



## **Supporting Children and Young People with Medical Needs Policy**

### **(Managing Medicines in School)**

**Grange First School**

**Date Policy Updated: September 2014**

**Review date: September 2016**

Grange First School is an inclusive community that welcomes and supports learners with medical needs. This school works to provide all pupils with all medical conditions the same opportunities as others at school.

This policy is written to ensure learners who have medical needs, including medical technology needs are well supported and included by Grange First School with key partners including families and Health professionals. The policy was ratified by the school governing body on 20<sup>th</sup> May 2013 and meets the requirements set out in:

'Pupils with Medical Needs' OFSTED, Sept 2012

'Managing Medical Needs in Schools and Early Years Settings' Newcastle City Council, Feb 2013

'Managing Medicines in Schools and Early Years Settings' DfE / Department of Health, 2005

What follows is a summary of our policy and practice, followed by the full policy. The full policy is also available on the school website.

## Policy Summary:

This school will welcome, support and include learners with long-term medical conditions, short-term medical needs and medical technical support.

This school will work with families, Health partners and others to devise, implement and review health care plans for individual learners.

This school will safely store and administer medication where appropriate, in line with legal requirements.

This school ensures all staff understand their duty of care to children and young people with medical needs.

All staff feel confident in knowing what to do in an emergency.

All staff understand the common medical conditions e.g. asthma, epilepsy, diabetes, allergies that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

## Key staff and specific roles in School

Policy lead and contact for families	Matt Ward Headteacher
Storage and administration of medicines in school.	Debbie Rosby (Admin Officer)
Learners with health care plans for enduring medical needs and / or medical technology needs.	Celia Purves SENco/M Ward Headteacher
Staff Qualified in First Aid	Debbie Rosby, Jen Scott/Lisa Bland (paediatric First Aid) Alison Crow, Michelle Hardy, Christine McGreevy first Aid
Learners who are unable to attend school because of medical needs.	Celia Purves SENCO/M Ward Headteacher
First aid / emergency response	Debbie Rosby (Admin Officer)
Staff training	Matt Ward Headteacher

School nurse	Deb Tulip

### **Policy framework**

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions.
2. This school's medical conditions policy is drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings.
3. The medical conditions policy is supported by a clear communication plan for staff, parents\* and other key stakeholders to ensure its full implementation.
4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.
5. All staff understand and are trained in the school's general emergency procedures.
6. This school has clear guidance on the administration of medication at school.
7. This school has clear guidance on the storage of medication at school.
8. This school has clear guidance about record keeping.
9. This school ensures that the whole school environment is inclusive and favorable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
10. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.
11. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
12. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

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

## **1. This school is an inclusive community that aims to support and welcome pupils with medical conditions**

a. This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

b. This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

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

c. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

d. This school aims to include all pupils with medical conditions in all school activities.

e. Parents\* of pupils with medical conditions feel secure in the care their children receive at this school.

f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. All staff feel confident in knowing what to do in an emergency.

h. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

i. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.

j. The medical conditions policy is understood and supported by the whole school and local health community.

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

## **2. This school's medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings**

a. This school has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:

- + pupils with medical conditions

- + parents
- + school nurse
- + head teacher
- + teachers
- + special educational needs coordinator
- + PSA
- + members of staff trained in first aid
- + all other school staff
- + local healthcare professionals
- + school governors.

This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

### **3. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation**

a. Pupils are informed and regularly reminded about the relevant aspects of medical conditions policy:

- + in the school newsletter at several intervals in the school year
- + in personal, social and health education (PSHE) classes
- + through school-wide communication about results of the monitoring and evaluation of the policy.

b. Parents are informed and regularly reminded about the medical conditions policy:

- + by including the policy statement in the school's prospectus and signposting access to the policy
- + at the start of the school year when communication is sent out about Healthcare Plans
- + in the school newsletter at several intervals in the school year
- + when their child is enrolled as a new pupil
- + via the school's website, where it is available all year round
- + through school-wide communication about results of the monitoring and evaluation of the policy.

c. School staff are informed and regularly reminded about the medical conditions policy:

- + 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
- + through the key principles of the policy being displayed in several prominent staff areas at this school
- + through school-wide communication about results of the monitoring and evaluation of the policy
- + all supply and temporary staff are informed of the policy and their responsibilities.

d. Relevant local health staff are informed and regularly reminded about the school's medical conditions policy:

- + by letter accompanied with a printed copy of the policy at the start of the school year
- + via primary care trust (PCT) links and the school/community nurse
- + through communication about results of the monitoring and evaluation of the policy.

e. All other external stakeholders are informed and reminded about the school's medical conditions policy:

- + by letter accompanied with a printed copy of the policy summary at the start of the school year
- + through communication about results of the monitoring and evaluation of the policy.

#### **4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school**

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

b. Staff at this school 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.

c. All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.

d. Training is refreshed for key staff on a regular basis

e. Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room\*.

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

g. This school has procedures 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.

h. Where appropriate The school will make arrangements with the local hospital to ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency.

#### **5. All staff understand and are trained in the school's general emergency procedures**

a. All staff know what action to take in the event of a medical emergency. The nearest first aider, member of the SLT and School office are contacted immediately. The school office will ring emergency services.

b. Training is refreshed for all staff at least once a year.

c. Action to take in a general medical emergency is displayed in the staff room and school office

d. 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.

e. Staff should not take pupils to hospital in their own car, unless there is no alternative. This school has clear guidance from the local authority on when (and if) this is appropriate.

## **6. The school has clear guidance on the administration of medication at school**

Administration – emergency medication

a. All pupils at this school with medical conditions have **easy access to their emergency medication**.

b. All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

c. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

d. Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

Administration – general

e. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at this school.

f. This school understands the importance of medication being taken as prescribed.

g. 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.

h. There are several members of staff at this school who have been specifically contracted to administer medication.

i. Many other 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 and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

j. 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.

k. All school staff have been informed through training that they are required, 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.

l. In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.

m. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

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

o. If a pupil at this school needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

p. 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.

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

r. 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.

## **7. This school has clear guidance on the storage of medication at school**

### **Safe storage – emergency medication**

a. Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

b. Where appropriate pupils at this school carry their emergency medication on them at all times. With younger children this is kept in the classroom or on the person of a member of staff. Pupils keep their own emergency medication securely.

c. Pupils at this school are reminded to carry their emergency medication with them.

d. Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication.

### **Safe storage – non-emergency medication**

e. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.

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

### **Safe storage – general**

g. There is an identified member of staff (**Mrs Rosby**) who ensures the correct storage of

medication at school.

h. All controlled drugs are kept in a locked cupboard/secure place and only named staff have access, even if pupils normally administer the medication themselves.

i. Three times a year the identified member of staff (**Mrs. Rosby**) checks the expiry dates for all medication stored at school.

j. 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 and the frequency of dose. This includes all medication that pupils carry themselves.

k. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

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

m. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

n. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

o. 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**

p. Parents at this school are asked to collect out-of-date medication.

q. 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.

r. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

s. 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 in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

t. 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.

u. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## **8. This school has clear guidance about record keeping**

### **Enrolment forms**

a. Parents at this school 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.

### **Healthcare Plans**

#### **Drawing up Healthcare Plans**

b. This school uses a Healthcare Plan 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.

c. 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. This is sent at the start of the school year, at enrolment and when a diagnosis is first communicated to the school.

d. 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 Appendix 1 – Form 2

See Appendix 1 – Form 3a

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

f. This school ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

#### **School Healthcare Plan register**

g. Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.

h. The responsible member of staff 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.

#### **Ongoing communication and review of Healthcare Plans**

i. Parents at this school 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.

j. Staff at this school use opportunities such as teacher–parent interviews and home–school diaries to check that information held by the school on a pupil's condition is accurate and up to date.

k. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at

least once a year.

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

l. Parents and pupils at this school are provided with a copy of the pupil's current agreed Healthcare Plan.

m. Healthcare Plans are kept in a secure central location at school.

n. Apart from the central copy, 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.

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

p. 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.

q. This school ensures that all staff protect pupil confidentiality.

r. This school seeks permission from parents 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 permission is included on the Healthcare Plan.

s. This school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

### **Use of Healthcare Plans**

Healthcare Plans are used by this school to:

- + inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- + remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- + identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- + ensure that all medication stored at school is within the expiry date
- + ensure this school's 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
- + remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

### **Consent to administer medicines**

t. If a pupil requires regular prescribed or non-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.

u. 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.

v. 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.

w. Parents of pupils with medical conditions at this school are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

#### Residential visits

x. 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 Appendix 1 – Form 5

y. 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.

z. 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.

aa. 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 Appendix 1 – Form 5

#### **Other record keeping**

bb. This school keeps an accurate record 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 Appendix 1 – Form 3a and 3b

cc. This school holds training on common medical conditions at regular intervals. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every two years to ensure all new staff receive training.

dd. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.

See Appendix 1 – Form 4

ee. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

**9. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities**

**Physical environment**

- a. This school is committed to providing a physical environment that is accessible to pupils with medical conditions.
- b. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.
- c. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

**Social interactions**

- d. This school ensures 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.
- e. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
- f. All staff at this school 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.
- g. 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**

- h. This school understands the importance of all pupils taking part in sports, games and activities.
- i. This school ensures all classroom teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- j. This school ensures all classroom teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.
- k. Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- l. This school ensures all classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
- m. This school ensures all pupils have the appropriate medication or food with them during

physical activity and that pupils take them when needed.

n. This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

### **Education and learning**

o. This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

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

q. Teachers at this school 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 SEN coordinator. The school's SEN coordinator 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.

r. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

s. Pupils at this school learn about what to do in the event of a medical emergency.

### **Residential visits**

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

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

### **10. This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this**

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

b. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

c. The school has a list of common triggers for the common medical conditions at this school.

d. Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

See Appendix 1 – Form 6

e. This school uses Healthcare Plans 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.

f. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

g. The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

#### **11. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy**

a. This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

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

##### **This school's Governing Body has a 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 this school's medical conditions policy
- + provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

##### **This school's 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 staff at this school 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
- + allow all pupils to have immediate access to their emergency medication
- + maintain effective communication with parents including informing them if their child has been unwell at school
- + ensure pupils who carry their medication with them have it 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.

**Teachers at this school 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.

**The school nurse at this school 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 aiders at this school 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 at this school 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
- + ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

#### **PSA Mrs. Scott**

##### **The pastoral support/welfare officer at this school has the responsibility to:**

- + help update the school's medical conditions policy
- + know which pupils have a medical condition and which have special educational needs because of their condition
- + ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

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

##### **Individual doctors and specialist healthcare professionals caring for pupils who attend 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
- + 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.

#### **Emergency care services**

##### **Emergency care service personnel in this area have a responsibility to:**

- + have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- + understand and provide input in to the school's medical conditions policy.

#### **Pupils**

##### **The pupils at this school 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.

**12. The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every year**

**Matt Ward September 2016**

## **Legislation and guidance**

### **Introduction**

+ Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care.

+ Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

### **Managing Medicines in Schools and Early Years Settings (2004)**

This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early years settings. The document includes the following chapters:

- + developing medicines policies
- + roles and responsibilities
- + dealing with medicines safely
- + drawing up a Healthcare Plan
- + relevant forms.

Medical Conditions at School: A Policy Resource Pack is designed to work alongside *Managing Medicines in Schools and Early Years Settings*.

### **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.

\*DfES publications are available through the DCSF.

**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.

**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](http://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](mailto:epilepsy@epilepsy.org.uk)**

**[www.epilepsy.org.uk](http://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](mailto:info@ltca.org.uk)**

**[www.ltca.org.uk](http://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](mailto:info@dcsf.gsi.gov.uk)**

**[www.dcsf.gov.uk](http://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](mailto:cdc@ncb.org.uk)**

**[www.ncb.org.uk/cdc](http://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](http://www.ncb.org.uk)**

