# Medical Policy (including management of student pregnancy)

**The Sheriff Partnership**

**Home of Coventry and Central Warwickshire Teaching School Hub**

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| *Next Review date* | Autumn 2027 |
| *Reviewed by* | Nicola Dandy |
| *Approving Committee* | Pastoral Committee |
| *Policy type* | Statutory / Compliance-based Policy |
| *Other related policies* | First Aid Policy<br>Allergy Management Procedures incorporated into this policy<br>Educational Visits Policy<br>Supporting Pupils with Medical Conditions Guidance |

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## 1. Aims

This policy aims to ensure that:

Pupils, staff, and parents understand how our Trust will support pupils with medical conditions.

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

**The named person with responsibility for implementing this policy is Nicola Dandy**

## 2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school. This policy also complies with our funding agreement and articles of association.

[This policy also reflects the requirements of the Department for Education's *Allergy Safety in Schools* statutory guidance (2026), which requires schools to have arrangements in place for the identification, management and emergency treatment of allergies, including an allergy safety policy, staff training, Individual Healthcare Plans (IHPs) where appropriate, and access to adrenaline auto-injectors (AAIs). [gov.uk]]

## 3. Roles and responsibilities

### 3.1 The Trust Board

The Trust Board has ultimate responsibility to ensure adequate arrangements are in place to support pupils with medical conditions. The Trust Board ensures that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 3.2 The Headteacher

The Headteacher will:

- make sure all relevant staff are aware of this policy and understand their role in its implementation
- ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- ensure that all staff who need to know are aware of a child's condition
- take overall responsibility for the development of IHPs
- ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- ensure appropriate allergy management procedures are implemented across the school
- ensure the school maintains and regularly reviews an Allergy Register
- ensure arrangements are in place for the purchase, storage, monitoring and emergency use of spare adrenaline auto-injectors (AAIs)
- ensure all staff receive allergy awareness training and that sufficient members of staff receive practical anaphylaxis and AAI administration training

3.3 **Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 **Parents**

Parents will:

3.4.1 provide the school with sufficient and up-to-date information about their child's medical needs ensuring emergency contact details are kept up to date

3.4.2 all parents /carers are asked to complete a medical form notifying the school of health problems and their treatment and are reminded to keep emergency contact numbers up to date.

3.4.3 data collection forms are re-issued at the beginning of each academic year

3.4.4 all new parents / carers are asked about and given the opportunity to discuss their child's specific health problems See Appendix A- link to Transition to Year 7 google site

3.4.5 be involved in the development and review of their child's IHP and may be involved in its drafting

3.4.6 carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to adhere to their IHPs.

## 4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and to endeavour to remove barriers that might prevent this.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## 5. Being notified that a child has a medical condition

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

Where the school has been given relevant information, we will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

## 6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Wellbeing Manager.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

a. what needs to be done

b. when

c. by whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents whether an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has Special Educational Needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following factors will be considered when deciding what information to record on IHPs:

a. the medical condition, its triggers, signs, symptoms and treatments.

b. The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.

c. Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.

d. The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.

e. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.

f. Who in the school needs to be aware of the pupil's condition and the support required.

g. Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours.

h. Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.

i. Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.

j. What to do in an emergency, including who to contact, and contingency arrangements.

### 6.1 Allergies and Anaphylaxis

The Trust recognises that allergies can have a significant impact on a pupil's health, wellbeing, attendance and ability to access education. Allergic reactions can range from mild symptoms to life-threatening anaphylaxis.

The school will:

- maintain an up-to-date register of pupils with diagnosed allergies
- ensure that pupils with significant allergies are considered for an Individual Healthcare Plan (IHP)
- work in partnership with parents/carers and healthcare professionals to identify allergy triggers and reasonable control measures
- ensure staff are aware of pupils with severe allergies where this information is necessary to safeguard the pupil
- undertake risk assessments where allergies may affect participation in practical lessons, educational visits, enrichment activities or catering provision
- take reasonable steps to reduce exposure to known allergens where identified through a pupil's Individual Healthcare Plan
- ensure emergency procedures for managing allergic reactions and anaphylaxis are clearly communicated to staff.

The school will not guarantee an allergen-free environment but will take proportionate and reasonable steps to minimise risks and support pupils with allergies safely within the school community.

[gov.uk], [anaphylaxis.org.uk]

## 7. Managing medicines

Prescription and non-prescription medicines will only be administered at school and must be supplied by a parent/ carer:

- when it would be detrimental to the pupil's health or school attendance not to do so **and**
- where we have parents' written consent

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

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Medication will only be administered in the case that

parents / carers have given prior permission. In the instance that an EpiPen or insulin is administered during an emergency, then parents will always be informed directly afterwards.

The school will only accept prescribed medicines that are:

- in-date
- labelled
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines such as adrenaline pens will always be readily available to pupils when required and devices such as inhalers are to be kept on a student's possession.

Medicines will be disposed of or returned to parents for safe disposal when no longer required.

### 7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the Wellbeing Office for access by the Wellbeing team and SLT.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept on CPOMS.

### 7.2 Pupils managing their own needs

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

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

### 7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally NOT acceptable to:

- prevent pupils from easily accessing their medication, and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents
- ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

- if the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues.
- prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- administer, or ask pupils to administer, medicine in school toilets

### 7.4 Adrenaline Auto-Injectors (AAIs)

The school will maintain a supply of spare adrenaline auto-injectors (AAIs) for emergency use in accordance with Department for Education guidance.

Spare AAIs:

- will be stored securely whilst remaining readily accessible in an emergency
- will be clearly labelled and regularly checked to ensure they remain within expiry dates
- may be administered in an emergency where anaphylaxis is suspected
- do not replace the requirement for pupils prescribed AAIs to have access to their own prescribed devices at all times

Where an AAI is administered:

- 999 will be called immediately and "anaphylaxis" stated
- parents/carers will be informed as soon as reasonably practicable
- the incident will be recorded and reviewed to identify any lessons learned

A record will be maintained of all emergency use, stock checks and replacement arrangements.

[gov.uk], [gov.uk], [assets.pub...ice.gov.uk]

## 8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, they will either be taken by a member of staff, the parents called to take them or an ambulance called. Staff will liaise with parents to judge how long they should stay with the pupil.

In the event of suspected anaphylaxis:

- adrenaline should be administered without delay in accordance with the pupil's Individual Healthcare Plan and staff training
- an ambulance must be called immediately
- a second adrenaline auto-injector should be administered if symptoms do not improve after 5 minutes and a second device is available
- the pupil must not be left unattended until emergency services arrive.

[assets.pub...ice.gov.uk]

## 9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Deputy Headteacher responsible for Pastoral. Training will be kept up to date.

Training will:

a. be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils

b. fulfil the requirements in the IHPs

c. help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

All staff will receive regular allergy awareness training covering:

- recognition of allergic reactions and anaphylaxis
- common allergens and risk reduction measures
- emergency response procedures
- the location and use of adrenaline auto-injectors

Staff with specific responsibility for pupils at risk of anaphylaxis will receive additional practical training in the administration of adrenaline auto-injectors.

[gov.uk]

## 10. Children and young people who cannot attend school due to illness

If a pupil is unable to attend school due to illness, then they are encouraged to take responsibility for ensuring that they catch up on any work missed by emailing members of staff. If it is anticipated that a pupil is likely to be absent for 2 weeks or more, due to illness, then the Head of Year will liaise with the pupil's parent / carer to discuss the academic support required. The Head of Year will then work with subject teachers to ensure that appropriate work is sent home for the pupil to complete. Resources may be sent home via email, set on Teams or through worksheets / workbooks.

If a pupil is unable to attend school due to illness, for an extended period of time (e.g. 6 weeks or more), then support through external agencies will be considered. The school will work constructively with parents /carers and relevant health agencies and providers, such as the Flexible Learning Team, to ensure the best outcomes are achieved for the pupil by:

- sharing information with relevant health services and / or the local authority as required

- helping to ensure that the provision offered to the pupil is as effective as possible and that the pupil can be reintegrated back into school successfully.

When reintegration is anticipated, the school will work to:

a. Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible.

b. Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school).

c. Create individually tailored reintegration approaches for each child returning to school.

d. Consider whether any reasonable adjustments need to be made.

The school's pastoral team (Heads of Year, Heads of House and Pastoral Manager) will work with members of the Senior Leadership Team to review the support in place at regular intervals and ensure it remains appropriate and effective.

## 11. Record keeping

The Trustees will ensure that 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 child has to go home because they are unable to stay in school or if they have had a serious head injury.

The school will maintain:

- an allergy register
- records of staff allergy training
- records of AAI stock checks and expiry date monitoring
- records of allergy incidents, near misses and emergency interventions.

[gov.uk]

## 12. Pregnancy

The Equality Act 2010 ensures protection from discrimination for pupils who are pregnant. We will not treat a pupil less favourably because she becomes pregnant or has recently had a baby, or because she is breastfeeding**.**

Government guidance is that a pregnant student should be allowed no more than 18 calendar weeks' authorised absence to cover the time immediately before and after the birth of her child. The Statutory Guidance on the Participation of Young People in Education, Employment or Training (DfE, March 2013) also sets out that parents caring for children would be expected to participate in education.

The young woman will have access to a named teacher with whom she will meet regularly and who will oversee her pastoral and educational support. This will include completing a full pregnancy risk assessment and development of corresponding action plan.

Pregnant young women are entitled to attend antenatal and post-natal classes, and will be encouraged to do so. Expectant young fathers will also be encouraged to attend these sessions where appropriate.

The school acknowledges that school age fathers and fathers to be may have additional needs. They will have access to a named teacher who will oversee their pastoral and educational support. Paternity leave may be taken in accordance with ordinary parental leave.

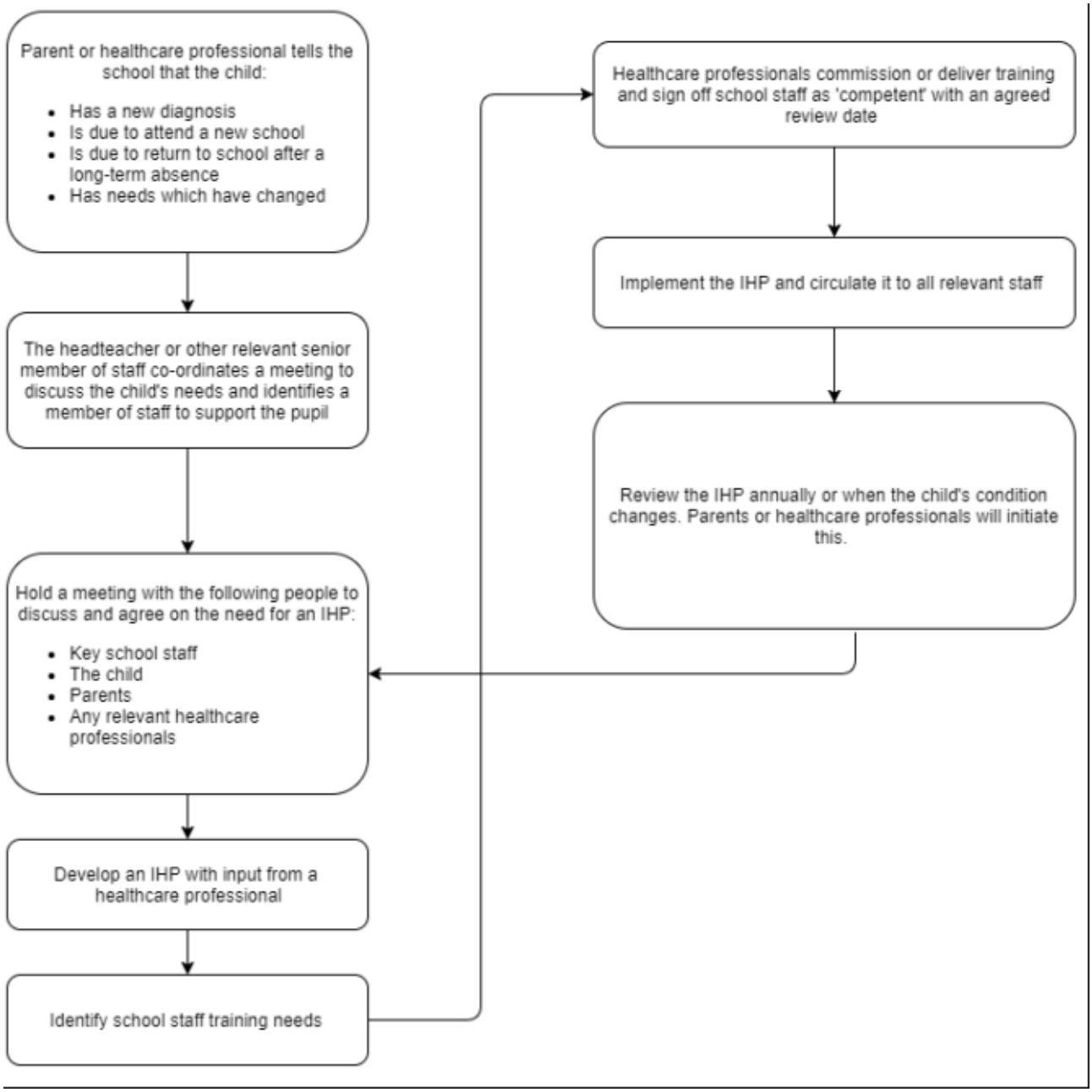
The young woman will be entitled to time out of lessons in the case where she is breastfeeding a child. A room will be provided where she can express milk and a fridge in which she can store breast milk and have access to it at the end of the day. Safe and correct storage of breast milk should be in line with safe and storage of medicines and be included within the risk assessment.

## 13. Further sources of information

Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

## 14. Appendix A

Lawrence Sheriff

## 15. Appendix B

### Model process for developing individual health care plans