



## **Medical Conditions Policy 2016**

### Safeguarding

Threemilestone School is committed to safeguarding and promoting the welfare of all children.  
We expect all our team members to share this commitment.

## **Policy statement**

- **Threemilestone School is an inclusive community that aims to support and welcome pupils with medical conditions.**
- **Threemilestone School aims to provide all pupils with any medical condition the same opportunities as others at Threemilestone School.**

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

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being once they leave school

The school makes sure 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 and care being taken as directed by healthcare professionals and parents.

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

This policy should be read in conjunction with;

- Administration of Medication Policy & Procedure
- Asthma Policy
- Health and Safety Policy
- Equality Policy

# **Policy Framework**

The Policy Framework describes the essential criteria for how the school can meet the needs of children and young people with medical conditions.

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

- a. This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- b. This school will listen to the views of pupils and parents.
- c. Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.
- d. Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- e. All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- f. The whole school and local health community understand and support the Medical Conditions Policy.
- g. This school understands that all children with the same medical condition will not have the same needs.
- h. This school recognizes that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) relate to children with disability or medical conditions.

## **2. This Policy has been drawn up in consultation with a wide-range of local key stakeholders within both school and health settings.**

- a. The Local Authority and schools have consulted on the development of this Medical Condition Policy along with a wide-range of key stakeholders within both school and health settings. These key stakeholders include:
  - pupils with medical conditions
  - parents
  - school nurses
  - head teachers
  - teachers
  - special educational needs coordinators
  - pastoral care/welfare officers
  - members of staff trained in first aid
  - all other school staff
  - local emergency healthcare staff (such as accident & emergency staff and paramedics)
  - local healthcare professionals
  - school governors.
- b. The views of pupils with various medical conditions were actively sought and considered central to the consultation process.
- c. All key stakeholders were consulted in two phases:
  - initial consultation during development of the policy.
  - comments on a draft policy before publication.
- d. This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward when requested.

### **3. The Medical Conditions Policy is supported by clear communication between staff, parents/carers and other key stakeholders to ensure its full implementation.**

- a. Pupils are informed about medical conditions in personal, health, social citizenship education (PHSCE) lessons.
- b. Parents are informed about the Medical Conditions Policy:
  - through the policy statement in the school's prospectus.
  - in the school newsletter when considered appropriate.
  - when their child is enrolled as a new pupil.
  - via Threemilestone School website, where it is available all year round.
- c. School staff are informed and regularly reminded about the Medical Conditions Policy:
  - at staff meetings
  - at scheduled medical conditions/first aid training.
  - through access to the policy on the staff shared area and in the staff handbook.
- d. The school nurse team is aware of the school's medical conditions policy.
- e. All other external stakeholders can find the school's medical conditions policy on the school website.

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

- a. First Aid trained Staff at this school are aware of the most common serious medical conditions at this school through first aid training and specialist training/demonstrations from Healthcare professionals. A Medical Conditions Board is also displayed in the staff room.
- b. Staff are informed at staff meetings of any children starting with serious medical conditions that they need to be aware of. Each class has a Medical Conditions Register for their class and their parallel class. For those children with more complex needs, a record sheet complete with a photo, and details from the Individual Healthcare Plan (IHP) is included with the register.
- c. A Child's IHP should explain what help they need in an emergency. The

IHP along with SIMS Data Sheet will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

- d. 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.
- e. Training is refreshed for all staff every 3 years. Paediatric First Aid qualified staff and Health and Safety at Work trained staff renew their qualifications every three years.
- f. Action for staff to take in an emergency for asthma/epilepsy/anaphylaxis and diabetes is displayed in the first aid room, staff room and in the Staff Handbook. It can also be downloaded from [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk)
- g. This school uses Individual Healthcare Plans (IHP) or information derived from them to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

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

- a. All staff know what action to take in the event of a medical emergency. This includes:
  - how to contact emergency services and what information to give.
    - Emergency services are contacted by the school office team.
  - who to contact within the school.
    - First Aider
    - School Office Team
    - Headteacher
    - Class Teacher
- b. Action to take in a general medical emergency is displayed in prominent locations for staff (Staff Room, First Aid Room). Named First Aider posters are displayed throughout the school.
- c. 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.
- d. Staff should not take pupils to hospital in their own car.

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

### **Administration – emergency medication**

- a. All pupils at this school with Asthma have easy access to their inhalers. The school holds an emergency Asthma kit which is stored in the staff room, on top of the medicine cabinet. Only children whose parents have given prior written consent can use the school emergency inhaler as per Department of Health “Guidance on the Use of Emergency Salbutamol Inhalers in Schools March 2015”.
- b. All pupils with medical conditions other than asthma have their medication stored safely, within easy access for staff to administer in an emergency.
- c. All pupils are encouraged to administer their own emergency medication, under supervision when their parents and health specialists determine they are able to start taking responsibility for their condition.
- d. Pupils know where their Asthma medication is stored and how to access it.
- e. Pupils who do not administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

### **Administration – general**

- 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. Threemilestone school understands the importance of medication being taken as prescribed, and care received, as detailed in the pupils IHP
- 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. 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 prescribed medication to pupils under the age of 16, but only with the written consent of the pupil’s parent. This consent is obtained through the Administration of Medicines Form.
- e. When administering sporadic medication, for example pain relief, the school

will check with the parents/carer when the last dose was taken and advise them of the time when the medication was taken.

- f. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. TPAT 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 of the same gender as the pupil, 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. (Specified on Administration of Medicines Form)
- j. If a pupil at this school refuses their medication, staff record this and inform the parents 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, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.
- l. Staff attending off-site visits are aware of any pupils with medical conditions on the visit (item on the School Trip Checklist). They request/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 their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

## **7. Threemilestone School has clear guidance on the storage of medication at school – Please see Policy for Administration of Medicines.**

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

- a. Emergency asthma medication is readily available to pupils who require it at all times during the school day or at off-site activities. Asthma medication is held in the class red medical bag. EpiPens are held in the staffroom in a box adjacent to the medicine cabinet. Due to the severity of one child's allergy a spare is held safely in his classroom. These are not locked up following guidance from the School Nurse. 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 know exactly how to access or obtain their emergency medication.

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

- a. All non-emergency medication is kept locked in the medicine cabinet which is located on the wall in the staff room. Medicines that need to be kept refrigerated are stored in the medicine fridge in the staff room. Pupils with medical conditions know where their medication is stored and how to access it.
- b. Staff ensure that medication is only accessible to those for whom it is prescribed.

### **Safe storage – general**

- a. Shelly Dobson and Dawn Hawken (office staff) ensure medication is stored appropriately 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 office staff/ Caroline Stephens check the expiry dates for all medication stored at school.
- d. The office staff, along with the parents of pupils with medical conditions, ensure that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, together with the original prescription label, in its original container and that a Administration of Medicines Form is completed and authorised which contains the name and dose of the medication and the frequency of dose.

- e. Medication is stored in accordance with instructions, paying particular note to temperature.
- f. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is clearly labelled and placed in the Medication Refrigerator. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate. The school's medicine fridge is located in the staff room and is clearly labeled.
- g. All medication is sent home with pupils at the end of the school year. Medication is not stored during the summer holidays.
- h. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

### **Safe disposal**

- 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, a member of the office team take it to a local pharmacy for safe disposal.
- c. Sharps 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.
- d. 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.
- e. Collection and disposal of sharps boxes is arranged with Interserve.

## **8. Threemilestone School has clear guidance about record keeping**

### **Enrolment Form/Medical Record Sheet**

- a. Parents at this school are asked if their child has any health conditions or health issues on the enrolment form.
- b. If any health conditions or health issues are mentioned on the enrolment form, a School Medical Record Sheet is sent home to obtain further detailed information. *Please see Appendix 1 for the School Medical Record Sheet template.*

### **Healthcare Plans**

The information obtained from the Medical Record Sheet is then used as a basis for an Individual Healthcare Plan if required.

### **Individual Healthcare Plans**

- a. This school uses an IHP 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. It is required for pupils with a long-term medical conditions (excluding Asthma) and should be completed at enrolment or when a diagnosis is communicated to the school.
- b. The IHP is developed by the SENDCO with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- c. An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.
- d. The IHPs are regularly reviewed by the SENDCO and office staff, at least every year or whenever the pupil's needs change.

**The Enrolment Form, School Medical Record Sheet, and Individual Healthcare Plan (where possible), must be completed and returned before the pupil is admitted to the school.**

### **School Medical Conditions register**

- a. IHP details are entered onto the centralised register of pupils with medical conditions. Shelly Dobson has responsibility for the register at this school.
- b. The office staff follow up, with parents, any further details required on a pupil's IHP or if permission for administration of medication is unclear or incomplete.

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

- a. The pupil (where appropriate) and parents hold a copy of the IHP. The specialist nurse (where appropriate) and relevant healthcare services should take a copy of the IHP when they sign it. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- b. IHPs are kept with the pupil's admission form in filing cabinet 1 in the school office. A note is made on the pupils SIMS record to say that the pupil has a IHP as well as being recorded on the Medical Conditions Register.
- c. A record sheet containing a photograph of the pupil and details of condition, triggers and what to do in an emergency, is held in the class register, which is accessible to supply teachers.
- d. A Medical Emergency poster is displayed in the first aid room, staff room and school office, which contains pictures of pupils with life threatening conditions, and what to do in case of emergency.
- e. This school makes sure that all staff protect pupil confidentiality. The Confidentiality policy is contained within the Staff Handbook.
- f. This school seeks permission from the pupil and parents before sharing any medical information with any other party.

### **Consent to administer prescribed medicines**

- a. If a pupil requires **regular** prescribed medication at school, parents are asked to provide consent for the the pupil or staff to administer medication on a regular/daily basis, if required. An Administration of Medication Consent Form must be completed and attached to the IHP.
- b. All parents of pupils with a medical condition who may require prescribed medication in an emergency are asked to provide information on the IHP and complete an Administration of Medicine Form which must be attached to the IHP.

- c. 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 IHP.

### **Residential visits**

- a. Parents 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 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. An Administration of Medicine Form must be completed. If medicine is to be administered.
- b. All residential visit form information is taken by the relevant staff member on visits together with copies of the pupil's IHP.

### **Other record keeping**

- a. This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication (excluding Asthma inhalers). 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.
- b. The school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse or other suitably qualified healthcare professional and/or the parent.
- c. This school holds refresher training on first aid training including certain common medical conditions every 3 years. A log of the medical condition training is kept by the school Business Manager and reviewed every 12 months to ensure all new staff receive training.
- d. All school staff who volunteer or who are contracted to administer **regular** medication are provided with training by a healthcare professional where appropriate. The School Business Manager keeps a register of staff that have had the relevant training.

**9. Threemilestone 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**

- 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.

**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.

### **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 SENDCO. The school's SENDCO 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.
  - f. This school ensures that lessons about common medical conditions are incorporated into in personal, health, social citizenship education (PHSCE) lessons and other parts of the curriculum.
- d. Pupils at this school learn about what to do in the event of a medical emergency.

## **Residential visits**

- 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. For overnight trips/camps, prior permission is obtained from parents to administer specified non-prescription drugs i.e calpol at the leaders discretion should the child need them.

## **10. Threemilestone school is aware of the common triggers that can make medical conditions worse or can bring on an emergency**

- a. This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- b. School staff have been given training on medical conditions. This training includes information on how to avoid and reduce exposure to common triggers for common medical conditions.
- c. The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day on on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- d. 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 Threemilestone 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.

### **Employer**

#### **This school as employer 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
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

### **Headteacher**

#### **This school's Headteacher has a responsibility to:**

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of prescribed medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year.
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation

### **All school staff**

#### **All staff at this school have a responsibility to:**

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **Teaching staff**

#### **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 PHSCE and other areas of the curriculum to raise pupil awareness about medical conditions.

### **School nurse or school healthcare professional**

#### **The school nurse at this school has a responsibility to:**

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

### **First aider**

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

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

### **Special educational needs coordinators**

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

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

### **Office Staff**

- Keep Medical Conditions Register up to date.
- Ensure all new starters and existing pupils diagnosed with a medical condition fill out a Medical Record Sheet.
- Ensure completed forms are passed to SENDCO.
- Review Medical Conditions Register with SENDCO.
- Report to Health and Safety Team

### **Learning Mentor**

**The Learning Mentor at this school have the responsibility to:**

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

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

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

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the school's medical conditions policy.

## **Emergency care services**

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

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

## **Pupils**

### **The pupils at this school have a responsibility to:**

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

## **Parents\***

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

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

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

**12. The Medical Conditions Policy is regularly reviewed evaluated and updated. Updates are produced every year**

- a. This 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 Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968. This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

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

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

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

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

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

- + Many pupils with medical conditions are protected by the DDA and SENDA,

even if they don't think of themselves as 'disabled'.

+ The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues. Schools' responsibilities include:

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

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

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

\*DfES publications are available through the DCSF.

## **The Education Act 1996**

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

## **The Care Standards Act 2000**

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

## **Health and Safety at Work Act 1974**

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

## **Management of Health and Safety at Work Regulations 1999**

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

## **Medicines Act 1968**

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

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



## Appendix 1

Date form completed.....

Date for review .....

# Threemilestone School Medical Record Sheet

### Pupil Information

Name..... Class.....

Date of Birth ..... Male  Female

### Contact Information

Address.....  
.....  
.....

#### **Family Contact 1**

Name.....

Phone Number.....

Relationship with child.....

#### **Family Contact 2**

Name.....

Phone Number.....

Relationship with child.....

#### **GP**

Doctor and surgery name.....

Contact details.....

Specialist Doctor or Nurse name.....

Contact details.....

**Medical Condition**

.....

**Details of pupil's medical condition**

Signs and symptoms of  
condition.....

.....  
.....  
.....  
.....  
.....  
.....  
.....

Triggers or things that make the condition worse.....

.....  
.....

**Healthcare requirements or medication in school hours**

.....  
.....  
.....  
.....  
.....  
.....  
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**If medication is to be administered please complete the Administering of  
Medicine Form attached**

**What to do in an emergency**.....

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**Parental Agreement**

I agree that the medical information contained in this plan is correct and may be shared with individuals involved with my child’s care and education needs (this includes emergency services). I understand that I must notify the school of any changes in writing. I understand that the staff who are administering the Medicine are not medical professionals and will follow the plan as above.

I agree to the school having access to specialist nurse care plans and updates.

I agree that my child can be administered their medication by a member of staff in an emergency.

Parent/Guardian

Signature.....Date.....

# Further School Action

Please attach further sheets as necessary.

- Doctor/specialist/healthcare professional action plan/guidance
- Daily Care Requirements
- Specific support for the Pupil’s educational, social or emotional needs
- Arrangements for school visits/trips
- Staff training needs/undertaken
- Attach signed Administering of Medicines Form
- Form copied to

