



Wallington High School for Girls

Supporting Students with Medical Needs Policy

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Policy Notes

Policy may be subject to review and revision at any time by the Wallington Local Governing Body notwithstanding that the next review date has not been reached.

Review dates are for guidance only and whilst the intention is always to arrange reviews within the stated time frame all Policy Notes will remain in force until this has taken place and been formally approved by the Wallington Local Governing Body.

Wallington High School for Girls: Supporting Students with Medical Needs Policy

1. Aims of this Policy

Wallington High School for Girls (WHSG) is an inclusive community that supports students with medical conditions. WHSG will ensure students with medical conditions including those who may also have a disability are:

- properly supported so they have access to education, including school trips and physical education to achieve their academic potential.
- effectively supported in consultation with health and social care professionals, their parents/carers and the students themselves.

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting students at the school with medical conditions. It also recognises that some students with medical conditions may also have a disability and ensures compliance with the Equality Act 2010. This policy is based on DfE guidance 'Supporting pupils at school with medical conditions' (2015): <https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf> (Appendix 6).

This policy should be read in conjunction with the GLT Child Protection and Safeguarding policy.

2. Principles

This policy and any ensuing procedures and practice are based on the following principles:

- All students and young people are entitled to a high quality education;
- Disruption to the education of students with health needs should be minimised;
- If students can be in school they should be in school. Students' diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all students to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Students with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that;
- In accordance with the social model of disability students and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not:

- send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents/carers, 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/carer should have to give up working because the school is failing to support their child's medical needs; nor
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

3. Definition of health needs

For the purpose of this policy, students with health needs may be:

- students with chronic or short term health conditions or a disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- sick students, including those who are physically ill or injured or are recovering from medical interventions, or
- students with mental or emotional health problems.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some students with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Refer to the GLT Special Educational Needs & Disabilities policy for further information.

4. Roles and Responsibilities

All staff have a responsibility to ensure that all students at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

4.1 Assistant Headteacher for Student Support

The member of staff responsible for ensuring that students with health needs have proper access to education is the Assistant Headteacher for Student Support. It will be their responsibility to pass on information to the relevant members of staff within the school and to ensure that plans are put in place to support the student. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance students' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

4.2 Parents/Carers and Students

Parents/carers hold key information and knowledge and have a crucial role to play. Both parents/carers and students will be involved in the process of making decisions. Parents/carers are expected to keep the school informed about any changes in their student's condition or in the treatment their students are receiving, including changes in medication. Parents/carers will be kept informed about arrangements in school and about contacts made with outside agencies.

4.3 School Staff

Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Staff must familiarise themselves with the medical needs of the students they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

4.4 The Headteacher

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of a child's condition and ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The Headteacher has overall responsibility for the development of individual healthcare plans and make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.

The Headteacher will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions. The Headteacher will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

4.5 The Governing Body

The governing body is accountable for making arrangements to support students with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all students with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life, including ensuring relevant staff have received suitable training. Information on visits to the First Aid room is reported to Governors termly.

4.6 School Health Teams/ School Nurse

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

4.7 Other Healthcare Professionals

GPs and Pediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

4.8 London Borough of Sutton

London Borough of Sutton is responsible for commissioning school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, the London Borough of Sutton has a duty to promote cooperation between relevant partners (such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England) with a view to improving the well-being of children with respect to their physical and mental health, and their education, training and recreation. London Borough of Sutton provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. The Borough also provides STARS (Sutton Tuition and Reintegration Service) for students who need home or off-site provision due to serious medical needs.

5. Staff training and support

In carrying out their role to support students with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support students with medical conditions, and to fulfil the requirements as set out in IHCP's.

Staff will not give prescription medicines or undertake health care procedures without appropriate training.

This policy will be published to all staff to raise awareness at a whole school level of the importance of supporting students with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports students with health needs is included in our induction procedure for all new staff.

6. Procedures

6.1 Notification

Information about medical needs or SEN is requested on admission to the school as part of the admissions paperwork. Parents/carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever necessary, meetings with the parents/carers and other professionals are held before the student attends school to ensure a smooth transition.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the students with medical needs. The Medical Needs Register is kept in the First Aid room, saved on the staff shared area and a copy is on the SEN and medical needs noticeboard as well as all the information recorded on SIMS (the data management database). Fuller details are given on a 'need to know' basis and confidentiality is assured by all members of staff. The First Aid Officer liaises regularly with the Assistant Headteacher for Student Support at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a student will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to additional support services such as specialist consultants or Child and Adolescent Mental Health Services (CAMHS).

Schools do not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents by the Head of Year and/or Assistant Headteacher for Student Support. Where evidence conflicts some degree of challenge may be necessary to ensure that the right support can be put in place.

6.2 Personal Emergency Evacuation Plan (PEEP)

Where students have a temporary condition e.g. broken limb, a Personal Emergency Evacuation Plan (PEEP) is completed by the Head of Year and sent to the Parent/Carer, First Aid Officer, Form Tutor and relevant teaching staff. See Appendix 3.

Any student with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that student needs. If the parents/carers, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the student's medical condition and any implications for the student will be kept in the school's medical record and the student's file. Where appropriate, a PEEP must be in place.

6.3 Individual Healthcare Plans (IHCP's)

Not all students with medical needs will require an IHCP. The school, healthcare professional and parent should agree, based on evidence, when an IHCP would be inappropriate or disproportionate.

IHCP's will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flowchart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided in Appendix 1 and the IHCP template is in Appendix 2.

IHCP's should capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the condition and the degree of support needed. This is important because different students with the same health condition may require very different support.

IHCP's, and their review, 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. Plans will be drawn up in partnership between the

school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or the student's community nurse, who can best advise on the particular needs of the child. Students will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the student's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHCP, their special educational needs will be mentioned in their IHCP. Where the child has a special educational need identified in a statement or EHC plan, the IHCP will be linked to or become part of that EHCP.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the appropriate hospital school or STARS to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

6.4 Home Tuition

When students are too ill to attend, the school will establish, where possible, the amount of time a student may be absent and identify ways in which the school can support the student in the short term (e.g. providing work to be done at home in the first instance). The school will make a referral to STARS via the Vulnerable Pupils Panel (VPP) as soon as they become aware that a student is likely to be or has been absent for 15 school days in consultation with parents/carers. Where students have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these students should be discussed and agreed between the school, the family, STARS and the relevant medical professionals. A flowchart of support offered for students with health needs is provided at Appendix 3.

6.5 Pregnancy

Young women of compulsory school age who are pregnant are entitled to remain at school whenever, and for as long as, possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school will make a referral for provision of home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

7. Medicines in school

7.1 Self-management by students

Wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then 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 IHCP. Parents/carers will then be informed so that alternative options can be considered.

7.2 Managing medicines on school premises

Some pupils may need to have access to life saving prescription drugs in an emergency. The details will be recorded in the pupil's individual healthcare plan and identified staff members will be aware of what to do.

Medication will be stored with the Principal First Aider in the first aid room. Any medication provided by the first Aider will be recorded and provided in accordance with the

Where any student is attending an offsite visit or trip, the lead staff member will take any medicines stored at school for any relevant pupils. Should medications be stored in glass bottles, these will not be taken onsite due to the risk of breakage.

Prior to staff members administering any medication, the parents or carers of the child must complete and sign an HCP (Appendix 2) or Parental Agreement for the school to administer medicine. No child will be given any prescription medicines without written parental consent except in exceptional circumstance. Where a child is prescribed medication without their parents' or carers' knowledge, every effort will be made to encourage the child to involve their parents or carers while respecting their right to confidentiality.

Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under the school's Drugs Education and Substance Misuse Policy.

Medications will be stored securely in the medical room and will be given to children for administration by a member of staff. Children will never be prevented from accessing their medication. Any medications left over at the end of the course will be safely disposed of by parents. Refrigeration will be provided onsite for those medicines that have to be stored at a specific temperature.

Records will be kept of all child visits to the medical room; medication which is stored in the medical room and is regularly taken by children will be recorded in the medical diary kept by the First Aid Officer.

WHSG cannot be held responsible for side effects that occur when medication is either administered by a staff member according to the Health Care Plan or administered by a child under the supervision of a staff member according to the Health Care Plan.

8. Emergency Situations

Where a child has an IHCP, this 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. Other students in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Guidance on contacting the emergency services is provided at Appendix 5. For instances of self-harm, suicidal thoughts or suicide attempts, refer to the Local Safeguarding Children Board (LSCB) self-harm protocol which can be found here: [Sutton Local Safeguarding Children Partnership - Self Harm \(suttonlscp.org.uk\)](https://www.suttonlscp.org.uk)

9. Enrichment and Extra-curricular Activities

Students with medical conditions are actively supported to participate in school trips and visits, enrichment and sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of students in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

10. Record Keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school.

Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place, in electronic format, which all staff are aware of.

11. Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to students with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

The scheme provides liability cover for injury or damage as a result of the provision of first aid and administration of medication by employees acting in the course of their employment, provided the following criteria have been adhered to:

- they are an official designated first aider acting within their remit;
- they have received full training by a qualified medical person, relevant to the medication/first aid being administered;
- they have taken the necessary refresher training courses at the required intervals; and
- they have used the protective equipment relevant for that purpose

12. Complaints

If parents or students are dissatisfied with the support provided, they should discuss their concerns directly with the school in the first instance. The complaint should be raised with the relevant Head of Year initially and if required this can be escalated through the pastoral reporting system to the Assistant Headteacher for Student Support.

If for whatever reason this does not resolve the issue, a parent/carer may make a formal complaint via the school's complaints procedure which can be found on the school website.

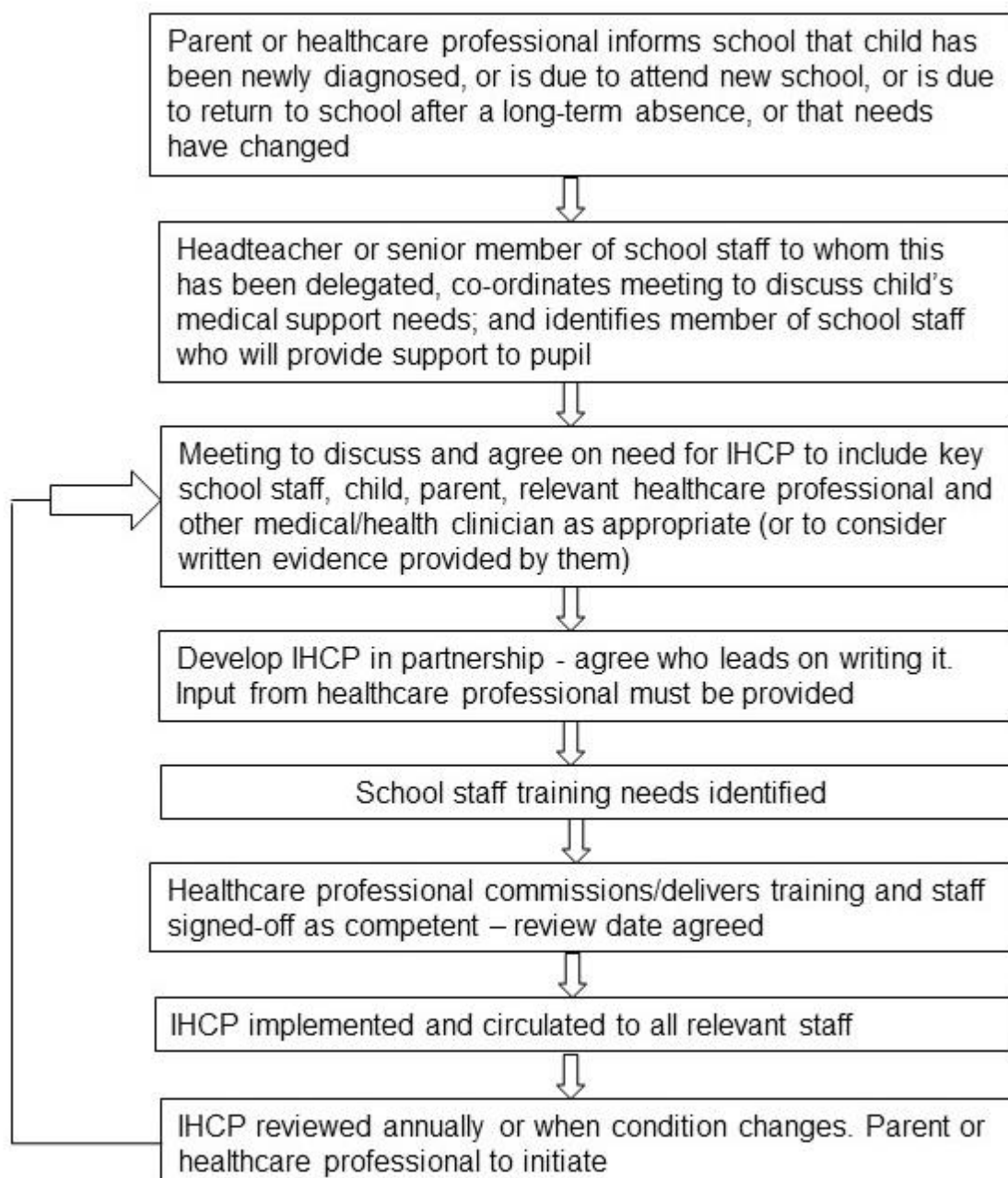
13. Links to other policies

This policy links to the following policies

- > GLT School Complaints Policy
- > GLT Child Protection and Safeguarding policy
- > GLT Special Educational Needs & Disabilities policy
- > Drugs Education and Substance Misuse Policy
- > Emergency Evacuation Procedure
- > Lockdown Policy
- > First Aid Policy



Flowchart for Developing an Individual Healthcare Plan



Appendix 2



Individual Healthcare Plan Template

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

WALLINGTON HIGH SCHOOL FOR GIRLS



Personal Emergency Evacuation Plans (PEEP)

Introduction

1. A PEEP will be designed around the needs of an individual taking into account emergency procedures and the physical features of the building or site where they work.
2. Each person and each building is different. There should not be an expectation that a PEEP which is adequate for one workplace will be suitable for another.
3. The principle of providing accessibility for disabled persons is documented within the Disability Discrimination Act 1995, The Building Regulations (Approved Document M) 1999 and British Standard 5588, Part 8.
4. Although there is legislation and outline guidance, little information exists to assist a manager to devise a strategy to cover emergency evacuation reflecting the needs of individual disabled employees or visitors. In order to address this problem, a Personal Emergency Evacuation Plan should be developed.

Guidance on PEEP development

5. Several points need to be considered in developing a plan. These are based on the following:
6. Individual - A plan must always be designed around the needs of a person. It is imperative that the individual is involved in the development of the plan so that their needs are understood.
7. Location - Given that a PEEP will be designed around the needs of an individual as they relate to a particular building, it follows that a PEEP will apply to only one building. There may need to be further PEEPs should the person need to use other buildings in the course of their work.
8. Awareness - Employers are legally required to communicate details of emergency arrangements to staff. A PEEP is an effective method of ensuring that a procedure becomes practice. In providing a PEEP, there is also a need to ensure that the information is delivered in the most appropriate medium, (written, audio, Braille) which meets the needs of the disabled person.

Means of Escape

9. The most important aspect of Personal Emergency Evacuation Plans is the recognition of the means of escape routes and other facilities that are available.

Evacuation Lifts

10. These are modified lifts that may be used to evacuate disabled persons. Such modifications will include:
 - Dual power supplies
 - Communication systems
 - Fire separation from other building elements
 - These lifts should comply with the standards detailed in BS 5588 Part 8.

Fire - Fighting Lifts.

11. In the absence of an Evacuation Lift, a Fire-Fighting Lift may be considered subject to satisfactory communication and control procedures.

Disabled Refuges

12. These consist of areas at staircase landings, or lobbies to Evacuation Lifts, that have been modified to allow wheelchair users to remain for a short time in a place of relative safety whilst persons nominated to assist in the evacuation attend these areas. These nominated persons then assist in moving the disabled persons up or down the staircase utilising either an Evacuation Chair, by carrying or transporting the person in their wheelchair, assisting them in some other way (e.g. arm supporting, carrying their wheelchair whilst they descend/ascend stairs separately) or moving the disabled person utilising Progressive Horizontal Evacuation if appropriate and desirable. This should lead either to an Evacuation Lift, a place of comparative safety within the building from which a place of ultimate safety may be reached, or to a place of safety in the open air. Communications systems may be provided within disabled refuges.

Evacuation Chairs (EVAC)

13. These are devices that allow an able bodied person to move a disabled person across floors and down staircases with relative ease having transferred the person from a wheelchair to the evacuation chair. It should be noted that British Standards do not promote the use of EVAC chairs as the physical act of transferring a person from a wheelchair to an EVAC chair can injure the person especially if that person had a skeletal disorder. In this case it is favourable to utilise evacuation lifts, and/or use of Refuges, or by Progressive Horizontal Evacuation. This allows disabled persons to evacuate with dignity. Assistants must be fully trained in the use of Evacuation Chairs.

Fire Warning Systems

14. In buildings with a two-stage fire alarm system, the evacuation procedure for disabled people should begin on the first stage alarm.
15. Refer to the "Fire Warning Systems" section in the FSGN in respect of arrangements for hearing impaired staff and visitors.

Progressive Horizontal Evacuation

16. In larger buildings it may be possible to utilise the passive fire resisting elements of the building, which might allow disabled persons to move horizontally to the next fire compartment. It may be possible to then wait with a nominated person (whilst in communication with the emergency control point) and then return to the workstation after the emergency has ended. This is only acceptable for a small incident. Appropriate plan(s), and the required number of assistants, should be available to assist in the event of the necessity to commence vertical evacuation.

Stakeholders

17. Primary responsibility for completion of a PEEP lies with the Line Manager, who may draw on the advice and support of the following - in arriving at an effective plan:
 - Local building management
 - Colleagues
 - HR (for new staff)*
 - Corporate Health and Safety Unit
 - Construction and Property Services

*For new staff it is imperative that a template be issued in advance of appointment or on the first day of work, in order that it can be completed as part of the induction.
18. The Line Manager should endeavour to ensure that the procedure is concluded and swiftly as possible in tandem with Building Management who will be aware of emergency systems and have access to specialists in emergency situations.
19. The individual must recognise that they may need assistance in order to evacuate. Their assistance in developing a plan will assist them in understanding the concept.
20. Colleagues may be nominated to provide assistance. In these circumstances these persons will need to be aware of their responsibilities and may need training specific to the agreed PEEP. Deputies must be also nominated to cover absences.
21. The manager should conduct a meeting with the staff member asking questions - using the questionnaire attached. The results should then be translated into a simple sheet which is held by the manager / staff

member / any designated people who will give assistance/ the person responsible for emergency arrangements / Building Management

Temporary and Contract Staff

22. These should be treated in the same way as other employees for the purposes of preparing an appropriate PEEP.

Visitors to Premises

23. Hosts should ensure that they communicate the evacuation procedures for a given site to any visitor who may have an impairment. Escape routes, refuges, stairs, and Evacuation Lifts should be identified to visitors. A PEEP plan should be devised as necessary, and appropriate numbers of staff should be designated and available to assist in the event of evacuation for the duration of the visitor(s) presence.

Training

24. Staff such as Fire wardens, allocated helpers (buddies) or nominated others should receive instruction/training in how to assist disabled persons in the event of evacuation. Such instruction should include practical demonstrations and training appropriate to their responsibilities. The following should be included in the training aims :-
- Trainees will be aware of the organisations legal responsibilities for assisting disabled employees.
 - Trainees will be able to locate those disabled employees who they are to assist within one minute of the fire alarm being sounded.
 - Trainees will be able to assist, during an emergency, disabled employees by using the methods identified in the employees PEEP, including the use of Evac Chairs and methods of vertical movement of wheelchairs.
25. The effectiveness of the training should be evaluated during fire drills.



Pathways of Support for Students with Health Needs

WHSG follows the pathways indicated below in order to ensure clarity and fairness of procedures. Within these pathways, all students and young people with health needs will receive consideration and appropriate support based on their individual requirements.

The criteria for home tuition support are:

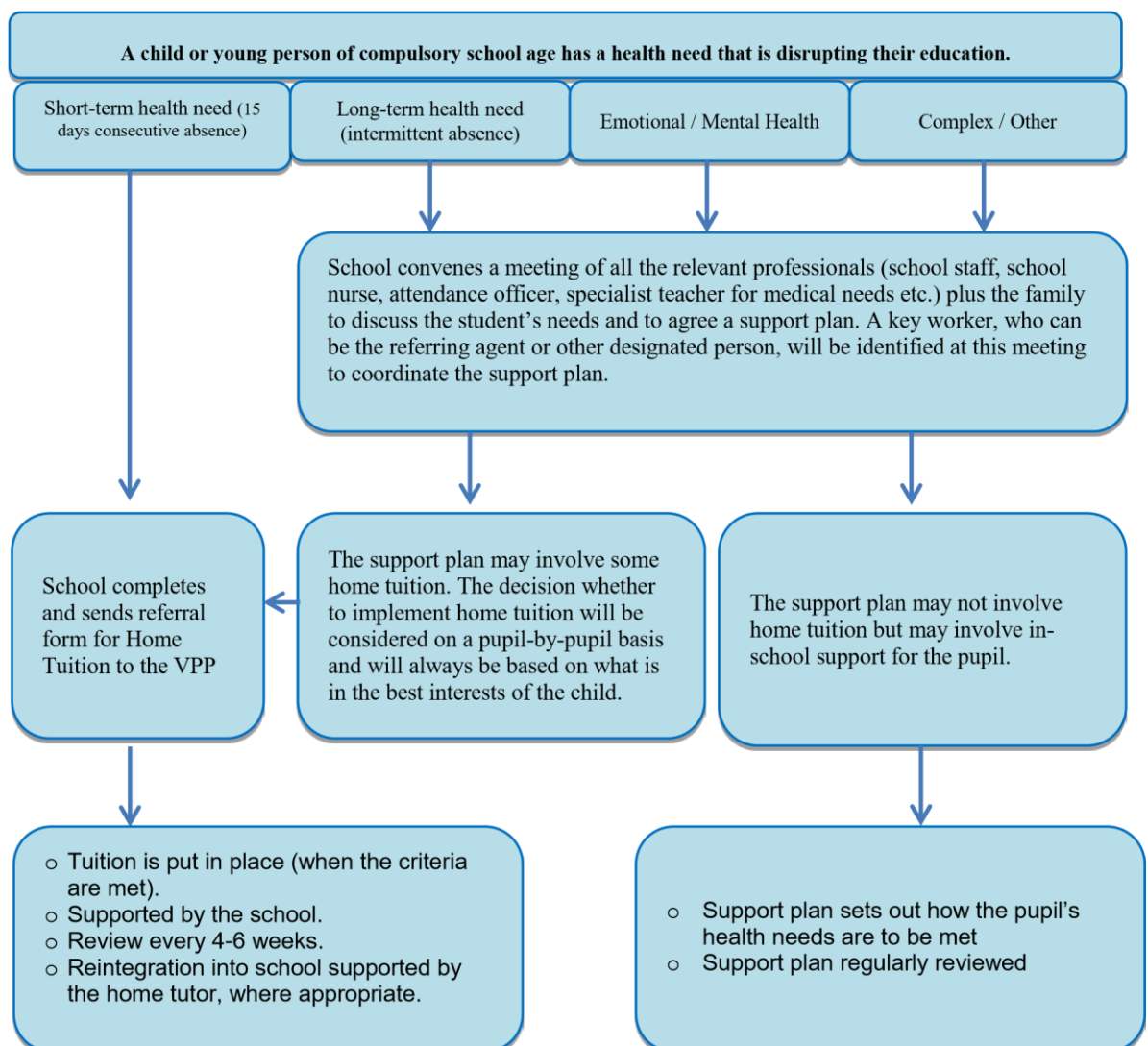
- The student is a resident of the London borough of Sutton; and
- The student is of compulsory school age; and
- The student is (due to be) temporarily absent for at least 15 consecutive school days because of medical reasons, including mental ill-health.

or

The student's long-term medical condition causes them to be absent for at least 15 days over the course of the current academic year.

and

The referral is supported by medical evidence from a specialist medical consultant of the need for home tuition (evidence from a GP is not appropriate).



Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [Wallington High School for Girls, Woodcote Rd, Wallington, Surrey, SM6 0PH]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone
9. Inform the parent/carer of the emergency call and which hospital the ambulance is taking their child to.
10. If the parent/carer cannot accompany their child in the ambulance then an appropriate adult from the school must do so and meet the parent/carer at the hospital

Appendix 6

DfE 'Supporting pupils at school with medical conditions' (2015):

<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>