



# Shevington High School

## Supporting Pupils at School with Medical Conditions Policy

<b>DATE REVIEWED:</b>	<b>13.11.2024</b>
<b>COMMITTEE:</b>	<b>Standards Committee</b>
<b>NEXT REVIEW DATE:</b>	<b>October 2025</b>

### **SHEVINGTON HIGH SCHOOL**

Headteacher: Mr J Bennett

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## SCHOOL AIM

To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## INTRODUCTION

The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting pupils at the school with medical conditions. In so doing the governing body must have regard to guidance issued under Section 100 of the Act, which came into force on 1<sup>st</sup> September 2014.

Some pupils with medical needs may be disabled. Where this is the case the Governing Body **must** comply with their duties under the Equality Act 2010. Some may have special educational needs (SEN) and may have a statement, or education health care plan (EHC). For pupils with SEN, this guidance should be used in conjunction with SEND code of practice (2014).

Where there are possible social and emotional implications associated with medical conditions, or long-term absences which impact on the pupil's ability to integrate with their peers, re-integration back into school will be fully supported.

Where a pupil needs to take medication in school for an extended period or has a chronic on-going condition a Health Care Plan will be put in place (**Appendix 3**). This will be agreed jointly by the school and parents/ carers with the advice of health professionals. Parents/ carers should provide the school with all necessary information about their child's condition and will sign appropriate agreement forms for the administration of medication (**Appendix 4**).

This policy may be superseded by a pupil's EHCP plan or Individual Care Plan, or may be used in conjunction with them.

The guidance also applies to activities taking place off-site as part of the normal education activities.

## ROLES AND RESPONSIBILITIES

**The Named Person with Responsibility:** Miss K Milward

This person is responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring staff are aware of the needs to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professional and other agencies

**The Local Authority (LA) is responsible for:**

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

**The Governing Body is responsible for:**

- Determining the school's general policy and ensuring that arrangements are in place to support pupils with medical condition.
- Ensuring the policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

**The Headteacher is responsible for:**

- The day to day management and provision of support for children with medical conditions, including liaison takes place with all relevant healthcare professionals and partners.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Insurance?

**Teachers and Support staff are responsible for:**

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in Individual Healthcare Plans.
- Working with the named person, ensuring that risk assessments are carried out for school visits and other activities outside the normal school timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

**Parents/ carers are responsible for:**

- Providing the school with all necessary information about their child's condition.
- Signing appropriate agreement forms for the administration of medication (Appendix 4).
- Ensuring ensure all medicines are in date, in the original container, showing the appropriate dosage.
- Supplying replacement/ additional medication as required.
- Being involved in jointly agreeing health care plan for their child.

## **PUPIL PARTICIPATION**

Young people with special educational needs often have a unique knowledge of their own needs and circumstances and their own views about what sort of help they would like to help them make the most of their education. They will be encouraged to participate in Annual reviews and all the appropriate decision-making processes, including the setting of learning targets and contributing to Individual Education Plans, discussions about choice of schools and transition processes.

## **PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION**

- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan (IHCP) will be drawn up
- **Appendix 2** outlines the process for developing IHCPs

## **INDIVIDUAL HEALTHCARE PLANS (IHCPs)**

An IHCP will be written for pupils with a medical condition that is long term and complex. It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and clear action to take in the case of an emergency.

Where a child has SEN but does not have a statement or EHCP, their special Educational needs will be mentioned in their IHCP.

IHCPs will be reviewed annually or earlier if evidence is provided that a child's needs have changed.

Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

## **INTIMATE CARE**

At Shevington High School, we are committed to ensuring that all pupils with medical conditions receive the care they need to fully access the educational environment. This includes providing appropriate and respectful intimate care when necessary.

Intimate care may include assistance with washing, dressing, toileting, or any personal care tasks that pupils are unable to manage for themselves due to their medical conditions.

## **Guiding Principles**

- **Dignity and Respect:** The pupil's dignity is paramount. Intimate care will always be provided in a way that maintains the pupil's self-esteem and comfort.
- **Privacy:** Intimate care will take place in a private area to ensure that the pupil feels safe and secure.

- **Consent and Involvement:** Wherever possible, pupils will be encouraged to manage their own care independently. When assistance is required, staff will seek the pupil's consent and explain each step before proceeding.
- **Staff Training and Safeguarding:** All staff involved in intimate care will receive appropriate training to manage the specific medical needs of the pupil. Safeguarding procedures will be followed to protect both pupils and staff. At least two members of staff may be present during the provision of intimate care to safeguard all parties involved.

### **Parental/Guardian Involvement**

Parents/guardians will be informed and involved in discussions about their child's intimate care needs. A specific care plan will be developed in collaboration with health professionals, parents, and the pupil where appropriate.

### **Individual Care Plans**

Intimate care requirements will be detailed in the pupil's Individual Healthcare Plan (IHP). This plan will outline the specific tasks required, who is responsible for providing the care, and how the school will ensure the child's comfort and dignity are maintained.

### **Confidentiality**

Information related to a pupil's intimate care needs will be treated as confidential and shared only with those who need to know in order to provide the care.

## **ADMINISTERING MEDICINES**

Medicines should normally be administered at home and should only be taken into school for administration during the school day when essential. It is expected that administration during the school day will only apply to medicines that need to be administered in excess of 3 times per day.

### **Definitions**

**"Medication"** is defined as any prescribed or over the counter medicine.

**"Prescription medication"** is defined as any drug or device prescribed by a doctor.

Medication must be:

- in the original container as dispensed by a pharmacist,
- labelled
- in date,
- show the child's name
- Include the prescriber's instructions for dosage, storage and administration. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

Medicines should be stored safely.

Students should know where their medicines are at all times and who holds the keys to the storage unit. Devices such as asthma inhalers, blood glucose testing meters and

adrenaline pens should always be readily available to students and not locked away. (Note – this is particularly important on school trips)

On acceptance of the medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named member of staff.

Medicines containing Aspirin must never be given to children under 16 unless prescribed by a doctor.

Written records will be kept of all medicines administered to children.

Medication should never be administered without first checking maximum dosages and when the previous dose was taken.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **Prescription medicines**

A named member of staff may administer such a drug for whom it has been prescribed according to the instructions

If agreed the school can look after the drug on behalf of the child. The school will keep the safely locked up with access only by the named member of staff. If required the medication will be stored in a refrigerator.

A record of storage will be kept for audit purposes

A record of administration (**Appendix 5**) will be kept and signed by the person administering the medication showing the date and time and details / dosage of the medication. This must be countersigned by another adult. Any side effects of the medication to be administered should be noted.

Prescription drugs should be returned to the parents when no longer required.

Ritalin, or any other prescribed drugs known as a “controlled drug” will be kept in a locked cupboard with controlled access.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it on to another child for use is an offence.

School staff may administer a controlled drug to a child for whom it has been prescribed in accordance with the prescriber’s instructions. A record must be kept of administration to individual pupils, stating what, how much, when and by whom

### **Process for the Administration of Medicines in school- Long term medical needs school.**

Where a pupil needs to take medication in school for an extended period or has a chronic on-going condition a Health Care Plan will be put in place (**Appendix 3**) This will be agreed jointly by the school and parents/ carers with the advice of health professionals.

It is the responsibility of the parent to inform the school of any changes to their child's condition that may require the details of the care plan to be altered.

The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan. Training should be specific to the individual student concerned.

Regular training will be given for all staff on more generalised needs e.g. asthma, epi-pen, diabetes and epilepsy. This will be arranged either through the school nurse or a recognised training organisation.

### **Process for the Administration of Medicines in school- Day trips, residential visits and sporting activities- all needs**

Pupils with medical needs will be encouraged, as far as reasonably practicable, to participate in visits according to their own abilities. Arrangements will be put in place to enable pupils to do so safely, unless evidence from a clinician such as a GP states that this is not possible

If the pupil has a care plan, and it is an international visit, the International emergency number should be included on the risk assessment (usually 112 in the EU- this also works for mobiles in the UK when out of reach of a signal).

Staff must be aware of how a student's medical condition will impact on their participation.

A risk assessment must be carried out prior to any event. This will take into account consultation with parents and advice and guidance from health care professionals. A named person must be specified on this assessment who will be responsible for the administration of medication/ assistance for a pupil who requires it. All staff will be briefed about emergency procedures if needed and Care Plans will be taken on all visits.

In the case of higher levels of care, the named member of staff will meet with the school nurse, or other recognised medical advisor to ensure they are trained in dealing with the level of care needed. Where appropriate, reference may also be made to the Health & Safety Executive guidance on school trips

### **Other issues**

School has a defibrillator which is installed in the school office. Instructions on how to use the unit are contained within the appliance. First Aiders have been trained in the use of this and regular training sessions will be organised for those staff wanting further reassurance about its usage.

### **TRAINING**

Staff involved with supporting pupils with medical conditions will receive regular training for supporting these pupils. The training needs will be assessed as part of the continuing professional development process and as a result of development and review of Individual Healthcare plans.

In specific cases (e.g. epi-pen, manual handling etc.) this training will be arranged through/by relevant healthcare professionals or agencies as required.



## **ACTION IN EMERGENCIES**

A copy of this information will be displayed in the School Office.

Request an ambulance- dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

1. The school's telephone number
  2. Your name
  3. Your location (school address)
  4. Provide the exact location of the pupil within the school.
  5. Provide the name of the child and a brief description of their symptoms
  6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask office staff to contact premises to open relevant gates for entry
  - Contact the parents to inform them of the situation
  - A member of staff should stay with the pupil until the parent/carer arrives. If the parent/ carer does not arrive before the pupil is transported to hospital, a member of the staff should accompany the child in the ambulance

## **ACTIVITIES BEYOND THE USUAL CURRICULUM**

Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.

When carrying out risk assessment parents/carers, pupils and healthcare professionals will be consulted where appropriate.

## **UNACCEPTABLE PRACTICE**

School staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, but the following items are not generally acceptable practice:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment
- Ignoring the views of the child or their parents/carers: or ignoring medical evidence or opinion (although this may be challenged)
- Sending children with medical conditions home frequently to prevent them from staying for normal school activities, unless this is specified in their individual healthcare plans.
- If the child becomes ill, sending them to the school office or student services unaccompanied or with someone unsuitable
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents/carers, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting

issues. No parent should have to give up working because the school is failing to support their child's needs

- Creating unnecessary barriers to children participating in any aspect of school life, including trips.

## **INSURANCE**

An appropriate level of insurance is in place through the LA with:

*Maven*

*17-MPS-LIA-000000019*

School also holds Employer's liability insurance, third party public liability insurance, professional indemnity and property damage insurance via RPA (Risk Protection Agency).

## **COMPLAINTS**

- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance.
- If the issue is not resolved, then a formal complaint may be made, following the school's complaints procedure.

## **Appendix 1**

### **Code of Practice Definition of Special Educational Needs**

For the purposes of this policy we have used the term Special Educational Needs as defined by the Code of Practice.

- A child has special educational needs if he or she has a learning difficulty which calls for special educational provision to be made for him or her. (*Code of Practice D.F.E. 1993*)

Pupils have a learning difficulty if they:

- a) have a significantly greater difficulty in learning than the majority of pupils of the same age; or
- b) have a disability which prevents or hinders the child from making use of educational facilities of a kind generally provided for pupils of the same age in schools within the area of the local authority

Pupils must not be regarded as having a difficulty solely because the language or form of language of their home is different from the language in which they will be taught.

Special educational provision means:

- a) for pupils of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for pupils of their age in schools maintained by the LA, other than special schools, in the area
- b) for pupils under two, educational provision of any kind"

See Section 312, Education Act 1996

### **Definition of Disability**

"A child is disabled if he is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed"

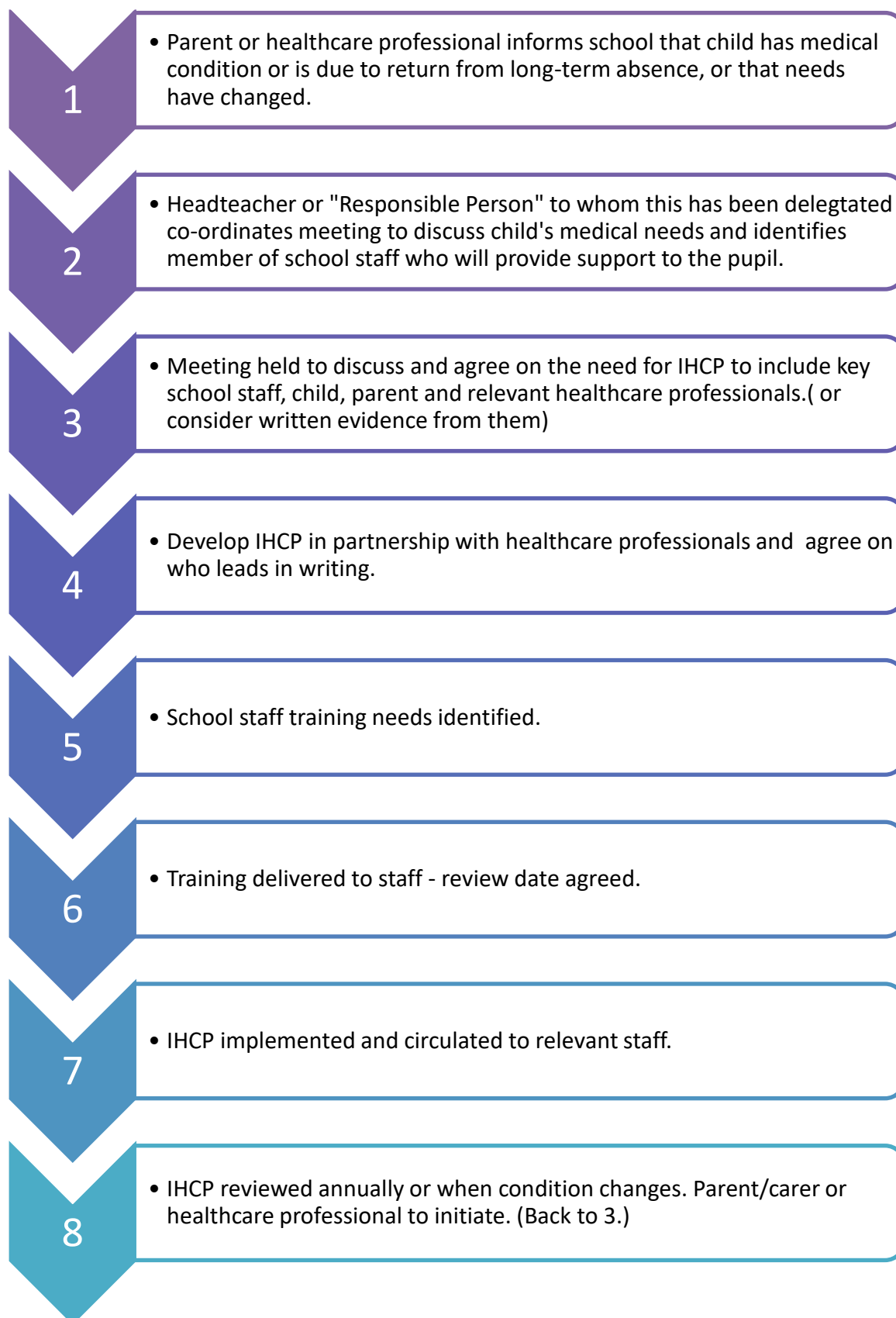
See Section 17(11), Pupils Act 1989

"A person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities."

See Section 1(1), Disability Discrimination Act 1995

It should be noted that pupils may fall within one or more of these definitions. Pupils with a disability will have special educational needs if they have any difficulty accessing education and if they need any special educational provision made for them.

## Appendix 2



## Appendix 3

### Shevington High School - Individual Health Care Plan

Child's name

Tutor group

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, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements (e.g. before sports/ at lunchtime etc.)

Specific support for the pupil'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

## Appendix 4

### Parental agreement for a school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

#### Shevington High School Medicine Administering form

Date for review to be initiated by

Name of child

Date of birth

Tutor group

Medical condition or illness


#### Medicine

Name/type of medicine  
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the  
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the  
medicine personally to

Mrs Lisa Thompson- School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## **Appendix 5**

### **Record of medicine administered to an individual child**

Name of School

Name of child

Date medicine provided by parent/carers

Class/form

Quantity received

Name & strength of medicine

Expiry date

Quantity returned

Dose & frequency of medicine

Staff signature

Parent/carers signature



## **Appendix 6**

### **Insurance Policy**

I confirm that the cover we currently provide under your insurance arrangements with us are not affected by your new statutory responsibilities that came in to force on the 1st September 2014.

The Public Liability policy that you have with us covers the insured, school governing body, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings. This applies to both straightforward and complex conditions. We would expect that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

Cover applies up to the full policy limit and in addition the policy covers costs incurred in defending any claim. The policy excess/deductible, if any, will apply as normal.

The policy applies to all school activities including extra curricula activities and school trips at home and abroad.

Cover also applies to any first aid activities carried out by teachers, employees and volunteers.

## **Other Safeguarding Legislation**

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.

Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible.

Section 3A provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible.

Section 2A provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses. Governing Bodies' duties towards disabled children and adults are included in the Equality Act 2010, and the key elements are as follows

Governing Bodies' duties towards disabled children and adults are included in the Equality Act 2010, and the key elements are as follows:

- They must not discriminate against, harass or victimise disabled children and young people
- They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers.

This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

### **Other Relevant Legislation**

Section 2 of the Health and Safety at Work Act 1974, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.

Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).