

VICARAGE PRIMARY SCHOOL



Policy for Supporting Pupils with Medical Conditions

2021/22

Person responsible for the policy	AHT/Inclusion lead- Shelly Ann Clunis
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This policy has been written in consultation with the designated Senior Manager and School Nurse.

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Designated School Staff

Senior Manager:	Shelly Ann Clunis (AHT/Inclusion Lead)
School Officers:	Roxane Vasiloiu
School Nurse: Health Visitor:	Stephanie Garrett Bolaji Oladimeji-Suarawu
School Governor:	Stella Ikanik

Policy Rationale

The Children and Families Act (Sept 2014) and Department for Education governor guidance for supporting pupils with medical conditions (April 2014) places a duty of care on maintaining schools to make arrangements to support pupils with medical conditions. DFE guidance (April 2014) states ‘Governing bodies should ensure that schools develop a policy for supporting pupils with medical conditions and within this cover the role of Health Care Plans. They should also determine who is responsible within the school for their development. This policy should be reviewed annually and be readily accessible for parents and school staff.

Policy Statement

Vicarage Primary School is an inclusive school that aims to support and welcome pupils and staff with medical conditions. This school aims to provide all pupils and staff with all medical conditions the same opportunities as others at school. We aim 'to be the best we can be' along with our core values excellence, excellence, resilience and respect.

Policy Guidelines

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

- a. This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may 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. Pupils with medical conditions are encouraged to take control of their condition Pupils feel confident in the support they receive from the school to help them do this.
- d. This school aims to include all pupils with medical conditions in all school activities.
- e. Parents of pupils with medical conditions feel secure in the care their children receive at this school.
- f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g. All staff feels 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. Staff understands the common medical conditions that affect children at this school.
- j. Staff receive training on the impact this can have on pupils.
- k. The medical conditions policy is understood and supported by the whole school and local health community.
- l. For educational visits appropriate information / Health Care Plans are taken and staff is trained to ensure the pupil's personal safety.

2. This school's medical conditions policy is drawn up in consultation with key school staff and professionals within both the school and health settings.

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

- school nurse
- head teacher
- assistant headteacher/inclusion
- lead teachers
- current staff working with pupils with medical conditions
- members of staff trained in first aid
- school governors.

3. The medical conditions policy is supported by a clear communication plan for staff, parents and health professionals to ensure its full implementation.

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

- by including the policy on the school website
- at the start of the school year when communication is sent out about Health Care Plans
- when their child is enrolled as a new pupil

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

- through the AHT/Inclusion Lead and key staff.
- through copies of the Health Care Plans being given to staff
- at scheduled medical conditions training

through the key principles of the policy being displayed in several prominent staff areas at this school (ie Staff Room, first Aid Area) through previous class teacher relevant information being placed in the Class SEND Folder

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

- a. 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. 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 staff annually or every three years by Health professionals (ie School Nurse)
- 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 Health Care Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- g. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- h. 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. If a parent is present, a member of staff will not be required.
- i. Generally, staff should not take pupils to hospital in their own car and should wait for an ambulance.

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

- a. Staff are aware of where medication is stored and how to access it.
- b. Pupils should understand the arrangements for administering their own emergency medication, a member of staff to assist in helping them take their medication safely.

Administration – general

- c. 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.
- d. 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.
- e. Parents are informed that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- f. All staff attending educational 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.
- g. 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 educational visits activities.
- h. When a pupil is unwell or injured, unless someone is on first aid duty, the pupil will sit in the office to wait collection by his / her parent
- i. If the pupil is so unwell that they need to lie down the Hygiene Room is used in Key Stage 1
- j. The Medical Room will be used to examine a pupil if he/she has to remove clothing to examine cut/bruises by 2 staff (following the school's Intimate Care Policy)

STORAGE

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

Safe storage – emergency medication

a. Emergency medication is readily available to pupils who require it at all times during the school day or for educational visits. 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. Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

Safe storage – non-emergency medication

c. 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, but require adult supervision.

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

Safe storage – general

e. The office staff, Senior Management Team and staff who administer medication ensure the correct storage of medication at school.

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

g. Three times a year (January, April & September) the school officers check the expiry dates for all medication stored at school. However, parents should also make checks of expiry dates of medication.

h. The school officers, 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. Inside is a copy of the medical information form to prevent it from being given to the wrong pupil or incorrect dosage being given (See Appendix 7)

i. All medication is supplied and stored 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.

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

k. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labeled.

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

m. 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.

n. Medication for Key Stage 1 pupils will be stored in a cupboard in the school office.

o. Key Stage 2 medicines are kept in their classrooms in a cupboard marked with a large green cross, in a sealed container. The Early Years / Nursery are kept in their classroom or in the Nursery Kitchen. Any specific medicine ie diabetes or Epilepsy medicine for individuals are kept in their classroom cupboard marked with a green cross

DISPOSAL

Safe disposal

p. Parents at this school are asked to collect out-of-date medication by the office staff or SEND Support.

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. School officers which includes office staff, SEND support, teachers and teaching assistants are responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at three times a year. The class teachers are responsible for further checks.

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

t. If a Sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

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

RECORD KEEPING

7. This school has clear guidance about record keeping

Enrolment forms

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

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

Health Care Plans

b. A Health Care Plan is a written agreement between an educational setting 'The School' and the parents of a specific child with a medical condition; to enable the pupil to be adequately cared for whilst they are at school. A Health Care Plan can help to ensure that the school effectively supports pupils with specific medical conditions by specifying the type and level of support the child requires. The Health Care Plan will relate to the medical needs of the pupil and the administration of medicines for regular and emergency use. It should be a continual process involving the family, educational staff and health professionals relevant to the pupil's needs.

Drawing up Health Care Plans

c. The Health Care Plan meeting should be initiated as soon as the child's needs are identified. We make a referral to the School Nursing Team, this is assessed and decided by the school nurse as to the next steps. This should be done by the designated school's senior manager in consultation with the parent and school nurse. This school uses a Health Care 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)

A Health Care Plan 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.

d. The parents, school nurse and senior manager complete the pupil's Health Care Plan together. Parents then return the Health Care Plan to the school with any amendments and their signature.

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

School Health Care Plan Register

f. Health Care Plans are used to create a centralised register of pupils with medical needs. The SEND Support has the responsibility for the register at this school.

g. The SEND Support and the School Nurse follows up with the parents any further details on a pupil's Health Care Plan required or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Health Care Plans

h. Parents at this school are regularly reminded to update their child's Health Care 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.

i. 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.

j. Every pupil with a Health Care Plan at this school has their plan discussed and reviewed at least once a year with the School Nurse and SEND Support.

Storage and access to Health Care Plans

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

l. Health Care Plans are kept in a secure central location at school in the SEND ROOM and class teachers are aware and have knowledge of the pupils in their class and what their health needs are.

m. Apart from the central copy, specified members of staff (ie class teachers) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy. Information needs to be placed on SIMS by a school officer.

n. All members of staff who work with groups of pupils have access to the Health Care Plans of pupils in their care ie kitchen staff, middays etc

o. 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 Health Care Plans of pupils in their care.

p. This school ensures that all staff protect pupil's confidentiality.

q. This school seeks permission from parents to allow the Health Care 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 Health Care Plan.

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

Use of Health Care Plans

Healthcare Plans are used by this school to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times

- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Indications of children who will require a Health Care Plan s.

These are as follows (although this is not an exhaustive list):

- children who require medication during the day
- children who requires nursing procedures / intervention during the school day or having a medical device in situ
- child who may require emergency intervention
 - Epilepsy, Asthma, Anaphylaxis, Sickle Cell, Diabetes, Eczema (requiring intervention).
- Children who require enteral feeding.

Medical Advice Form

t. Pupils who have a medical condition but do not require a Health Care Plan receive a medical Advice Form. The same procedure is followed as if they had a Health Care Plan and includes the signatures of parents, AHT/Inclusion Lead and School Nurse. Copies are given to parents and class teacher. These forms are store I the Health Care Plans Folder. (See Appendix 3)

Consent to administer medicines

- u. If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Health Care Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking medication (See Appendix 6)
- v. All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Health Care Plan for staff to administer medication.
- w. If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan. The school and parents keep a copy of this agreement.

Residential visits

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

overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

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

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

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

Other record keeping

bb. This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. (See Appendix 5)

cc. This school holds training on common medical conditions once a year. All staff attending receives 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 4)

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

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

Physical environment

a. This school is committed to providing a physical environment that is accessible to pupils with medical conditions.

b. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

c. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

d. This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

e. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

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

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

Exercise and physical activity

h. This school understands the importance of all pupils taking part in sports, games and activities.

i. This school ensures all classroom teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

j. This school ensures all classroom teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

k. Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

l. This school ensures all classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

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

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

Education and learning

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

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

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

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

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

Residential visits

t. Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

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

v. Risk assessments are carried out before pupils start any work experience or 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 pupil. Permission is sought from the pupil 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 educational visits.

b. School staff have been given training on medical conditions. Such training is now carried out by professionals at Dockside and The Tunmarsh Centre. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions as well as pupils who have specific medical condition.

c. A written staff record for training is given to staff receiving training (see Appendix 4)

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

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

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

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

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

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

This school has a responsibility to:

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

Teachers at this school have a responsibility to:

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

The School Nurse / Health Visitor at this school has a responsibility to:

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

First aiders at this school have a responsibility to:

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

Special educational needs coordinators at this school have the responsibility to:

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

The pupils at this school have a responsibility to:

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

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

- tell the school if their child has a medical condition

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

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

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

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 Children and Families Act Sept, 2014, 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, DFE Governors Guidance April 2014.

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

Children and Families Act (Sept 2014)

This places on governors a duty on maintaining schools and governors to make arrangements to support pupils with medical conditions.

Department for Education (April 2014) – Statutory guidance for governing bodies in mainstream schools

Governing bodies should ensure that schools develop a policy for pupils with medical conditions.

Managing Medicines in Schools and Early Years Settings (2004)

This provides guidance from the DfE on managing medicines in schools and early years settings. The document includes the following chapters:

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

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

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

Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'. The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools,

which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

not to treat any pupil less favourably in any school activities without material and sustainable justification

to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in Schools and Early Years Settings*

to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

*DfES publications are available through the DCSF.

The Education Act 1996

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

The Care Standards Act 2000

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

Health and Safety at Work Act 1974

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

Management of Health and Safety at Work Regulations 1999

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

Medicines Act 1968

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

Additional guidance

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

Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda

National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams

Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits

Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs

Home to School Travel for Pupils Requiring Special Arrangements (2004)

– provides guidance on the safety for pupils when traveling on local authority provided transport

Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

Further advice and resources

The Anaphylaxis Campaign

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

Asthma UK

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

Diabetes UK

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

Epilepsy Action

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

Long-Term Conditions Alliance

202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640

info@ltca.org.uk
www.ltca.org.uk

Department for Children, Schools and Families

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

Council for Disabled Children

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

National Children's Bureau

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

APPENDIX 1

Please refer to our school risk assessment that is updated regularly based on the latest advice from Public Health England.

AMENDMENT AND ADVICE FOR COVID-19

Advice service for nurseries, schools and colleges to respond to a positive case of coronavirus (COVID-19)

Public Health England (PHE) has introduced a new dedicated advice service, delivered by NHS Business Services Authority, for nurseries, schools and colleges.

The service is for those needing support on the action they should take when they have been informed of a confirmed case of coronavirus (COVID-19) in their setting (i.e. a pupil or staff member testing positive).

It can be reached by calling the Department for Education coronavirus (COVID-19) helpline on 0800 046 8687 and selecting option 1. This option will take you through to a dedicated team of NHS Business Services Authority advisors who will work through a risk assessment with you to identify close contacts, and will inform you what action is needed based on the latest public health advice.

Advisors will be responsible for referring more complex cases to the PHE regional health protection team, as necessary, following a triaging of your circumstances during the call.

Phone: 0800 046 8687 – option 1

Opening hours: Monday to Friday from 8am to 6pm

Saturday and Sunday from 10am to 4pm

FIRST AID

First aid areas KS1 – under the shelter opposite the staff room
KS2 – in the field (MUGA)

ISOLATION ROOMS

KS1 – Interview Room in KS1 building

LKS2 – Hall

UKS2 - Hall

Appendix 2

Private and Confidential Health Care plan for a pupil with Medical Needs

Name:

Address:

Date of birth:

Conditions(s): list child's medical conditions, any medical devices they may have in situ

School:

Class:

Date of Plan: date plan compiled/reviewed

Review Date: date for review (this should be changed after plan is reviewed/amended). Usually at least yearly.

1. Information about (*insert name child*)'s health.

Description and explanation of child's condition and how this affects them. This should be written in simple terms which can be understood by layman. Any medical jargon used should be followed by an explanation as to what this means.

This should also include the entire child's needs for example their mobility, hygiene, communication and/or feeding needs in addition to the main health concern.

Describe what is normal for the child – their own abilities

2. Information about (*insert name child*)'s (*medical device*)

If the child has a medical device in place, a diagram and explanation of how it works should be placed here. If they do not, delete this section.

3. Daily requirements for (*insert name child*) Remove italic and insert name

Use this section to identify what care needs are to be given to the child on a daily basis. Ask the parents what they expect education staff to be giving to their child during the school day. This could be any of the following (this is not exhaustive):

Observation of the child: what signs and symptoms needs to be observed for and what actions needs to be taken if they are observed

Medication to be given, name of drug, dose, route, time to be given and any special requirements (ie with food via spacer)

Whether the child needs special arrangements ie during class time, Physical Exercise, break times.

4. What is an emergency for (insert name child)?

Use this section to identify what the parents' class as an emergency for their child and what do they expect school staff to do should the situation arise. In situations where medication needs to be administered this should be supported by a medical letter confirming treatment, dose and route. This may cover any or all of the following aspects (not exhaustive):

An emergency when parents are called to collect the child

An emergency when an ambulance needs to be called.

An emergency when staffs are required to intervene – whether this is with medication or first aid.

Signs and symptoms need to be clearly identified so staff are aware of what to observe the child for. It should be very clear and in bullet points/flow chart to ensure staff can follow the plan easily. This part of the care plan can be cut and paste in order for it to be laminated and placed with emergency medication/devices as required.

Record of staff trained in giving care/medication as stated on Care Plan

Table can be inserted with staff name, role and signature to state they agree they have been trained and will deliver care as trained.

Contact Information for (insert name child):

Family contact 1:

Name:

Relationship:

Telephone numbers: 1.
2.

Family contact 2:

Name:

Relationship:

Telephone numbers: 1.
2.

Signatures

A review of this Health Care Plan should be undertaken annually. It is the responsibility of the nursery/school to initiate this review and invite relevant parties to the review.

If any changes are made to the child's care, the care plan must also be changed to reflect this. If medication or feed related this should be accompanied by an updated letter from medics/dietitian

Parent

Name:

Signed: _____ Date: _____

SEND Manager

Name:

Signed: _____ Date: _____

**School Nurse
Name:**

Signed: _____ **Date:** _____

Appendix 3

Contacting Emergency Services

Request an Ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows [insert school/setting address]
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code. E6 6AD
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Appendix 4

VICARAGE SCHOOL MEDICAL ADVICE FORM

Pupil Name	Class	Date
Medical Issue		
Parental Information		
Comments & Action Points	Follow-Up	
School Nurse Signature:		
SEND Manager Signature:		
Parents Signature:		

Appendix 5

Staff Training Record – Administration of Specific Medicines

Epi-pen, complex medical procedures etc.

Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that has received the training detailed above and is competent to carry out any necessary treatment.
I recommend that the training is updated

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 7 Parental Agreement For Administering Medicines

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other
instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I take full responsibility for the school administering my child's medicine.

Parents Signature(s) _____

Date _____