



**South Gosforth First School**

*'Roots to grow and wings to fly'*

**South Gosforth First School**  
**Supporting Pupils with Medical Conditions Policy**

	<b>Staff</b> <ul style="list-style-type: none"><li>• Read it</li><li>• Chance for feedback</li></ul>	<b>FGB/Sub committee</b> <ul style="list-style-type: none"><li>• Approved</li></ul>	<b>Accessible</b> <ul style="list-style-type: none"><li>• Website link</li><li>• Saved</li></ul>
<b>Review Date:</b>	<b>October 2020</b>	<b>October 2020</b>	<b>October 2020</b>
<b>Next Review Due:</b>	<b>October 2021</b>		

**Member of staff with responsibility:**

- Mr Adams (Head Teacher)
- Mrs Whitehouse (Deputy Head Teacher and First Aider)
- Mrs Elizabeth Dixon (Lead First Aider)

**NOTE: This policy is to be read alongside all Child Protection, Safeguarding, Code of Conduct and First Aid Policy documents.**

This policy covers:

1. General Principles
2. Commitment to Training
3. Healthcare Plans
4. Emergency Procedures
5. Administration of Medicines
6. Safe Storage and Disposal of Medicines
7. Record Keeping
8. The School Environment
9. Unacceptable Practice
10. Complaints
11. Review and Evaluation

#### Appendices

- Roles and Responsibilities
- Legislation and Guidance
- Forms and Templates

### **1. General Principles**

South Gosforth First School aims to be an inclusive community which strives to provide all pupils with medical conditions the same opportunities as others at school.

We will help to ensure that our pupils can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

We understand that certain medical conditions can be potentially life threatening, particularly if ill managed or misunderstood and the importance of medication being taken as prescribed.

The common medical conditions are defined as infections, possibly requiring antibiotics, eczema, and other similar

The common serious medical conditions are defined as asthma, diabetes, epilepsy, anaphylaxis (allergies)

We use individual healthcare plans for children who require medication to ensure appropriate support for children and to detail training requirements for staff.

The lead for this is the Head Teacher/senior First Aider

School ensures all staff who volunteer

- understand their duty of care to children and young people in the event of an emergency.
- feel confident in knowing what to do in an emergency.
- understand the common medical conditions (see above) that affect children at school.
- receive training where necessary on the impact medical conditions can have on pupils.

We will ensure our medical conditions policy is shared as follows:

Parents are informed and reminded:

- at the start of the school year when communication is sent out about Healthcare Plans
- when their child is enrolled as a new pupil
- via the school's website, where it is available all year round

School staff are informed and reminded:

- through copies handed out at the first staff meeting of the school year and before Healthcare Plans are distributed to parents
- at scheduled medical conditions training
- all supply and temporary staff are informed of the policy and their responsibilities.

Relevant local health staff are informed and reminded if appropriate via the school/community nurse. All other external stakeholders are informed and reminded when appropriate. This would usually be actioned by the school's SENDCo

## **2. Commitment to Training**

All staff are aware of the most common serious medical conditions at school.

Ensuring staff have adequate training is the responsibility of the Head Teacher - Mr Robert Adams

Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

All TA staff receive training and know what to do in an emergency

- for all pupils.
- for the pupils in their care with medical conditions.
- for the most common serious medical conditions in school.

All relevant staff are aware of the healthcare plans of their pupils and will receive any identified training required in the healthcare plan.

All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional

Newcastle city Council holds training on common medical conditions once a year and TA staff are sent on rotation

Epi/Jext Pen training is refreshed for all staff at least once a year. First Aid training is renewed before expiry dates for all TA staff.

### **3. Healthcare Plans**

Healthcare Plans are used to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition requiring medication. This is sent:

- at enrolment
- at the start of the school year
- when a diagnosis is first communicated to the school.

The parents, of a pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan. Parents then return these completed forms to the school.

School ensures that a relevant member of school staff (usually the SENDCo and/or the Head Teacher) and healthcare professional are also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

#### **Use of Healthcare Plans**

Healthcare Plans are used to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies and to help reduce the impact of common triggers
- ensure local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency

#### **4. Emergency Procedures**

##### **General Medical Emergency Procedures**

All staff understand and are trained in the school's general emergency medical procedures.

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

Staff should not take pupils to hospital in their own car. There is clear guidance from the local authority on when (and if) this is appropriate.

##### **Emergency Procedures for Pupils with Medical Conditions**

Action for staff to take in an emergency for the common serious conditions is clearly communicated within Health Care Plans and is re-visited annually or if there are any changes

Healthcare Plans are used to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

Procedures are in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

#### **5. Administration of Medicines**

##### **Emergency medication**

Pupils with medical conditions do not have access to their emergency medication.

Pupils know where their medication is stored and how to access it via their teacher or a First Aider.

Pupils understand the arrangements for a member of staff (and a reserve member of

staff) to assist in helping them take their medication safely.

## **General**

School recognises the importance of medication being taken as prescribed.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

All school staff have been informed, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

Several members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.

It is made clear to parents that they should notify the school immediately if their child's medication changes or is discontinued, or the dose or administration method changes.

If a pupil refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

## **Off-Site Visits**

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

## **6. Safe Storage and Disposal of Medication**

### **Emergency medication**

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities.

### **Non-emergency medication**

All non-emergency medication is kept in a secure place that can be locked/secured when not occupied by an adult. Pupils know where their medication is stored and how to access it.

Staff ensure that medication is only accessible to those for whom it is prescribed.

### **General**

The Lead First Aider ensures the correct storage of medication at school.

Once a month the identified member of staff checks the expiry dates for all medication stored at school.

The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with:

- the pupil's name,
- the name and dose of the medication
- the frequency of dose
- expiry date and
- the prescriber's instructions for administration

No medication can be accepted unless it has the pharmacy label attached and is within three months of issue. The label must not be altered or defaced in any way. If a change of dose is required new medicine with the correct label must be provided.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled with the pupil's name. Refrigerators used for the storage of medication are kept in the staffroom which is inaccessible to unsupervised pupils.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

## **Safe disposal**

Parents are asked to collect out-of-date medication. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

The Lead First Aider is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least six times a year and is always documented.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

Parents are responsible for the removal and disposal of sharps boxes.

## **7. Record Keeping**

Parents should inform school of a medical condition or changes to a medical condition as soon as they are able.

### **Enrolment forms**

Parents are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year.

Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

### **Short Term Medical Conditions**

If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete. See Healthcare forms in policy folder

### **Healthcare Plans**

Healthcare Plans are used to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

See Healthcare forms in policy folder

A Healthcare Plan template, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- at enrolment
- at the start of the school year
- when a diagnosis is first communicated to the school.

The parents, of a pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan. Parents then return these completed forms to the school.

A relevant member of school staff (usually the SENDCo and/or Head Teacher) is also present, if required, to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

When the form is submitted The Head Teacher reviews the form on behalf of school and responds to the parents, child, healthcare professional as appropriate and ensures any training identified in the plan is carried out.

### **School Healthcare Plan register**

Healthcare Plans are used to create a centralised register of pupils with medical needs. The Lead First Aider has responsibility for the register.

The Lead first Aider follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

### **Review of Healthcare Plans**

Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Every pupil with a Healthcare Plan has their plan discussed and reviewed at least once a year with the Head Teacher or SENCO.

### **Storage and access to Healthcare Plans**

Healthcare Plans are kept in a secure filing cabinet in the school office.

Apart from the central copy, parents and pupils are provided with a copy of the pupil's current agreed Healthcare Plan and specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.

All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

School ensures that all staff protect pupil confidentiality

Permission from parents is sought

- before sharing any medical information with any other party
- to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day.

This is recorded on the Healthcare Plan.

### **Consent to administer medicines**

If a pupil requires regular prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required.

A separate form is sent to parents for pupils taking short courses of medication.

All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan. The school and parents keep a copy of this agreement.

Pupils with medical conditions do not have access to their own emergency medication although they will be supported to administer their own emergency medication if it is indicated in their healthcare plan that their parents and their child's healthcare professional believe the child is able to administer their own emergency medication.

### **Residential visits**

Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to

help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

See Healthcare forms in policy folder

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

See Healthcare forms in policy folder

### **Other record keeping**

An accurate record is kept of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

See Healthcare forms in policy folder

All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional where relevant. A register is kept of staff who have had the relevant training.

See Healthcare forms in policy folder

An up-to-date list of members of staff who have agreed to administer medication and have received the relevant training is kept.

## **8. The School Environment**

### **Physical environment**

As detailed in our accessibility policy, school is committed to providing a physical environment that is accessible to pupils with medical conditions, including the environment on out of school visits. This may sometimes mean changing activities of

locations.

Pupils and/or parents of pupils with medical conditions are included in the consultation process to ensure the physical environment is accessible.

### **Social interactions**

The needs of pupils with medical conditions are adequately considered to ensure:

- their involvement in structured and unstructured social activities, including during breaks and before and after school.
- they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

### **Exercise and physical activity**

It is important for all pupils to be able to take part in sports, games and activities and pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports

School ensures all classroom teachers, PE teachers and sports coaches

- make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- understand that pupils should not be forced to take part in an activity if they feel unwell.
- are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

School ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

### **Education and learning**

Pupils with medical conditions can participate fully in all aspects of the curriculum and

school ensures that appropriate adjustments and extra support are provided.

If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers understand that this may be due to their medical condition.

Teachers are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SENCO. The school's SENCO consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

Lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

### **Out of School and Residential visits**

Risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include:

- how all pupils 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.

There may be additional medication, equipment or other factors to consider when planning residential visits, or additional medication and facilities that are normally available at school.

### **Triggers**

The common triggers that can make medical conditions worse or can bring on an emergency are identified in healthcare plans and school is actively working towards reducing or eliminating these health and safety risks

Reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits is a priority.

Healthcare Plans are used to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including residential visits, taking into account the needs of

pupils with medical conditions.

## **9. Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or 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 individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- 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 child; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

## **10. Complaints**

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

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted

## **11. Review and Evaluation**

Medical emergencies and incidents are reviewed to see how they could have been avoided. Appropriate changes to policy and procedures are implemented after each review.

The medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

New national guidance is actively sought and fed into the review.

In evaluating the policy, feedback on the effectiveness and acceptability of the medical conditions policy is sought from a wide-range of key stakeholders within the school and health settings. These key stakeholders include:

- pupils
- parents
- school nurse and/or school healthcare professionals
- Headteacher
- teachers
- special education needs coordinator
- first aider
- all other school staff
- the school employer
- school governors.

The views of pupils with various medical conditions are actively sought and considered central to the evaluation process if appropriate.

## **Appendix 1 - Roles and Responsibilities**

Partnerships with all interested and relevant parties including the school's governing body, all school staff, parents, community healthcare professionals and pupils are key to ensure this policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy. These roles are understood and communicated regularly.

### **The School**

South Gosforth First School is part of Gosforth Schools Trust. It has the responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents, pupils, school staff and the local authority about the successes and areas for improvement of the medical conditions policy
- through its relationship with the LA provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

### **Head teacher**

This head teacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register

- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

### **All school staff**

All staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils have their medication when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **Teaching staff**

Teachers have a responsibility to:

- ensure pupils who have been unwell catch up on missed school work
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

### **School nurse or school healthcare professional**

The school nurse has a responsibility to:

- help update the school's medical conditions policy
- help provide regular training for school staff in managing the most common medical conditions at school

- provide information about where the school can access other specialist training.

### **First aider**

First aiders have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.

### **Special educational needs coordinators**

Special educational needs coordinators have the responsibility to:

- help update the school's medical condition policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure pupils who have been unwell catch up on missed schoolwork

### **Local doctors and specialist healthcare professionals**

Individual doctors and specialist healthcare professionals caring for pupils of this school, have a responsibility to:

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
- ensure the child or young person knows how to take their medication effectively (where appropriate)
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the school's medical conditions policy.

### **Pupils**

The pupils have a responsibility to:

- treat other pupils with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency

- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

### **Parents\***

The parents of a child at this school have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

\* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

## **Appendix 2**

### **Legislation and guidance**

#### **Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)**

Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.

The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

- not to treat any pupil less favourably in any school activities without material and sustainable justification
- to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: *Implementing the DDA in Schools and Early Years Settings\**
- to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

#### **The Education Act 1996**

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

#### **The Care Standards Act 2000**

This act covers residential special schools and responsibilities for schools in handling medicines.

#### **Health and Safety at Work Act 1974**

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

#### **Management of Health and Safety at Work Regulations 1999**

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

#### **Medicines Act 1968**

This act specifies the way that medicines are prescribed, supplied and administered.

#### **Additional guidance**

Other guidance resources that link to a medical conditions policy include:

- Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when traveling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

### Further advice and resources

#### **The Anaphylaxis Campaign**

PO Box 275  
Farnborough  
Hampshire GU14 6SX  
**Phone 01252 546100**  
**Fax 01252 377140**  
**info@anaphylaxis.org.uk**  
**www.anaphylaxis.org.uk**

#### **Asthma UK**

Summit House  
70 Wilson Street  
London EC2A 2DB  
**Phone 020 7786 4900**  
**Fax 020 7256 6075**  
**info@asthma.org.uk**  
**www.asthma.org.uk**

#### **Diabetes UK**

Macleod House  
10 Parkway  
London NW1 7AA  
**Phone 020 7424 1000**  
**Fax 020 7424 1001**  
**info@diabetes.org.uk**

#### **www.diabetes.org.uk**

#### **Epilepsy Action**

New Anstey House  
Gate Way Drive  
Yeadon  
Leeds LS19 7XY  
**Phone 0113 210 8800**  
**Fax 0113 391 0300**  
**epilepsy@epilepsy.org.uk**  
**www.epilepsy.org.uk**

#### **Long-Term**

**Conditions Alliance**  
202 Hatton Square  
16 Baldwins Gardens  
London EC1N 7RJ  
**Phone 020 7813 3637**  
**Fax 020 7813 3640**  
**info@ltca.org.uk**  
**www.ltca.org.uk**

**Department for Children,  
Schools and Families**  
Sanctuary Buildings

Great Smith Street  
London SW1P 3BT  
**Phone 0870 000 2288**  
**Textphone/Minicom 01928  
794274**  
**Fax 01928 794248**  
**info@dcsf.gsi.gov.uk**  
**www.dcsf.gov.uk**

#### **Council for Disabled Children**

National Children's Bureau  
8 Wakley Street  
London EC1V 7QE  
**Phone 020 7843 1900**  
**Fax 020 7843 6313**  
**cdc@ncb.org.uk**  
**www.ncb.org.uk/cdc**

#### **National Children's Bureau**

National Children's Bureau  
8 Wakley Street  
London EC1V 7QE  
**Phone 020 7843 6000**  
**Fax 020 7278 9512**  
**www.ncb.org.uk**

### Forms and Templates

(In office – electronic copies and paper)