



**Dunmow St Mary's  
Primary School**

**Medical Conditions  
Policy**

**September 2016**

**Signed by Chair of Governors .....**

**Date.....**

## Policy statement

**Dunmow St Mary's Primary School is an inclusive community that aims to support and welcome pupils with medical conditions and to provide them with the same opportunities as others at this school. We believe we have a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enroll in the future.**

### **We will help to ensure they can:**

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.
- are included in all school activities
- are encouraged to take control of their condition and feel confident in the support they receive from the school to help them do this.

### **We will ensure staff understand:**

- their duty of care to children in the event of an emergency and feel confident in knowing what to do in an emergency.
- that certain medical conditions are serious and can be potentially life threatening, particularly if not managed well or misunderstood.
- the importance of medication being taken as prescribed.
- the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

### **We will ensure that parents:**

- feel secure in the care their children receive at this school

The model policy has been adapted from the Medical Conditions at School website downloaded in	June 2014
School/ staff were consulted on this document	July 2014
Parents/ pupils/ local health care officials were consulted on:	July 2014
and it was accepted by the Personnel Committee on: reviewed by Pupil & Curriculum Committee	Sep 2014    Sept 15
It was ratified by the Governing Body on:	Oct 2014
Reviewed and ratified by Governing Body on	13 <sup>th</sup> October 2015
Reviewed by SBM in September 2016 but no changes identified. Next review:	September 2017

## **1. Communication & Consultation**

The 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:

- School staff e.g. head teacher, teachers, SENCO, H&S Co-ordinator, First Aiders, Pastoral Care employees
- Parents of children with medical conditions
- Local healthcare professionals e.g. school nurse & local doctors
- School governors
- The views of pupils with various medical conditions were actively sought and considered central to the consultation process.

All key stakeholders were consulted and asked for their comments on a draft policy before publication as the school recognises the importance of input from all interested parties.

Communication about the medical conditions policy will be carried out as follows:

- Pupils will be informed through the school council/ in assembly
- Parents are informed by including the policy statement in the school's prospectus; via the school website; in school newsletters and at the start of each year when communication is sent out about healthcare plans.
- Staff are informed at the September Inset Day; at scheduled medical conditions training; through key principles of policy being displayed in staff room (See Appendix 1); as part of the supply/temporary staff pack
- Relevant local health staff are provided with a copy of the updated policy annually.
- The school's asthma policy should be read in conjunction with this policy and is attached as Appendix 3.

## **2. Staff Training for Emergencies**

- 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 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 the staff room, first aid room, kitchen, dining hall & reception teaching area.

- 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. Volunteer staff who may be working with children on a one to one basis should be made aware of any medical conditions that the child may have and the relevant action to be taken in case of emergency. It is the teacher's responsibility to ensure this happens.
- h. 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.
- i. All staff know what action to take in the event of a medical emergency. This includes how to contact emergency services, what information to give and who to contact within the school.
- j. Action to take in a general medical emergency is displayed in prominent locations for staff. These include the staff room, food preparation areas and sporting facilities.
- k. 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.

### **3. Administration of Medication at School**

#### **3.1 Administration – emergency medication**

- a. All pupils at this school with medical conditions have easy access to their emergency medication.
- b. At our school pupils in years 5 & 6 are encouraged to carry and administer their own medication if this is in line with medical advice and their parent's wishes. Because we have a duty of care towards all the children at the school this can only be done when we are certain that the children are able to take full responsibility for their medication and no other children can come to harm because of this.
- 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.

#### **3.2 Administration – general**

- a. 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.

- b. Staff should never give a non-prescribed medicine to a child without prior written permission from the parents and a child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor. This school understands the importance of medication being taken as prescribed.
- c. 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.
- d. There are several members of staff at this school who have been specifically contracted to administer medication.
- e. 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.
- f. 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.
- g. 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.
- h. In some circumstances medication is only administered by an adult that the child is comfortable with, and preferably witnessed by a second adult.
- i. 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.
- j. If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- k. If a pupil at this school needs supervision or access to medication during home to school transport organised by the local authority, parents are made aware that this is something that should be highlighted with the local authority so that properly trained escorts may be provided. The school will liaise with such parties where necessary.
- l. 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.
- m. 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.

- n. 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.

## **4. Storage of Medication**

### **4.1 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. Most pupils at this school have their emergency medication kept securely for them. For those who have responsibility for managing their own conditions they are taught how to keep their medication secure and to keep it with them.
- c. 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.

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

- a. Parents and children are made aware via this policy and the prospectus and newsletters that all medicines should be given to the school office and nothing stored in a child's class or bag. (This excludes specific medical conditions where agreement has been made between the school, parents and pupil for pupils to manage their own medication).
- b. 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.
- c. Staff ensure that medication is only accessible to those for whom it is prescribed.

### **4.3 Safe storage – general**

- a. There is an identified member of staff who ensures the correct storage of medication at school.
- b. All controlled drugs are kept in a locked cupboard and only named staff have access, even if pupils normally administer the medication themselves.
- c. Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- d. 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.

- e. 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.
- f. Medication is stored in accordance with instructions, paying particular note to temperature.
- g. 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.
- h. Parents are reminded at the end of the school year to collect all medication. Medication not collected is checked for expiry dates and stored over the summer.
- i. 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.

#### **4.4 Safe disposal**

- a. Parents at this school are asked to collect out-of-date medication.
- b. 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.
- c. 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.
- d. 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.
- e. 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.
- f. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## **5. Record Keeping**

### **5.1. Enrolment forms**

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when the child starts school.

## **5.2. Healthcare Plans**

The 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 2 – Form 1

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
- when a diagnosis is first communicated to the school.

The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Where necessary the SENCO may also be present to assist with healthcare plans for pupils with complex health or educational needs. Parents then return these completed forms to the school.

## **5.3. 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 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

## **5.4. School Healthcare Plan register**

Healthcare Plans are used to create a centralised register of pupils with medical needs. The admin officer has responsibility for the register at this school.

The admin officer 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.

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

- a. 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.

- b. 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.
- c. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

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

- a. Parents and pupils at this school are provided with a copy of the pupil’s current agreed Healthcare Plan.
- b. Healthcare Plans are kept in a secure central location at school.
- c. 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.
- d. All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.
- e. 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.
- f. This school ensures that all staff protect pupil confidentiality.
- g. 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.

#### **5.7 Consent to administer medicines**

- a. 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.
- b. If a pupil has a short-term medical condition that requires medication during school hours, a ‘Request for School to Administer Medication’ form has to be completed by the pupil’s parent/carer. (See Appendix 2 – Form 2)
- c. 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.
- d. 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.

- e. Parents of pupils with medical conditions in years 5 & 6 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.

#### **5. 8 Residential visits/ Extracurricular activities**

- a. 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 2 – Form 3)
- b. 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.
- c. 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.
- d. 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.
- e. Extra – curricular activities such as after school clubs are split into those run by members of staff and those run by external providers. Those run by members of staff are covered by this medical conditions policy and as such club lists will be kept and notes taken of any children attending with medical conditions.
- f. Externally provided clubs will have procedures in place to ensure that they are aware and collect the relevant medical information they need for the children attending the clubs. The school will not share confidential information with outside parties but will ensure that these clubs have appropriate processes in place.

#### **5.9 Other record keeping**

- a. 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 2 - Form 4)
- b. 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.
- c. 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 2 – Form 5)
  - d. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

## **6. Inclusion of Children with Medical Conditions**

### **6.1 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.

### **6.2 Social interactions**

- a. 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.
- b. 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.
- c. 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.
- d. 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.

### **6.3 Exercise and physical activity**

- a. This school understands the importance of all pupils taking part in sports, games and activities.
- b. 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 pupils.
- c. This school ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel

unwell.

- d. 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.
- e. This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
- f. This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- g. This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

#### **6.4 Education and learning**

- a. 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.
- b. 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.
- c. 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.
- d. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- e. Pupils at this school learn about what to do in the event of a medical emergency.

#### **6.5 Residential visits/ Out of School Visits & Activities**

- a. 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.
- b. 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.
- c. 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.

## **7. Understanding Triggers**

This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. We are doing this by:

- Providing our staff with training on medical conditions which includes information on how to avoid and reduce exposure to common triggers for common medical conditions.
- The school is working on producing a list of common triggers for the common medical conditions at this school and a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks. This information will be shared with all school staff. (See Appendix 2 - Form 6).

## **8. Roles and Responsibilities**

Every member of the school community has a role to play in ensuring the successful implementation of the medical conditions policy. Specific responsibilities for different members are outlined below:

### **8.1 The Governors**

- a. Governors have a responsibility to review this policy on an ongoing basis and at a Governing Body meeting annually to ensure that its procedures are being acted upon and to provide an opportunity for formal review.

### **8.2 The School & Headteacher**

- a. Ensure the health and safety of 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
- b. Ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- c. Make sure the school is inclusive and welcoming which has a medical conditions policy in line with local and national guidance.
- d. Communicate to all interested parties about the policy, ensure it is put into action and it is effectively monitored, evaluated and updated at least annually.
- e. Report to parents, pupils, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy
- f. Ensure pupil confidentiality
- g. Assess the training and development needs of staff and arrange for them to be met

### **8.3 School Staff have a responsibility to:**

- a. Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- b. Understand the school's medical conditions policy.
- c. Know which pupils in their care have a medical condition and be familiar with the

- content of the pupil's Healthcare Plan.
- d. Allow all pupils to have immediate access to their emergency medication.
  - e. Maintain effective communication with parents including informing them if their child has been unwell at school.
  - f. Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
  - g. Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
  - h. 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).
  - i. Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
  - j. Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
  - k. Provide feedback to covering staff/ supply staff so that they are equipped to manage any emergency situations.

**8.4 In addition Teaching staff have a responsibility to:**

- a. Ensure pupils who have been unwell catch up on missed school work.
- b. Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- c. 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.
- d. Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

**8.5 School nurse has a responsibility to:**

- a. Help update the school's medical conditions policy.
- b. Help provide regular training for school staff in managing the most common medical conditions at school.
- c. Provide information about where the school can access other specialist training.

**8.6 First aiders at this school have a responsibility to:**

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

**8.7 Special educational needs coordinators have the responsibility to:**

- a. Help update the school's medical condition policy.
- b. Know which pupils have a medical condition and which have special educational needs because of their condition.
- c. Ensure pupils who have been unwell catch up on missed schoolwork.
- d. Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

**8.8 The pastoral support/welfare officer have the responsibility to:**

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

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

- a. Complete the pupil's Healthcare Plans provided by parents.
- b. Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- c. 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.
- d. Ensure the child or young person knows how to take their medication effectively.
- e. Ensure children and young people have regular reviews of their condition and their medication.
- f. 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).
- g. 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.

**8.10 Pupils have a responsibility to:**

- a. Treat other pupils with and without a medical condition equally.
- b. Tell their parents, teacher or nearest staff member when they are not feeling well.
- c. Let a member of staff know if another pupil is feeling unwell.
- d. Treat all medication with respect.
- e. Know how to gain access to their medication in an emergency.
- f. If mature and old enough, know how to take their own medication and to take it when they need it.
- g. Ensure a member of staff is called in an emergency situation.

**8.10 Parents\* of a child at this school have a responsibility to:**

- a. Tell the school if their child has a medical condition.
- b. Ensure the school has a complete and up-to-date Healthcare Plan for their child.
- c. Inform the school about the medication their child requires during school hours.
- d. Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- e. Tell the school about any changes to their child's medication, what they take, when, and how much.
- f. Inform the school of any changes to their child's condition.

- g. Ensure their child's medication and medical devices are labelled with their child's full name.
- h. Provide the school with appropriate spare medication labelled with their child's name.
- i. Ensure that their child's medication is within expiry dates.
- j. Keep their child at home if they are not well enough to attend school.
- k. Ensure their child catches up on any school work they have missed.
- l. Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- m. 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.

## **9. Review and Evaluation**

The school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.

In evaluating the policy, the 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 school staff, pupils, parents, local healthcare professionals, and school governors.

The views of pupils 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 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 year's settings. The document includes the following chapters: developing medicines policies; roles and responsibilities; dealing with medicines safely; drawing up a Healthcare Plan and 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.

**Additional guidance**

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

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

Further advice and resources can be found via the Administration Officer or Health & Safety Coordinator.

## **Medical Conditions Policy Key Principles**

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.