



# **SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY**

**NOVEMBER 2018**

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## 1. INTRODUCTION

St Augustine's CE High School is an inclusive community that welcomes and supports students with medical needs. We work in partnership with the school community, healthcare professionals, Tri-borough services, and outside agencies to ensure that students will be effectively supported to enable them to participate in all aspects of school life, remain healthy and safe, and achieve their academic potential.

We understand the emotional and social challenges students with medical conditions face in terms of both physical, and mental health, and ensure a whole-school approach is taken so that those needs are made known to all who teach and work with our students. We ensure that the necessary provision is made for students, so that they and their families are properly supported.

Section 100 of the Children & Families Act 2014, and the Equality Act 2010 places a duty on the school governors to make arrangements to support students with medical conditions and disabilities. This policy has been developed in consultation with the school community and healthcare practitioners, and meets our statutory responsibilities as set out by the Department of Education's document '*Supporting pupils at school with medical conditions*'. See link below.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

## 2. POLICY IMPLEMENTATION

- This policy will be reviewed annually or when necessary, and is available from the school website (attach link).
- by letter, accompanied with a printed copy of the policy at the start of the school year
- The school seeks feedback and listens to the views of the parents<sup>1</sup>, students, staff, healthcare professionals and emergency care services to evaluate this policy.
- Members of the school and health community know their roles and responsibilities in maintaining and implementing an effective policy.
- Clear guidelines and procedures in the management of students' medical needs and the safe administration of medicines are in place.
- Health & Safety, Safeguarding, and Child Protection responsibilities, including risk assessments, are maintained to ensure students and staff are properly protected.

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<sup>1</sup> The term 'parent' implies any person or body with parental responsibility such as carer, foster parent, guardian or local authority.

- The headteacher has overall responsibility for policy implementation, development of healthcare plans, and ensuring staff are suitably trained to provide care and support to students.
- The medical/welfare officer has responsibility for the management of students' medical needs, the safe administration and management of medicines, preparation of healthcare plans, and staff training.

### **3. DEFINITION OF A MEDICAL CONDITION**

A student who is well enough to attend school and take part in normal activities may have medical needs. These can be;

*Short-term*; a student may need to take medicines during the school day, such as to finish a course of antibiotics.

*Long-term*; a student diagnosed with a long-term or complex medical condition may require ongoing support, medicines, or care to help them manage their condition such as epilepsy or diabetes.

*Circumstantial*; a student may require urgent medical treatment or interventions in emergency circumstances such as an adrenaline injection for anaphylactic shock, or an inhaler for an asthma attack.

### **4. RIGHT OF ADMISSION TO SCHOOL**

Students with medical conditions have the same rights of admission to school as other students, and no student should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with the school's safeguarding responsibilities, the school ensures that a student's health, or that of others is not put at risk.

The school should be informed of a student's medical condition before they are admitted to school or when they first develop a medical condition so that the necessary provision can be made.

### **5. ROLES & RESPONSIBILITIES**

#### **5.1 The Governors**

- ensure students with medical conditions are supported to enable the fullest participation possible in all aspects of school life;
- ensure the school's medical policy is effectively developed and implemented;

- ensure sufficient staff receive suitable training and are competent before they take on responsibility to support students with medical conditions;
- ensure staff are able to access information, teaching support materials, and medical professionals as needed;
- make reasonable adjustments to overcome barriers experienced by disabled students, and uphold the principles of the Equality Act 2010, and other relevant legislation;

## 5.2 **The Headteacher**

- ensures the school's medical policy is developed and effectively implemented with the school community and the school's health professionals;
- ensures the school community is committed to supporting the needs of our students, and that staff are aware of and comply with this policy;
- ensures staff, students and parents can access the policy, and understand their role in its implementation;
- ensures all students with long-term medical conditions have full access to the curriculum, including sporting and school activities;
- ensures sufficient trained numbers of staff are available to implement and deliver the policy against all individual healthcare plans, including in contingency and emergency situations;
- has overall responsibility for the development of individual healthcare plans;
- ensures staff are appropriately insured and are aware they are insured to support students;

## 5.3 **Staff**

- in line with their duty of care, provide support to students with medical conditions;
- ensure they are aware and take into account the needs of students they teach;
- are aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
- receive sufficient and suitable training and achieve the necessary level of competency before accepting responsibility to support pupils with medical needs;
- are expected to show a commitment and awareness of students' medical conditions by

ensuring they have read and understood the student's healthcare plan, and have consulted with key staff;

- are expected to follow emergency procedures as set out in the student's healthcare plan;
- report any concerns regarding a student's medical condition to either the headteacher, child protection or safeguarding officers, SENDCo, or medical/welfare officer;
- make referrals to the school's nursing team regarding a student's medical condition that may require support in school;
- are aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it;
- ensure absence cover has been provided, and new members of staff are inducted into the arrangements and guidelines set out in this policy;
- must comply with all aspects of this policy;

#### **5.4 The school nursing team and healthcare professionals, including GPs and Paediatricians**

- The school's nursing team NHS Central North West London (CNWL) and healthcare professionals are responsible for notifying the school when a student has been identified as having a medical condition which will require support in school.
- They will consult with other healthcare professionals regarding the individual needs of a student's medical condition, assist the school in developing healthcare plans, and provide support and training on particular conditions, such as asthma, diabetes, or epilepsy.
- Parents wishing to discuss their child's medical needs with the school nurse can do so by contacting the main school office.

#### **5.5 Students**

- Students that have a diagnosed medical condition should be fully involved in discussions about their medical support needs, contribute to the development of, and comply with, their individual healthcare plan.
- After discussion with parents, students who are competent should be encouraged to take responsibility for managing their own medicines and procedures, however this should be clearly reflected in the healthcare plan. If it is not appropriate for a student to self-manage, designated staff should help to administer medicines and manage procedures for them.
- Students are encouraged to carry their own emergency medical kits such as an asthma

inhaler, auto-injector pen, or insulin, and can access inhalers or other devices that require immediate treatment from the schools medical room.

- If a student refuses to take medicine or carry out a necessary procedure, staff should follow the procedures agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.
- If a refusal to take medicine results in an emergency, the school will follow the emergency procedures set out in the student's healthcare plan.

## 5.6 **Parents**

- must provide the school and other health professionals with sufficient and up-to-date information about their child's medical needs if treatment, support or special care is needed, including changes to their child's physical or mental health;
- are key partners and should be involved in the drafting and review of their child's healthcare plan which will be developed to support the specific needs of the student so as not to impact on learning and equal opportunities;
- should ensure they have a full understanding of their child's medical condition, and fully support the school in the management of the condition;
- must carry out any action they have agreed and signed to as part of their child's healthcare plan to ensure its full implementation, e.g. provide medicines, equipment, or supplies for any dietary needs;
- must ensure they or another nominated adult are contactable at all times in cases of emergency or when needing advice regarding their child's medical condition;
- must ensure they have read and understood the school's medical consent forms and healthcare plans, by completing, signing, and returning all the information to the school's medical/welfare officer, or their child's pastoral year team;
- must ensure that any medication prescribed to their child in the event of an emergency must be carried by the student in school, when attending trips or residential visits, or when travelling to and from school. An additional medical kit must also be provided to the school for emergency situations;
- If parents have any questions or concerns regarding the particulars set out in this policy they should contact the school's medical/welfare officer or pastoral year team;

## 5.7 **SENDCo**

- Some students may also have special educational needs (SEN), and may have a

statement, or Education, Health and Care plan. For students with SEN, this guidance should be read in conjunction with the school's Special Educational Needs and Disability (SEND) policy.

- The SENDCo is responsible for the development and implementation of Educational Healthcare (EHC) plans. EHC plans identify educational, health and social needs and sets out how the school will provide the additional support to meet those needs. EHC plans differ from Individual Healthcare plans which provide clarity about the level of medical support required to meet the needs of the student.
- In cases where students have more complex medical needs which affect attendance or academic achievement, consultation should take place with the SENDCo, parents, and other healthcare professionals, to implement the necessary support.
- Where a student has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare (IHC) plan.
- Where a student has an SEN statement or EHC plan, the IHC plan should be linked to or become part of that statement or EHC plan.

## **6. CHILD PROTECTION AND SAFEGUARDING**

- Staff act in accordance with the school's safeguarding and child protection policies to ensure that all of the students we work with are safe.
- If there is a concern, staff will contact the school based child protection officers immediately. The student's pastoral year team will work collaboratively and encourage parental involvement in the resolution of any problems or difficulties.
- Staff work with Tri-borough shared services teams, Westminster's Early Help Team, the school's nursing service, and healthcare practitioners when necessary.

## **7. INDIVIDUAL HEALTHCARE (IHC) PLANS**

- Individual healthcare (IHC) plans are used to record important details about students' medical needs at school and to identify the level of support needed. They provide clarity about what needs to be done when high risk emergency intervention is needed, or in more complex or long-term medical conditions.
- Healthcare plans are developed in consultation with key staff, parents, the school nurse, and the student's healthcare consultant. All parties should agree, based on all the medical evidence provided, when a healthcare plan is appropriate. If consensus cannot be reached, the headteacher should take a final view.
- If there is not a healthcare plan for the student, consultation will take place to develop

one.

- Individual healthcare plans are reviewed by the medical/welfare officer annually or when evidence is presented that a student's needs have changed. The plan will be reviewed in consultation with those involved in the student's care.
- A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix A – (see Medical Templates).

## **8. PROCEDURES WHEN NOTIFIED OF A STUDENT WITH A MEDICAL CONDITION**

- When a student starts school, procedures are in place to cover transitional arrangements between schools. For student's starting at St Augustine's, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or students moving to a new school mid-term, every effort is made to ensure that arrangements are put in place within two weeks of the student starting school, or as soon as is reasonably practicable.
- As part of the induction process, parents are required to complete a medical questionnaire about their child's health and any medical needs. If a long term medical need is identified, consultation takes place with key staff, parents and relevant health professionals about what support to provide based on the students' circumstances and medical evidence available. If a student's medical condition is unclear, judgements will be needed about what support to provide based on the available evidence.
- Any reported changes in a student's medical condition is reflected on the student's return, and updated in the healthcare plan.
- Consideration is given as to how the student is reintegrated back into school after periods of absence. The school maintains regular contact with parents and the student to ensure the student continues their education from home.

## **9. STAFF TRAINING**

- The school provides training opportunities in order for staff to support students with medical conditions, and to enable them to act quickly in an emergency.
- Staff training needs are assessed when a student requires medical support, when staff need to administer specific medical care or treatment, when staff need to know specific technical knowledge, and when there is a change in the student's medical condition or treatment plan.
- Staff should receive sufficient and suitable training to achieve the necessary level of competency before they take on the responsibility to support students with medical conditions. Staff should have confidence in their ability to administer medication or

treatment, when dealing with emergency situations, and that they are able to fulfil the requirements as set out in IHC plans.

- Staff are given training and written information on medical conditions which includes avoiding and reducing exposure to common triggers, as well as actively seeking to reduce health and safety risks.
- Staff must **NOT** give prescription medicines or undertake healthcare procedures without appropriate training.
- Any training identified is specific to the individual student concerned.
- Confirmation of the proficiency of school staff in a medical procedure, medical condition, or in providing medication has been obtained by the school nursing team, and relevant healthcare professionals.
- Staff who provide support to pupils with medical conditions attend student support meetings to review students' progress.
- A first-aid certificate does not constitute appropriate training in supporting students with medical conditions, however in more complex medical conditions the school may require members of staff to be trained in cardiopulmonary resuscitation (CPR).
- Whole-school awareness training is delivered by the school nursing team to ensure staff are aware of the school's policy for supporting pupils with medical conditions such as asthma, anaphylaxis, students with complex medical conditions, and to support new students starting school.
- Diabetic training is delivered by the students' specialist diabetic nurse.

## 10. UNACCEPTABLE PRACTICE

This policy is explicit about what practice is not acceptable. Although staff should use their discretion and judge each case on its merits with reference to the students' individual healthcare plan, it is **NOT** generally acceptable practice to:

- prevent students from easily accessing their medication or emergency medical kits, and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents; or ignore medical evidence or opinion, although this may be challenged if there are any health and safety implications to the student or staff;

- send students 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 individual healthcare plans;
- send them to the school office or medical room unaccompanied or with someone unsuitable, if the student becomes ill;
- give sanctions to students for their attendance record if their absences are related to their medical condition e.g. to attend hospital appointments;
- prevent students 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 child, including with toileting issues;
- 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 the student;

## **11. STUDENT'S MANAGING THEIR OWN MEDICAL NEEDS**

- After discussion with parents, students who are competent, are encouraged to take responsibility for managing their own medicines and procedures. This is reflected within the student's individual healthcare plan.
- Wherever possible, students are allowed to carry their own medicines and relevant devices and can access their medicines for self-medication quickly and easily.
- Students who can take their medicines or manage procedures themselves may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, staff are available to administer medicines and manage procedures for them.
- If a student 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 IHC plan.

## **12. SAFE ADMINISTRATION AND MANAGEMENT OF MEDICINES**

- The school acts in accordance with the Medicines Act 1968, which specifies the way medicines are prescribed, supplied and administered, and the Misuse of Drugs Act 1971, which specifies the supply and use of controlled drugs.
- All medicines may be harmful to anyone for whom they are not prescribed, and care is taken at all times when administering medicine to a student, and that any risks to others are properly controlled.

- Medicines are administered by staff who have accepted responsibility for the care of students with medical needs, and should be administered at school when it would be detrimental to a student's health or attendance not to do so.
- A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- No student under 16 should be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort is made to encourage the student to involve their parents while respecting their right to confidentiality.
- Medicines are kept in the medical room, and students must report to the medical room when needing to take their medication. Any student found carrying medicine must report to the medical/welfare officer and parents will be contacted to find out the nature of the medication.
- The school does not provide any pain relief medication to students. All medicines must be provided for by the parent.
- The school only accepts prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- Staff must not purchase medicine on behalf of the student or parent. If a student is unwell and needs pain relief medication, the parent will be contacted and requested to bring medicine for their child.
- Medication, e.g. for pain relief, is not administered without first checking with parents and/or staff what maximum dosages and previous doses were taken.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Students know where their medicines are at all times and are able to access them immediately, including any controlled drug held.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to students and not locked away. This is particularly important to consider when a student leaves the school premises, e.g. on school trips.

- If a student is diagnosed as having a medical condition which requires them to carry an emergency kit, it is the parents responsibility to ensure that they carry it with them at all times, especially to and from school and when attending trips.
- A student who has been prescribed a controlled drug, e.g. any stimulant medication for ADHD, may legally have it in their possession if they are competent to do so, however, passing it to another student for use is an offence, and the student will be subject to the school's disciplinary procedures.
- If the school holds a controlled drug, it is securely stored in a non-portable container and only named staff have access. The school has in place monitoring arrangements to store and manage controlled drugs.
- Staff may administer a controlled drug and must do so in accordance with the prescriber's instructions.
- Parents should ensure consent is given for their child to take a controlled drug in school by completing the school's medical forms.
- If a student suffers from frequent or acute pain, staff should contact the parent for referral to the GP, or staff may make a referral to the school nurse.
- If there are any doubts or concerns about any procedure, staff will not administer medicines until checks have been made with the parent or health professional before taking further action.
- If a student misuses medication, either their own, or another students', parents will be informed immediately, and the student will be subject to the school's disciplinary procedures.

### **13. STORING, ACCESS AND DISPOSAL OF MEDICINES**

- All medicines are safely stored, managed and monitored by the medical/welfare officer.
- Students know where their medicines are kept and are able to access them immediately with supervision.
- Medicines are stored in accordance with the product instructions, and in the original container clearly labelled by the prescriber. If a student requires two or more prescribed medicines, each are held in separate containers.
- Parents or staff must never transfer medicines from their original containers.
- All refrigerated medication is kept in their original container and clearly labelled. The refrigerator is kept in the medical room and access is restricted to office staff only.

- Emergency kits such as asthma inhalers, blood glucose testing meters and auto-injectors are readily accessible to students during the school day or when off-site.
- All medicine is kept within date, and parents are informed to collect any expired medication.
- Parents are responsible for ensuring new and in date medication comes into school on the first day of the academic year.
- Parents are responsible for ensuring that expired medicines are returned to a pharmacy for safe disposal.
- The school ensures any expired medicines not collected at the end of each term is taken to the local pharmacy for safe disposal.
- Sharps boxes are used for the disposal of diabetic needles. A Sharps bin is stored safely in a locked cabinet. The school arranges the collection and disposal of Sharps boxes.

#### **14. EMERGENCY PROCEDURES**

- The school's *Health & Safety Policy, Business Continuity Plan and Fire Evacuation Procedures* sets out arrangements for dealing with emergency situations. Staff understand their role and are trained in the school's general emergency procedures.
- The school has procedures for informing staff of students with medical conditions or changes to their existing condition. Staff must ensure they understand a student's healthcare plan and what support is in place in order to manage an emergency.
- Staff, including temporary or cover staff are informed of students with medical conditions and know what action to take in an emergency.
- If a student needs to attend hospital, a member of staff (preferably known to the student) will stay with them until a parent arrives, or accompany the student taken to hospital by ambulance. Staff will not take students to hospital in their own car.
- Risk assessments are carried out on all out-of-school activities. The risk assessment will incorporate any procedures for dealing with students with medical conditions.
- The school reviews its medical procedures and incidents regularly, and changes are made accordingly.

## **15. EMERGENCY ASTHMA INHALERS**

The Human Medicines (Amendment) (No.2) Regulations 2016 allows the school to buy salbutamol inhalers without prescription for use in emergencies. The school has followed advice from the Department of Health and has purchased 3 emergency asthma inhaler kits. These are located in the main office, the medical room and the sports hall.

The emergency salbutamol inhaler should only be used by students for whom written parental consent has been given, students who have been diagnosed with asthma and prescribed an inhaler, or students who have been prescribed an inhaler as reliever medication.

Please refer to the link below for further information about the use of emergency inhalers in schools.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

## **16. AUTOMATED EXTERNAL DEFIBRILLATOR (AED)**

A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The school has followed guidance received from the Department of Education and has purchased a defibrillator as part of the school's first aid equipment, and to support students with medical conditions. It is installed in the medical room.

A record of staff trained to use it in an emergency is kept by the school and reviewed annually. An additional defibrillator is located in the Sports Hall lobby.

Please refer to the link below for information about the use of AEDs in schools.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/519994/AED\\_guide\\_for\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/519994/AED_guide_for_schools.pdf)

## **17. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

- The school encourages students with medical needs to participate in safely managed off-site trips, and takes into account any risk associated with the activity by carrying out a risk assessment prior to the event.
- Parents must provide up-to-date and accurate information about their child's condition and their overall health prior to any residential trip. This is essential to enable staff to manage the student's condition while they are away. This should also include information about medication not normally administered in school.
- Staff will obtain all relevant information about the type of condition, including a copy of the IHC plan, any medication/equipment to be administered, and what to do in an emergency prior to the visit.

- The school meets with the student (where appropriate), parent, and relevant healthcare specialist to discuss and develop a plan for extra care requirements needed prior to any overnight or day visit. This is recorded in the student's healthcare plan which accompanies them on the visit.
- The school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays. If a trained member of staff is not available, the school makes arrangements to provide an alternative service.
- Any member of staff concerned about whether they can provide for the student's safety should seek advice from the Headteacher, medical/welfare officer, parents or the school's health service.
- Parents of a student attending an overnight visit are asked for consent, giving staff permission to administer medication if required.
- The school ensures a check is made that all students' medication and medical kits are collected before the party leaves the school.
- The school records any medication administered to the student during the residential visit.
- Occasionally the school may organize trips abroad for our students. If your child takes regular medication or a controlled drug that needs to be taken outside the UK, please refer to the NHS link below for advice on traveling abroad with medical conditions.  
<http://www.nhs.uk/chq/Pages/1074.aspx?CategoryID=70&SubCategoryID=175>
- The school encourages students with medical needs to participate in physical activities and extra-curricular sport appropriate to their own abilities, as this can benefit the overall social, mental and physical health and well-being of the student.
- The school makes reasonable adjustments for the inclusion of students in sporting activities, unless evidence provided from the student's clinician or GP states that this is not possible. If a student's medical condition is unclear, undiagnosed, pending medical evidence or clinician advice, judgements will be made in order to safeguard the student's health and welfare.
- Any restriction on a student's ability to participate in PE will be recorded in their IHC plan.
- Students who need to take precautionary measures before or during exercise, have immediate access to their medicine or asthma inhalers.
- External staff carrying out activity sessions in the school are informed of students with medical needs and emergency procedures are in place in case of emergency.

## 18. RECORD KEEPING

- The school keeps a record of medical forms completed by parents on enrolment.
- The school keeps a record of any medication or treatment administered to individual students, how much was administered, when and by whom, including doses of any controlled drug held by the school, and any side effects.
- Healthcare plans are developed to record the support a student needs around their medical condition, and a centralised register is maintained by the medical/welfare officer.
- A centralised register is kept of all students with medical conditions.
- The school ensures that the student's confidentiality is protected.
- The school seeks permission from parents before sharing medical information with other parties.
- The school keeps records of named staff who have received medical training.

## 19. LIABILITY AND INDEMNITY

The school has insurance arrangements in place with the Tri Borough. Details of the insurance agreement and level of cover can be obtained from the school's insurers.

## 20. COMPLAINTS

Should parents or students become dissatisfied with the support provided, they should discuss their concerns directly with the school. If the school is unable to resolve the issue, a formal complaint can be made via the school's complaints procedure available from the school website.

[www.stahigh.org](http://www.stahigh.org)

## 21. OTHER 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)** provides 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 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

#### **The Special Educational Needs and Disability Code of Practice<sup>14</sup>**

**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.

<b>Chair of Governors</b>	<b>Fr Amos</b>
<b>Policy date</b>	<b>November 2018</b>
<b>Next Review date</b>	<b>November 2019</b>