

Forest Academy

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Elveden Church of England  
Primary Academy



## *Supporting Children with Medical Conditions*

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Completed by: April Grimes

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# Policy statement

- Forest and Elveden Academy are inclusive communities that aim to support and welcome children with medical conditions.
- We aim 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

The schools ensure all staff understand their duty of care to children and young people in the event of an emergency.

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

We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

We understand the importance of medication being taken as prescribed.

All staff understand the common medical conditions that affect children at the school in which they work.

Staff receive training on the impact medical conditions can have on children.

# Policy framework

1. Forest and Elveden Academy are inclusive communities that aim to support and welcome children with medical conditions.
2. Our 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 the school in which they work.
5. All staff understand and are trained in the schools' general emergency procedures.
6. We have clear guidance on the administration of medication at school.
7. We have clear guidance on the storage of medication at school.
8. We have clear guidance about record keeping.
9. We ensure that both whole school environments are inclusive and favorable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
10. We are aware of the common triggers that can make common medical conditions worse or can bring on an emergency. We are actively working towards reducing or eliminating these health and safety risks.
11. Each member of both schools 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 children with medical conditions

a. This school understands that it has a responsibility to make the school welcoming and supportive to children with medical conditions who currently attend and to those who may enroll 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. Children with medical conditions are encouraged to take control of their condition. Children feel confident in the support they receive from the school to help them do this.

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

e. Parents\* of children 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 children.

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:

- children with medical conditions
- parents
- school nurse
- head teacher
- teachers
- SENCo
- members of staff trained in first aid
- all other school staff
- local healthcare professionals
- school governors

b. The views of children with various medical conditions were actively sought and considered central to the consultation process.

c. All key stakeholders were consulted in two phases:

- initial consultation during development of the policy
- comments on a draft policy before publication

d. 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. Children are informed and regularly reminded about the medical conditions policy:

- through the school's child representative body
- 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 child
- via the school's website

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
- 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

## **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 children 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 children at this school receive training and know what to do in an emergency for the children in their care with medical conditions.

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

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 children in their care who may need emergency help.

g. This school has procedures in place so that a copy of the child's Healthcare Plan is sent to the emergency care setting with the child. 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.

\* Emergency procedure posters are provided in this pack for anaphylaxis, asthma, diabetes and epilepsy – see Appendix 2 or download from [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk).

## **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. This includes:

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

b. Training is refreshed for all staff in line with First Aid training (usually 3 years)

c. If a child 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 child knows.

d. Generally, staff should not take children to hospital in their own car.



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

### **Administration – emergency medication (e.g.inhalers)**

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

b. All children 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 children 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. Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

d. Children 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 child 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 child taking medication unless they have been specifically contracted to do so.**

h. 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 children under the age of 16, but only with the written consent of the child's parent.

i. Training is given to all staff members who agree to administer medication to children, where specific training is needed.

j. 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.

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

l. 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.

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

as possible.

n. If a child 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 children 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.

o. All staff attending off-site visits are aware of any children 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.

p. 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.

q. If a child misuses medication, either their own or another child's, their parents are informed as soon as possible. These children 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 children 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. Most children at this school carry their emergency medication on them at all times. Children keep their own emergency medication securely.

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

d. Children, 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. Children 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 who ensures the correct storage of medication at school.

h. All controlled drugs are kept in a locked

cupboard and only named staff have access, even if children normally administer the medication themselves.

i. Three times a year Sue Tyas/Kelly Swaine check the expiry dates for all medication stored at school.

j. Sue Tyas/Kelly Swaine along with the parents of children with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.

k. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the child'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 children 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 children or lockable as appropriate.

n. All medication is sent home with children 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. Named members of staff Sue Tyas/Kelly Swaine are 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 lockable 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 child'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 children 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.

See Appendix 1 – Form 1

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

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

d. If a child has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the child's parents to complete.

See Appendix 1 – Form 2

See Appendix 1 – Form 3a

e. The parents, healthcare professional and child with a medical condition are asked to fill out the child'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 children with complex healthcare or educational needs.

### **School Healthcare Plan register**

g. Healthcare Plans are used to create a centralised register of children with medical needs. An identified member of staff **Sue Tyas/Kelly Swaine** for the register at this school.

h. The responsible member of staff follows up with the parents any further details on a child'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. Every child 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 children at this school are provided with a copy of the child'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 child and

parents) securely hold copies of children's Healthcare Plans. These copies are updated at the same time as the central copy.

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

p. When a member of staff is new to a child 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 children in their care.

q. This school ensures that all staff protect child 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 child and parents before sharing any medical information with any other party.

### **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 child with a medical condition in their care
- remind children 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 children 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 child's current medical management and healthcare in the event of an emergency
- remind parents of children 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 child requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for children taking short courses of medication.

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

w. Parents of children 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 child's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the child 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 child's Healthcare Plan.

z. All parents of children 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 child 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 child 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 child is given or supervised taking medication. Details of the supervising staff member, child, dose, date and time are recorded. If a child 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 once a year. 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 12 months 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 children 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 children with medical conditions.
- b. Children 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 children 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 children 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 children 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 children and to help create a positive social environment.

### **Exercise and physical activity**

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

triggers.

m. This school ensures all children have the appropriate medication or food with them during physical activity and that children take them when needed.

n. This school ensures all children 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 children 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 child 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 children with medical conditions to have special educational needs (SEN). Children 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 child, parents and the child's healthcare professional to ensure the effect of the child'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. Children at this school learn about what to do in the event of a medical emergency.

**Residential visits.** 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 children 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.

v. Risk assessments are carried out before children start off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the child. Permission is sought from the child and their parents before any medical information is shared with an employer or other education provider.



**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. The school has written a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks.

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 children who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual children 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, taking into account the needs of children 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 children 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.

### **The Academy Trust 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 children). 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 children with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents, children, 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 children with medical conditions.

### **The Headteacher 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 children, school staff, SENCo, 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 children's Healthcare Plans
- 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 children, 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 children in their care have a medical condition and be familiar with the content of the child's Healthcare Plan
- allow all children 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 children who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of children 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 children (children should not be forced to take part in any activity if they feel unwell)
- ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure children 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 children who have been unwell catch up on missed school work
- be aware that medical conditions can affect a child's learning and provide extra help when children need it
- liaise with parents, the child'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 child 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.

**SENCOs at this school have the responsibility to:**

- help update the school's medical condition policy
- know which children have a medical condition and which have special educational needs because of their condition
- ensure children who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements in exams or course work.

**Individual doctors and specialist healthcare professionals caring for children who attend this school, have a responsibility to:**

- complete the child'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 child and their parents)
- understand and provide input in to the school's medical conditions policy.

**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.

**The children at this school have a responsibility to:**

- treat other children 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 child is feeling unwell
- let any child 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.

**The parents/carers 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**

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

b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.

c. In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:

- children
- parents

- school nurse and/or school healthcare professionals
- Headteacher
- teachers
- SENCo
- first aiders
- all other school staff
- local emergency care service staff (including accident & emergency and ambulance staff)
- local health professionals
- school governors.

d. The views of children with various medical conditions are actively sought and considered central to the evaluation process.

## **Legislation and guidance**

### **Introduction**

- Local authorities, schools and governing bodies are responsible for the health and safety of children 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 children 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 child 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 children. 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, children 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 Children 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 Children Requiring Special Arrangements (2004) – provides guidance on the safety for children 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**