



MARICOURT  
CATHOLIC  
HIGH SCHOOL  
& SIXTH FORM CENTRE

# SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

## Mission Statement

Our Maricourt family, with Christ at the centre, is a community of welcome, compassion and respect in which we are encouraged to discover our true purpose and empowered to achieve the extraordinary so as to be the change we want to see in our world.

**INSPIRE**  
WITH  
MARICOURT

POLICY REVIEWED: Sept 2024  
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## **Statement of intent**

Maricourt wishes to Ensure that pupils with medical conditions receive appropriate care and support at school.

The policy has been developed in line with the Department of Education's guidance released in April 2014- "Supporting pupils at school with medical conditions".

## **Key roles and Responsibilities**

### **Local authority 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.

### **Governing Body is responsible for:**

- The overall implementation of the "Supporting pupils with medical conditions" policy and procedures of Maricourt.
- Ensuring that the "Supporting pupils with medical conditions" policy, as written does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life where possible.
- Ensuring that the relevant training by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance reflects the level of risk.

## **Headteacher is responsible for:**

- Ensuring that school's policy is developed and implemented effectively with partner agencies.
- Ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensuring that all staff who need to know, are aware of a student's condition.
- Ensuring that appropriate staff are trained to implement the policy and deliver against Individual Healthcare Plans in normal contingency and in emergency situations.
- Ensuring that the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Ensuring that all educational visits are appropriately risk assessed and that the medical needs of students participating have been identified and provision is in place.
- Devolving responsibility for implementation of the policy to the Assistant Headteachers in charge of Safeguarding (DSL).
- Contacting the school nursing service in the case of any child who has a medical condition.

## **Progress leaders are responsible for:**

- Liaising with designated lead to ensure appropriate support is in place for students with IHPs
- Liaising with pastoral support staff to ensure that appropriate medical information has been reviewed, communicated and monitored.

## **Designated staff are responsible for:**

- Consulting the student, parents and the student's healthcare professional to Ensuring the effect of the student's medical condition on their schoolwork is properly considered.
- Taking responsibility for ensuring individual healthcare plans are devised in partnership with the pastoral team, School nurse, parents and students

The designated staff for IHPs is: Lydia Scott, Assistant SENDCo

## **Staff members are responsible for:**

- Ensuring they are up to date with information shared on students specific medical concerns.
- Taking appropriate steps to support children with medical conditions.

- Where necessary, taking reasonable adjustments to include pupils with medical conditions into lessons.
- When taking responsibility engage with training to achieve the necessary level of competency to support students with medical conditions.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with medical conditions needs help.
- Being aware of the potential for students with medical conditions who have special educational needs (SEN).

### **School nurse is responsible for:**

- Notifying the school when a child has been identified as having a medical condition that will require school support.
- Providing advice on developing Individual Healthcare Plans and supporting schools with particular conditions.
- Liaising locally with lead clinicians on appropriate support.

### **The person responsible for school cover must ensure that:**

- Supply teachers are briefed on student's medical needs.
- Know how to access the records when required.

### **Parents and carers are responsible for:**

- Keeping the school informed about any changes to their child/children's health.
- Providing the medication their child requires and keeping it up to date.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the relevant staff members and healthcare professionals.
- Working with school to limit the impact medical needs will have on their school life

### **Students are responsible for:**

- Being fully involved in discussions about their medical support needs and contributing as much as possible to the development of, and complying with, their Individual Healthcare Plan.
- Endeavouring to develop independence in managing their own medical needs and procedures where appropriate.
- Carrying their own medicines and devices where possible.

### **Training of staff**

- Teachers and support staff will receive regular and ongoing training and pupil updates as part of their development to ensure an awareness of the needs of students in their care.
- Only staff members that have received training specific to the responsibility will administer the Jext/ Epi pen injection. School does not hold these items on site.
- The HR Officer will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

### **Individual Healthcare Plans (IHCPs)**

Individual Healthcare Plans are used to ensure that we effectively support students medical needs. IHCPs often are required for students with High risk medical needs;



with medical needs that required regular intervention or support within the school day; where medical needs are complex and long term; or in cases where conditions fluctuate

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, progress leader, school nurse, special educational needs coordinator (SENCo) or assistant and medical professionals. This will be led by the designated staff member for IHCPs
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LEA and education provider to
- Ensuring that the IHCP identifies the support the child needs to reintegrate.

IHCPs will contain:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by

the pupil during school hours;

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **“Low level” or monitored medical concerns**

Students with medical needs that do not need regular interventions within the school day and do not pose a high risk may not require an IHCP. While a formal IHCP will not be in place, in many cases it is prudent to share relevant information with class teachers so that they can monitor and act accordingly to any symptoms.

- Medical information will be updated via the pastoral teams
- Medical records will be updated on the MIS
- Relevant information will be documented for teaching and support staff in an appropriate format that is easily accessible to staff but preserves confidentiality

## **Medicines**

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- Only in exceptional circumstances will staff administer medication to any student: prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- Where a pupil is prescribed medication without their parents'/carer's knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 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 our Drug and Alcohol Policy.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- Maricourt cannot be held responsible for side effects that occur when medication is taken correctly.



## Safe Disposal

- Sharps boxes are used for the disposal of needles.
- School will neither store nor dispose of these. This is the sole responsibility of the individual student.

## Educational Visits / Education Off-Site

- Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- Students with medical conditions will be contacted prior to the visit. This requests up-to-date information about the student's current medical condition and how it is to be managed whilst away.
- Staff on educational visits and out-of-school hour's activities, are fully briefed on students' individual medical needs. They will have access to the Individual Healthcare Plan and any necessary medication / medical equipment for the duration of the visit.
- Risk assessments are carried out before students undertake a work experience or off-site educational placement. It is the school's responsibility to Ensuring that the placement is suitable and accessible for a student with medical needs. Permission is sought from the student and their parents before any medical information is shared with an employer or other education provider.

## Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures.
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
  - What constitutes an emergency.
  - What to do in an emergency.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## Complaints

Should parents / students /stakeholders be dissatisfied with the support provided, they should discuss their concerns directly with school with the aim of a swift resolution. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## Key Personnel

<b>Designated staff for IHCPs</b>	Lydia Scott (Assistant SENDCo)
<b>Pastoral Support</b>	Julie Thomas Maisie Jones
<b>SENDCo</b>	Sarah Linten

## Glossary of Terms

### Controlled Drugs

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs; for example, morphine. Stricter legal controls apply to controlled drugs to prevent them being misused, obtained illegally or causing harm.

### Medication

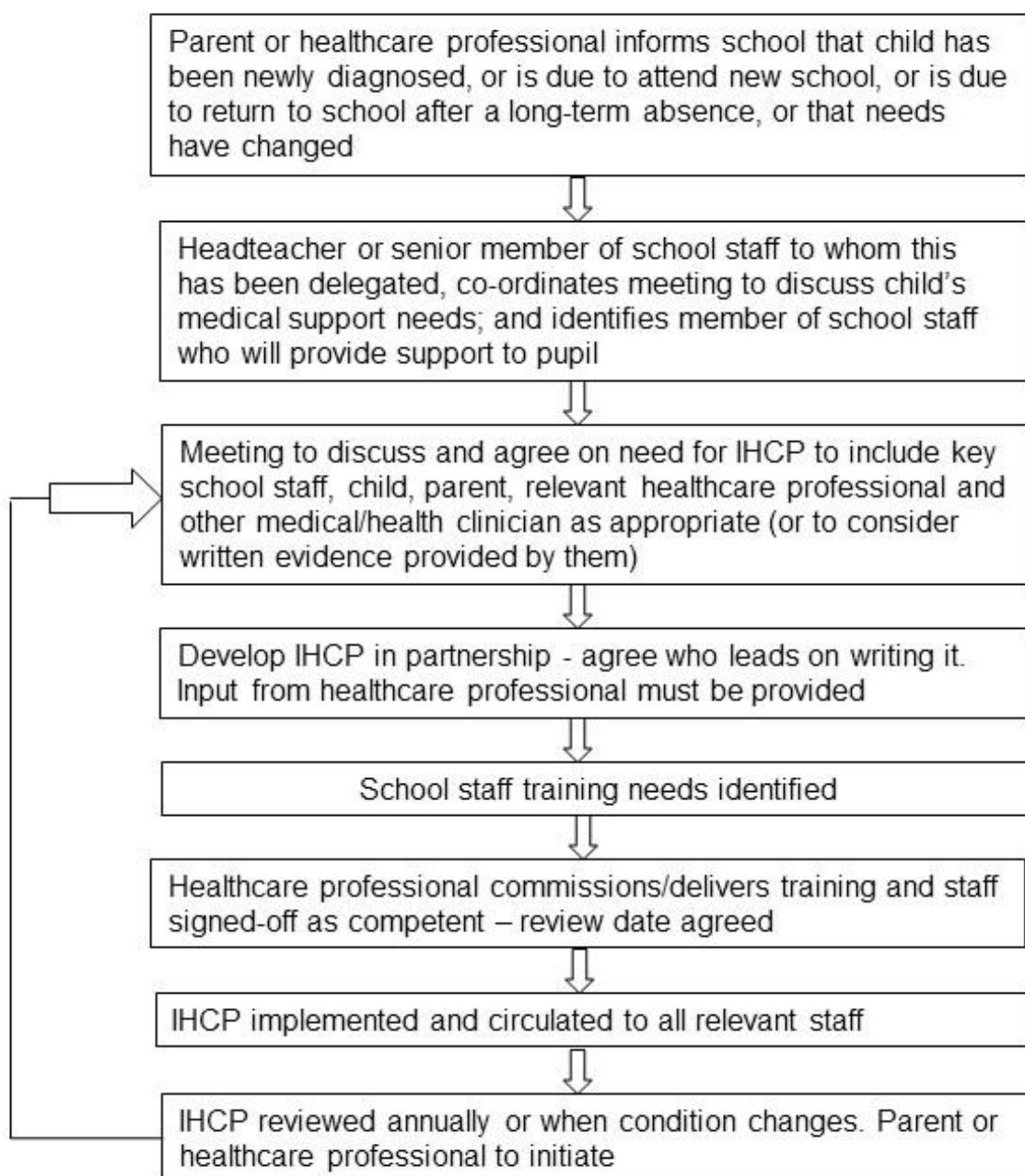
“Medication” is defined as any prescribed or over the counter medicine.

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

### Staff member

A “staff member” is defined as any member of staff employed at Maricourt.

## Model process for developing individual healthcare plans



## Legislation

This policy is written in line with the following 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 well-being 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 well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate 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's 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's 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:  
They must not discriminate against, harass or victimise disabled children and young people.

They must make reasonable adjustments to Ensuring 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.

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 Ensuring 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 that 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).

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

**Section 19 of the Education Act 1996** (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

## **Associated resources**

Links to other information and associated advice, guidance and resources e.g. templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.