

Lack of Engagement

If the young person/parent repeatedly cancels or refuses to engage with the support offered, the EBSNA Coordinator must be informed. A review meeting may be necessary to reconsider the package originally agreed. Parents/carers should make every effort to avoid making medical appointments during the time of a planned session. Persistent cancellations and/or refusal to engage may result in the provision being withdrawn. Parents/carers and/or schools should report any concerns about the provision to the EBSNA Coordinator. If the provision is due to cease prior to 12 weeks, schools should inform the EBSNA Coordinator immediately.

End of Provision

Medical Needs Service provision will end when one or more of the following applies:

- The school does not submit a continuation request within the 12-week period
- The local authority receives information that the pupil is well enough to return to school and/or has returned to school
- There is no continued evidence to support a continued absence from the school
- The pupil is not well enough to engage with the provision offered
- The pupil is unwilling to engage with the provision offered even after attempts to adapt the package
- The pupil reaches the end of statutory school age

The City of Wolverhampton Council retains the statutory duty around provision and following liaison with parents/carers and health professionals makes the final decision on the provision ending. Where a school representative, health professional or commissioned provider feels that the Medical Needs provision should cease, they must contact the EBSNA Coordinator without delay.

Continuation

If it becomes evident that following the 12-week placement period, the pupil will be unable to return to school, further updated medical advice will be required for the provision to continue. Schools should submit an Education Resource Panel continuation referral to Attendance and Inclusion: AttendanceandInclusion@wolverhampton.gov.uk

This referral form should be accompanied by:

- Updated medical evidence
- Attendance at provision
- Updated Individual Healthcare Plan (if appropriate)
- Updated Initial Planning and Review Record

If a continuation is agreed, the timeline recommences. If the school does not submit a continuation referral within the timescale, provision may cease.

In Hospital

Co-operation between education, medical and administrative staff within the hospital is key to establishing an atmosphere conducive to effective learning.

In cases of recurrent admission, it is particularly important that information is effectively shared between hospital schoolroom staff and, where appropriate the home teacher and mainstream school, the young person and their parents.

The LA links with other local authorities in the recoupment of the cost of providing education for young people under the age of 16 whilst in hospital.

Hospital Education

Pupils who are an in-patient at New Cross Hospital receive education for up to 25 hours a week (as appropriate to their needs) either in the school room or on the ward at their bedside.

Staff who are timetabled to the hospital, are informed of new admissions by accessing ward admission information on a daily basis or by the medical staff.

Teaching starts from day one, but priority is given to pupils who are long stay (three days plus) or those who have recurrent admissions. Pupils are registered daily. The hospital teachers keep a rolling record of these short stay pupils. Any student that has a hospital admission of five days or more will then be dual registered with their home school and the Vireo Hospital School room or hospital placement out of area.

Special Educational Needs and Disabilities (SEND), and Pupils with Medical Needs

On occasion, pupils with medical needs may need provision that is different from or additional to that made for other pupils in the school, in order to make adequate progress in their learning. In this case an individual educational plan (IEP) will be written that specifies the targets for the pupil and the special teaching strategies required to ensure their progress.

The SENDCO has responsibility for overseeing provision for pupils with SEND. Where responsibility for the education of a pupil with medical needs transfers to another school, home tuition service or pupil referral unit, the named contact will ensure that relevant school records, including up-to-date assessment information is made available to the receiving establishment within five days of a request being received.

When a pupil receives education other than at school because of medical needs, they remain on roll of the home school. In these cases, the named contact will attend review meetings and provide materials for agreed work programmes on a termly basis. When a student is unable to attend school because of medical needs the school will endeavour to provide access to public examinations, possibly as external or transfer candidates (DfE, 2015).

4.0 EQUIPMENT NEEDED

None required.

5.0 TRAINING

Schools and educational establishments can purchase First Aid training for their members of staff. The school nursing service can provide annual updates on asthma, allergy/anaphylaxis and epilepsy and provide signposting to other training that may need to be accessed by schools for other conditions.

6.0 FINANCIAL RISK ASSESSMENT

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

7.0 EQUALITY IMPACT ASSESSMENT

Tick	Options
✓	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

8.0 MAINTENANCE

This policy will be reviewed every three years. Any changes that result from any changes in national guidelines will be reviewed by the relevant specialist areas and the school nurses and updates will be made and disseminated.

9.0 COMMUNICATION AND TRAINING

This policy will be disseminated across Children's Services. It will also be shared with Local Authority partners in Public Health for dissemination into schools.

10.0 AUDIT PROCESS

Criterion	Lead	Monitoring method	Frequency	Committee
Working Together Agreements (WTA) between Schools Nurses and Schools	School Nurse Management Team	WTA and Keep Performance Indicators (KPI)	Annually	Directorate Management Meetings

11.0 REFERENCES – LEGAL, PROFESSIONAL OR NATIONAL GUIDELINES

Children Act 1989. Available at Children Act 1989 (Accessed 06/09/23)

Children Act 2004 Available at Children Act 2004 (Accessed 06/09/23)

Children and Families Act 2014. Available at Children and Families Act 2014 (Accessed on 06/09/23)

Department for Education (2014) Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Available Supporting pupils with medical conditions at school - GOV.UK

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Department for Education. (2018). Guidance Health and safety on educational visits. [Online]. Available at: Health and safety on educational visits - GOV.Uk (Accessed 30 October 2024).

Department for Education. (2023). Arranging education for children who cannot attend school because of health needs. [Online]. Gov.UK. Available at: Arranging education for children who cannot attend school because of health needs (Accessed 30 October 2024).

Department for Education (2023) Automated External Defibrillators (AEDs) Guidance for Schools. Available at Automated external defibrillators - guidance for schools (publishing.service.gov.uk) (accessed 09/08/23).

Department for Education. (2024) Working together to improve school attendance (applies from 19 August 2024) (publishing.service.gov.uk) (publishing.service.gov.uk) (accessed 30/10/24).

Department of Health (2015) Guidance on the use of emergency salbutamol inhalers in schools. Available at Guidance on the use of emergency salbutamol inhalers in schools (publishing.service.gov.uk) (Accessed 08/09/23)

Department of Health (2017) Guidance on the use of adrenalin auto-injectors in schools. Available at Using emergency adrenaline auto-injectors in schools - GOV.UK (publishing.service.gov.uk) (Accessed 08/09/23).

Education Act 1996 Available at Education Act 1996 (Accessed 06/09/23)

NHS England (2018). *Conditions for which over the counter items should not routinely be prescribed in Primary care: Guidance for CCGs.* [Online] Available at NHS England » Guidance on conditions for which over the counter items should not routinely be prescribed in primary care (Accessed 21/09/23)

NHS England. (2023). *Special educational needs and disability (SEND)*. [Online]. NHS England. Available at: NHS England » Special educational needs and disability (SEND) [Accessed 6/09/2023].

Health and Safey Executive (1998) *Provision and use of Work Equipment Regulations (PUWER).*[Online] HSE. Available at Provision and Use of Work Equipment Regulations 1998 (PUWER) (Accessed 31/10/24)

Disclaimer:
Our recommendations are based on current national guidelines and relevant evidence-base. This guideline helps inform clinicians clinical judgement. However, clinicians will consider the trade-off between the benefits and harms of an intervention before making a clinical decision.

Part A - Document Control

Procedure/ Guidelines number and version	**Title of Procedure/Guidelines** Supporting children and young people with their medical conditions in early years' settings, schools, academies and other education establishments Model Medicines Policy for Schools	**Status:** Final		**Author:** Emily Bloomfield School Nurse Team Leader (0-19 Service) Joanne Cotterill School Nurse Teresa Stokes School Nurse
Version / Amendment History	Version	Date	Author	Reason
	V1	24/01/25	E Bloomfield J Cotterill T Stokes	Review and update
Intended Recipients: These Guidelines are based on national guidance which has been outlined within this document and is aimed at supporting local authority partners manage medical needs in schools and to also allow school nurses and other health professionals to work alongside educational professionals to meet the needs of children and young people in school that have medical needs.				
Consultation Group / Role Titles and Date: Hazel Hawkins-Dady Matron for School Nursing Specialist Nurses: Diabetes, Respiratory Nurses and Epilepsy Nurses. Local Authority Inclusion Team Helen Bakewell Head of SEND and Inclusion Wolverhampton Council. Jameel Mullan Inclusion and Attendance Service Manager Rachel Warrender Public Health Louise Sharrod Principle Public Health Specialist Effective Service Group. Children's Directorate Management meeting.				
Name and date of group where reviewed	Effective Services Group 21/01/25			
Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)	Community/0-19 & Acute Paediatric Governance. Approved at meeting held on 24.01.25			
Date of Procedure/Guidelines issue	24/01/25			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	Every 3 years			

Disclaimer:
Our recommendations are based on current national guidelines and relevant evidence-base. This guideline helps inform clinicians clinical judgement. However, clinicians will consider the trade-off between the benefits and harms of an intervention before making a clinical decision.

Training and Dissemination:
This document will be cascaded to schools through the partnership agreement with the Local Authority and individual school nurses can share with their allocated schools on request. Training for education establishments will be negotiated annually between the school and school nurse at the Working Together Agreement meeting.

To be read in conjunction with:
National and Local Guidance:

Supporting pupils at school with medical conditions (publishing.service.gov.uk)

Guidance on the use of adrenaline auto-injectors in schools (publishing.service.gov.uk)

Automated External Defibrillators (AEDs) guidance for schools publishing.service.gov.uk)

otc-guidance-for-ccgs.pdf (england.nhs.uk)

Wolverhampton Local Offer | Wolverhampton Information Network

Arranging education for children who cannot attend school because of health needs

Initial Equality Impact Assessment:
If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.

Contact for Review	Emily Bloomfield School Nurse Team Leader 0-19 Service
Monitoring arrangements	Uptake of these guidelines will be reviewed as part of the annual Working Together Agreements between school nursing and schools.

Document summary/key issues covered.
This document is to support the inclusion and safety for children and young people who attend school that have either an acute or chronic health need that requires support from education personnel.

Key words for intranet searching purposes	Medicines in Schools, Asthma, Allergy, Epilepsy Inclusion, School Nurse.