



GUISELEY

SCHOOL

A THINKING SCHOOL

Medical Policy

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Policy Statement

At Guiseley School we are an inclusive community that aims to support and welcome students with medical conditions.

We aim to provide all students with all medical conditions the same opportunities as others at school.

We will help to ensure they can through the following:

- This school ensures 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.
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children at this school. This school allows adequate time for staff to receive training on the impact medical conditions can have on students.
- Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Healthcare Plan (IHP).

This policy is followed and understood by our school community.

Policy and Guidelines

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

- a. This school understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future
- b. This school aims to provide all children with all medical conditions the same opportunities as others at school.
- c. Students with medical conditions are encouraged to take control of their condition
- d. This school aims to include all students with medical conditions in all school activities
- e. Parents/carers of students with medical conditions are aware of 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 have access to information about 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 have an understanding of the common medical conditions that may affect children at this school. Staff receive annual updates. The Headteacher is responsible for ensuring staff receive annual updates. The School Nursing Service can provide the updates if the school requests.
- j. The medical conditions policy is understood and followed by the whole school and local health community.

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

- a. Students are informed and reminded about the medical conditions policy in personal, social, health and economic (PSHE) classes
- b. Parents/carers are informed about the medical conditions policy and that information about a child's medical condition will be shared with the school's first aid team and may be shared with the School Nursing Service:
 - by including a policy statement in the schools' prospectus and signposting access to the policy
 - at the start of the school year when communication is sent out about Individual Healthcare Plans
 - when their child is enrolled as a new student
 - via the school's website, where it is available all year round
- c. School staff are informed and regularly reminded about the school's medical conditions policy:
 - through the staff handbook and staff meetings and by accessing [Satchel](#)
 - through scheduled medical conditions updates
 - all supply and temporary staff are informed of the policy and their responsibilities including who the designated co-ordinator and designated officers are, any medical needs or Individual Healthcare Plans related to the children in their care and how to respond in emergencies

Staff are made aware of Individual Healthcare Plans as they relate to their teaching/form groups.

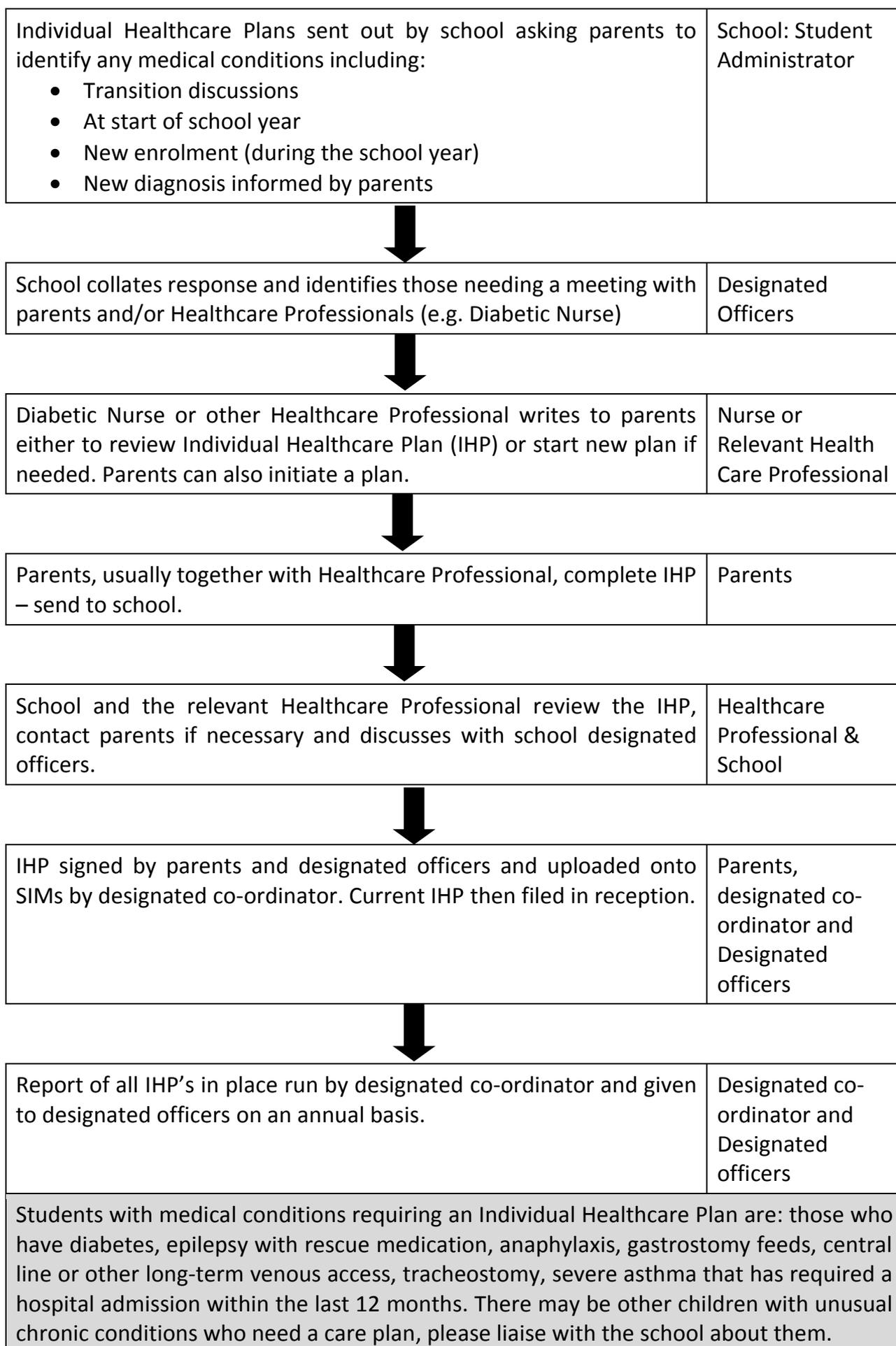
3. Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.

- a. First aid and designated staff are aware of the most common serious medical conditions at this school.
- b. Staff at this school understand their duty of care to students both during, and at either side of the school day 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/carer. This may include administering medication.
- c. Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for first aid staff members who work with children who have specific medical conditions supported by an Individual Healthcare Plan.
- d. Staff are to call for a first aider in an emergency situation.
- e. This school uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help.
- f. This school has procedures in place so that a copy of the student's Individual Healthcare Plan is sent to the

emergency care setting with the student. 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.

- g. If a student needs to be taken to hospital, a member of staff will accompany them and will stay with them until a parent arrives if necessary. This school will try to ensure that the staff member will be one the student knows. The staff member concerned should inform a member of the leadership team.

CHART TO SHOW MEDICAL CONDITIONS INFORMATION PATHWAY



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

Administration – Emergency Medication

- a. This school will seek to ensure that students with medical conditions have **easy access to their emergency medication.**
- b. This school will ensure that all students understand the arrangements for a member of staff to assist in helping them take their emergency medication safely.

Administration – General

- c. This school understands the importance of medication being taken as prescribed.
- d. All use of medication is done under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication. Staff should be aware if students are using their medication in an abnormal way and should discuss this with the child.
- e. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- f. Many 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 medication to students under the age of 16, **but only with the written consent of the student's parent (see form 3a).**
- g. This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to students if necessary.
- h. All school staff in this school 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 assisting in administering medication or calling an ambulance.
- i. In some circumstances, medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult. This will be agreed in the Individual Healthcare Plan.
- j. Parents/carers 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. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- k. If a student at this school refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.
- l. All staff attending off-site visits are aware of any students on the visit who have medical conditions. They will 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.

Use of 'over the counter' i.e. non-prescription medications

Where the Head Teacher agrees that staff may administer a non-prescribed medicine, it must be in accordance with this policy.

- A member of school staff must check there is written parental consent (form 3a) to administer medication before giving any medication. This includes recurring 'over the counter' medications e.g. piriton for hayfever.
- Staff should check that the medicine has been administered without adverse effect to the child in the past.
- Procedures are the same for prescribed and non-prescribed medication.
- Medication e.g. for pain relief, should never be administered without first checking the label for the appropriate dosage and checking when the previous dose was taken.
- If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.
- A child under 16 should never be given aspirin unless prescribed by a doctor.

'Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2012).'

Guidelines for administering Paracetamol

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

‘Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2012).’

It is sometimes appropriate to give paracetamol to control specific pain such as migraine or period pain. In administering paracetamol to children staff should adhere to the following conditions:

- There must be **written parental consent** to give paracetamol (form 3a)
- The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. If a child complains of pain as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol until amount given over the past 24 hours has been established. No more than four doses should be given in a 24-hour period. There should be at least 4 hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in any 24 hours. Always consider whether the child may have been given a dose of paracetamol before coming to school. Many non-prescription remedies such as Beechams Powders, Lemsip, and Night Nurse etc. contain paracetamol. If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.
- Paracetamol must be administered according to the instructions on the box or label. Stronger doses or combination drugs, which contain other drugs besides paracetamol must not be administered.
- The school does not keep its own stock of tablets. Paracetamol is treated in the same way as any other medication and is stored securely for individuals only not for general use.
- As it is the school's policy not to stock paracetamol, there must be a clear and safe arrangement for parents to supply them to the school for the child. It is not recommended to allow children to carry paracetamol around.
- Children should only be given one dose during the school day. If this does not relieve the pain, contact the parent or the emergency contact.
- The member of staff responsible for giving medicines must witness the child taking the paracetamol, and make a record of it.
- The student should be made aware that paracetamol should only be taken when absolutely necessary, that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

5. This school has clear guidance on the storage of medication at school.

Safe Storage – Emergency Medication

- a. Emergency medication is available to students 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. If the student concerned is involved in after school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.

Safe Storage – Non-Emergency Medication

- c. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Students with medical conditions know where their medication is stored and how to access it.
- d. Staff ensure that medication is accessible only to those for whom it is prescribed.

Safe Storage – General

- e. All controlled drugs are kept in a locked cupboard.
- f. An identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).
- g. The identified member of staff, along with the parents/carers of students with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the student's name, the

- name of the medication, route of administration, dose and frequency, an expiry date of the medication.
- h. All medication is supplied and stored in its original containers. All medication is labelled with the student's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
 - i. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.
 - j. Some medication for students 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 inaccessible to unsupervised students.
 - k. It is the parents/carer's responsibility to ensure adequate supplies of new and in date medication comes into school at the start of each term with the appropriate instructions and ensures that the school receives this.

Safe Disposal

- l. Parents/carers at this school are asked to collect out-of-date medication.
- m. If parents/carers 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.
- n. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired.
- o. Sharps boxes are used for the disposal of needles. Parents/carers may obtain sharps boxes from the child's GP or paediatrician on prescription. School has two sharps boxes, one in first aid and one in the student support centre.
- p. If a sharps box is needed on an off-site or residential visit, a risk assessment is undertaken to ensure a box is available.
- q. Disposal of sharps boxes – the school has a contract, with an external supplier for the safe disposal of the sharps bin.

6. This school has clear guidance about record keeping for students with medical conditions.

Enrolment Forms

- a. Parents/carers at this school are asked if their child has any medical conditions.
- b. If a student has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form is sent to the student's parents/carers to complete.

Individual Healthcare Plans

- a. This school uses an Individual Healthcare Plan for children with complex health needs to record important details about the individual child's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Healthcare Plan if required.
- b. Examples of complex health needs which may generate an Individual Healthcare Plan following discussion with the parents/carers and the school are listed below.

The child has:

- diabetes
 - gastrostomy feeds
 - a tracheostomy
 - anaphylaxis
 - a central line or other long term venous access
 - severe asthma that has required a hospital admission within the last 12 months
 - epilepsy with rescue medication
- c. An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of students with a complex health need. This is sent by the school:
 - at the start of the school year
 - at enrolment
 - when a diagnosis is first communicated to the school
 - transition discussions
 - new diagnosis
 - d. It is the responsibility of the parent/carer to fill in the Individual Healthcare Plan and return the completed form to the school. If the school does not receive an Individual Healthcare Plan, all school staff should follow standard first

aid measures in an emergency.

- e. This school ensures that a relevant member of school staff is present, if required, to help draw up an Individual Healthcare Plan for students with complex health or educational needs.

School Individual Healthcare Plan Register

- f. Individual Healthcare Plans are used to create a centralised register of students with complex health needs. The designated officers identified in this policy have responsibility for the register at this school. School ensures that there is a clear and accessible system for identifying students with healthcare plans/medical needs by recording this information on the SIMs system. A robust procedure is in place to ensure that the child's record, contact details and any changes to their Individual Healthcare Plan are updated on the school's record system.
- g. The designated officers follow up with the parents/carers and health professional if further detail on a student's Individual Healthcare Plan is required or if permission or administration of medication is unclear or incomplete.

On-going Communication and Review of Individual Healthcare Plans

- h. Parents/carers at this school are regularly reminded to update their child's Individual Healthcare Plan if there have been any changes to their child's condition or changes in their treatment.
- i. Parents/carers should direct any additional information, letters or health guidance to the designated officers in order that the necessary records are altered quickly and the necessary information disseminated.

Storage and Access to Individual Healthcare Plans

- j. Individual Healthcare Plans are kept in a secure central location at school.
- k. Apart from the hard copy, the Individual Healthcare Plans are uploaded to SIMS.
- l. Members of staff are made aware of all children with medical conditions through MINTclass.
- m. This school ensures that all staff protect students' confidentiality.
- n. In the case of an emergency relevant information from the Individual Healthcare Plan would be shared verbally with emergency care staff.
- o. The information in the Individual Healthcare Plan will remain confidential within school unless needed in an emergency.

Use of Individual Healthcare Plans

Individual Healthcare Plans are used by this school to:

- inform the appropriate staff about the individual needs of a student with a complex health need in their care.
- identify important individual triggers for students with complex health needs at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of triggers.
- ensure this school's first aid team have a timely and accurate summary of a student's current medical management and healthcare in an emergency.

Consent to Administer Medicines

- p. If a student requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan giving the student or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for students taking short courses of medication.
- q. All parents/carers of students with a complex health need who may require medication in an emergency are asked to provide consent on the Individual Healthcare Plan for staff to administer medication.

Residential Visits

- r. Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours.
- s. All residential visit forms are taken by the relevant staff member on visits where medication is required.
- t. All parents/carers of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.
- u. The residential visit form also details what medication and what dose the student 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 student manage their condition while they are away.

- v. Medical information from SIMs and equipment must be taken on off-site activities.

Record of Awareness Raising Updates and Training

- w. School undertakes a risk assessment of the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities.
- x. Staff new to the team attend an initial first aid at work course.
- y. The school's first aid team attend refresher training at Leeds every three years. The school maintains records of who acts as a first aider, and the dates of their training.
- z. Key staff supporting an individual child receives specific training as and when required, in addition to an identified first aider.

7. This school ensures that the whole school environment is inclusive and favourable to students 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 as accessible as possible to students with medical conditions.
- b. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations.

Social Interactions

- c. This school ensures the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- d. This school ensures the needs of students with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
- e. All staff at this school are aware of the potential social problems that students 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.
- f. Staff use opportunities such as personal, social, health and economic education (PSHE) lessons to raise awareness of medical conditions amongst students and to help create a positive social environment.

Exercise and Physical Activity

- g. This school understands the importance of all students taking part in sports, games and activities.
- h. This school seeks to ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.
- i. This school seeks to ensure that all classroom teachers, PE teachers and sports coaches understand that if a student reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.
- j. Teachers and sports coaches are aware of students in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.
- k. This school ensures all PE teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.
- l. This school seeks to ensure that all students have the appropriate medication or food with them during physical activity and that students take them when needed.
- m. This school ensures all students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and Learning

- n. This school ensures that students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- o. Teachers at this school are aware of the potential for students with medical conditions to have additional educational needs (AEN). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN co-ordinator for assessment in conjunction with their subject teachers and parents.

- p. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- q. Students at this school learn how to respond to common medical conditions.

Risk Assessments

- r. Risk assessments are carried out by this school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. This school considers: how all students will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.
 - s. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. This school considers additional medication and facilities that are normally available at school.
 - t. The school contracts an external company (Xperience) to undertake risk assessments before students start any work experience. It is the parent/carer's responsibility to ensure that the employer is provided with any relevant medical information, via the application form.
 - u. The school carries out risk assessments before students start any off-site educational placements. Permission is sought from the student/parent/carer before any medical information is shared with the other education provider.
- 8. This school is aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.**
- a. This school is committed to working towards 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 updated on medical conditions.
- 9. 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, school staff, and community healthcare professionals and any relevant emergency practitioners 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.

Governors

Have a responsibility to:

- ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- ensure the schools health and safety policies and risk assessments are inclusive of the needs of students with medical conditions and reviewed annually.
- make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated.
- ensure that the school has robust systems for dealing with medical emergencies and critical incidents at any time when students are on site or on out of school activities.

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.
- ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors.
- ensure every aspect of the policy is maintained.
- ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of their regular supervision/reporting meetings.
- monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders.

- report back to governors about implementation of the health and safety and medical conditions policy.
- ensure through consultation with the governors that the policy is adopted and put into action.

All Teaching and Support Staff

Have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- call an ambulance in an emergency.
- understand the school's medical conditions policy.
- know which students in their care have a complex health need and be familiar with the content of the student's Individual Healthcare Plan.
- know the schools registered first aiders and where assistance can be sought in the event of a medical emergency.
- maintain effective communication with parents/carers including informing them if their child has been unwell at school.
- ensure students who need medication have it when they go on a school visit or out of the classroom.
- be aware of students with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact these can have on students.
- ensure that all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure that students have the appropriate medication or food during any exercise and are allowed to take it when needed.
- follow universal hygiene procedures if handling body fluids.
- ensure that students who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Healthcare Plan and if they have any medication. The member of staff must remember that while they can involve the student in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better.

Teaching Staff

Have an additional responsibility to also:

- ensure students who have been unwell have the opportunity to catch up on missed school work.
- be aware that medical conditions can affect a student's learning and provide extra help when students need it, in liaison with the SENCO.
- liaise with parents/carers, special educational needs co-ordinator and welfare officers (if applicable) 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 student awareness about medical conditions.

School Nursing Team or Healthcare Professional

Have a responsibility to:

- help provide regular updates for school staff in managing the most common medical conditions at school at the schools request.
- provide information about where the school can access other specialist training.

First Aiders

Have an additional responsibility to:

- give immediate, appropriate help to casualties with injuries or illnesses.
- when necessary ensure that an ambulance is called.
- ensure they are trained in their role as first aider.

Special Educational Needs Co-ordinators

Have the additional responsibility to:

- ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or coursework.

Pastoral Support

Has the additional responsibility to:

- know which students have a medical condition and which have special educational needs because of their condition.
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Students

Have a responsibility to:

- treat other students with and without a medical condition equally.
- tell their parent/carer, teacher or nearest staff member when they are not feeling well.
- let a member of staff know if another student is feeling unwell.
- treat all medication with respect.
- know how to gain access to their medication in an emergency.
- ensure a member of staff is called in an emergency situation.

Parent/Carer

Have a responsibility to:

- tell the school if their child has a medical condition or complex health need.
- ensure the school has a complete and up-to-date Individual Healthcare Plan if their child has a complex health need.
- inform the school about the medication their child requires during school hours.
- inform the school/provider 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.
- ensure that the school has full emergency contact details for them.
- 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.
- if the child has complex health needs, ensure their child has a written Individual Healthcare Plan for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- have completed/signed all relevant documentation including form 3a and the Individual Healthcare Plan if appropriate

10. The medical conditions policy is regularly reviewed evaluated and updated.

This school's medical conditions policy is reviewed, evaluated and updated in line with the school's policy review timeline.

Legislation and Guidance

Introduction

- Local authorities, schools and governing bodies are all responsible for the health and safety of students 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 (2005)*. 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 and Equality Act (2010). 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 etc. 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

Disability Discrimination Act 1995 (DDA), the Special Educational Needs and Disability Acts (2001 and 2005) and the Equality Act (2010)

- Many students with medical conditions are protected by the DDA and SENDA, even if they do not 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 student 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 students. 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 DFE and CEHR through the Disability Equality Scheme.

**DfES publications are available through the DFE.*

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 etc. 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, students 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 Students 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 Students Requiring Special Arrangements (2004) – provides guidance on the safety for students when travelling on local authority provided transport.
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).
- Medical Conditions at School Website - <http://medicalconditionsatschool.org.uk/>.
- Managing Medicines and Providing Medical Support in Schools and Early Years Settings UNISON - <http://www.unison.org.uk/file/A14176.pdf>.

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 Education

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

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