



Medical Conditions in School

Author: G Theobald

Last reviewed: May 2018

Next Review Date: July 2019

Policy statement

- + At LCH we are an inclusive community that aims to support and welcome students with medical conditions.
- + We aim to provide all students with all medical conditions the same opportunities as others at school.

We will help to ensure they can through the following:

- + LCH ensures all staff understand their duty of care to children and young people (See appendix 6) in the event of an emergency.
- + All staff feel confident in knowing what to do in an emergency. (See appendix 6)
- + LCH understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- + LCH understands the importance of medication being taken as prescribed.
- + All staff understand the common medical conditions that affect children at LCH. LCH allows adequate time for staff to receive training on the impact medical conditions can have on students.
- + Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP).
- + **This policy is followed and understood by our school community, the Local Authority and NHS Stockport.**

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

- a. LCH understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.
- b. LCH 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. Students with medical conditions are encouraged to take control of their condition.
- d. LCH aims to include all students with medical conditions in all school activities.
- e. Parents/carers of students with medical conditions are aware of the care their children receive at LCH.
- f. LCH ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g. All staff have access to information about what to do in an emergency.
- h. LCH understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i. All staff have an understanding of the common medical conditions that may affect children at LCH. Staff receive regular updates. The Headteacher is responsible for ensuring staff receive regular updates. The School Nursing Service can provide the updates if the School requests.
- j. The medical conditions policy is understood and followed by the whole school and local health community.

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

a. Students are informed and reminded about the medical conditions policy:

- + through the school's students representative body
- + in personal, social and health education (PSHE) classes

b. Parent/carers are informed about the medical conditions policy:

- + by including a policy statement in the schools' prospectus and signposting access to the policy
- + at the start of the school year when communication is sent out about Individual Health Plans
- + in the School Newsletter at intervals in the year
- + when their child is enrolled as a new students
- + via the school's website, where it is available all year round

c. School staff are informed and regularly reminded about the school's medical conditions policy:

- + through the staff handbook and staff meetings and by accessing the school's intranet
- + through scheduled medical conditions updates
- + through the key principles of the policy being displayed in several prominent staff areas at LCH and on the school's intranet
- + all supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies
- + Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

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

- a. Relevant staff at LCH are aware of the most common serious medical conditions at LCH.
- b. Staff at LCH understand their duty of care to students both during, and at either side of the school day in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- c. Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritized for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan.
- d. The action required for staff to take in an emergency for the common serious conditions at LCH is displayed in prominent locations for all staff including classrooms, kitchens in the school staff room, and electronically.
- e. LCH uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help.
- f. LCH has procedures in place so that a copy of the students's Individual Health Plan is sent to the emergency care setting with the students. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- g. If a students needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. LCH will try to ensure that the staff member will be one the student knows. The staff member concerned should inform a member of the schools senior management and/or the schools critical incidents team.

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

Administration – emergency medication

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

Administration – general

- c. LCH understands the importance of medication being taken as prescribed.
- d. All use of medication is done under the appropriate supervision of a member of staff at LCH unless there is an agreed plan for self-medication. Staff should be aware if students are using their medication in an abnormal way and should discuss this with the child.
- e. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a students taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- f. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to students under the age of 16, but only with the written consent of the students' parent. (See form 3a)
- g. LCH will ensure that specific training and updates will be given to all staff members who agree to administer medication to students if necessary.
- h. All school staff at LCH have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
- i. In some circumstances, medication is only administered by an adult of the same gender as the students, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.
- j. Parents/carers at LCH understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

k. If a student at LCH refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.

l. All staff attending off-site visits are aware of any students on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

m. If a trained member of staff, who is usually responsible for administering medication, is not available LCH makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

n. If a student misuses medication, either their own or another student's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, students will be subject to the school's usual disciplinary procedures.

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

Safe storage – emergency medication

- a. Emergency medication is readily available to students who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- b. If the students concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.

Safe storage - non-emergency medication

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

Safe storage – general

- e. LCH has an identified member of staff/designated person who ensures the correct storage of medication at school.
- f. All controlled drugs are kept in a locked cupboard and only named staff have access.
- g. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).
- h. The identified member of staff, along with the parents/carers of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the students' name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.
- i. All medication is supplied and stored in its original containers. All medication is labelled with the students' 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 the manufacturer's instructions, paying particular note to temperature.
- k. Some medication for students at LCH may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised students or lockable as appropriate.
- l. All medication (including blue inhalers) is sent home with students at the end of the

school term.

m. It is the parent/carer's responsibility to ensure new and in date medication comes into school with the appropriate instructions and ensures that the school receives this.

Safe disposal

n. Parents/carers at LCH are asked to collect out-of-date medication.

o. If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

p. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least 3 times a year and is always documented.

q. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in LCH are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

r. 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, to school or to the students' parent.

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

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

Enrolment forms

- a. Parents/carers at LCH are asked if their child has any medical conditions
- b. If a student has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the student's parents/carers to complete. (Form 3a)

Individual Health Plans (Form 1)

Drawing up Individual Health Plans

c. LCH uses an Individual Health Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required. (see Form 1)

Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school:

The child has

- diabetes
- gastrostomy feeds
- a tracheostomy
- anaphylaxis
- a central line or other long term venous access
- severe asthma that has required a hospital admission within the last 12 months
- epilepsy with rescue medication

d. An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of students with a complex health need. This is sent:

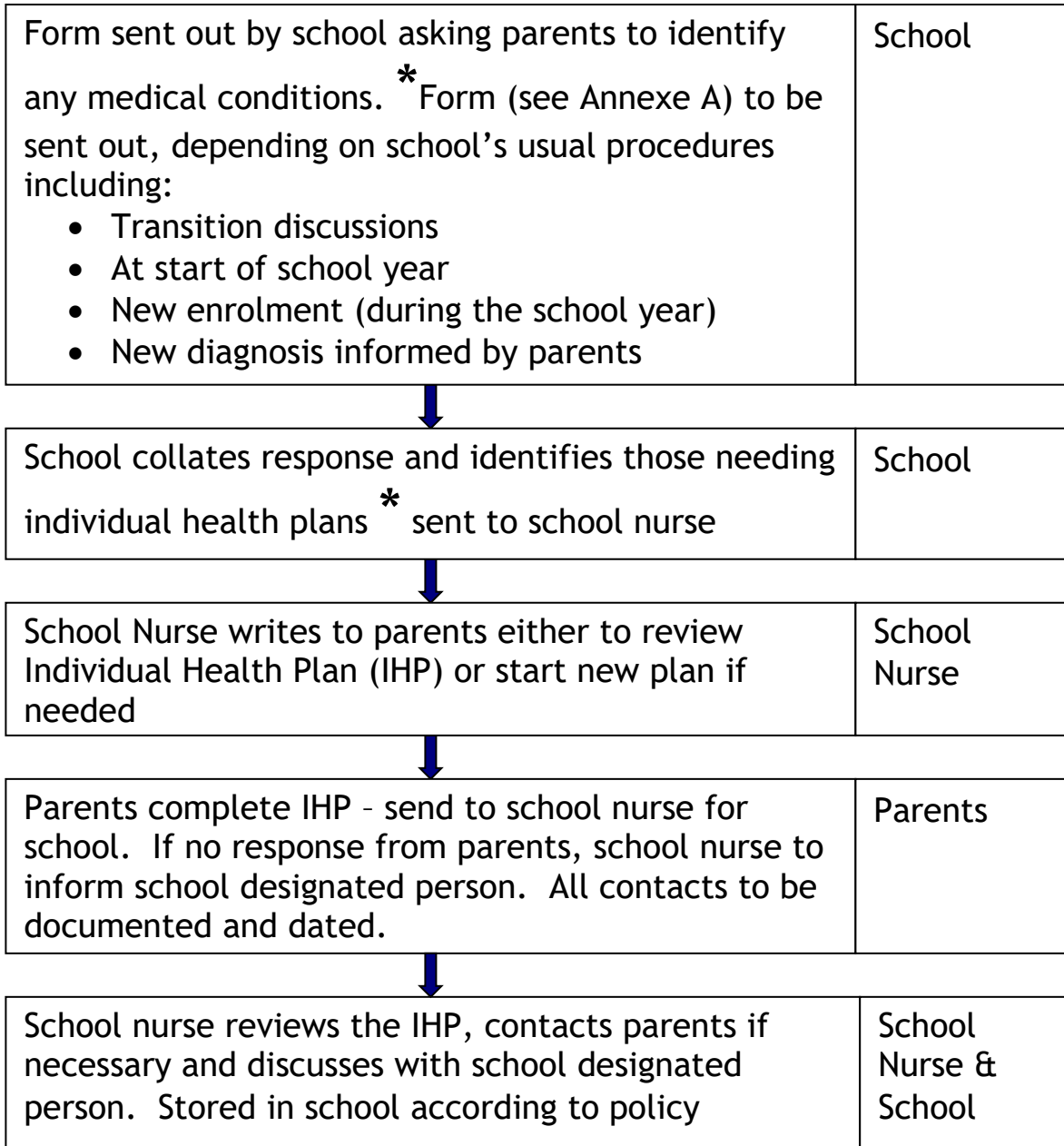
- + at the start of the school year
- + at enrolment
- + when a diagnosis is first communicated to the school
- + transition discussions
- + new diagnosis

e. It is the parent's responsibility to fill in the Individual Health Plan and return the completed form to the school nurse. If the school nurse does not receive an Individual Health Plan, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan has not been completed, the school nurse will contact the parents and may convene a TAC meeting or consider safeguarding children procedures if necessary.

f. The finalised plan will be given to parents/carers, school and school nurse.

g. LCH ensures that a relevant member of school staff is present, if required, to help draw up an individual health plan for students with complex health or educational needs.

Medical Conditions Information Pathway



* Students with medical conditions requiring Individual Health Plan are: diabetes, epilepsy with rescue medication, anaphylaxis, gastronomy feeds, central line or other long term venous access, tracheotomy, severe asthma that has required a hospital admission within the last 12 months, and others.

School Individual Health Plan register

h. Individual Health Plans are used to create a centralised register of students with complex health needs. An identified member of school staff has responsibility for the register at LCH. Schools should ensure that there is a clear and accessible system for identifying students with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure should be in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the schools record system.

i. The responsible member of school staff follows up with the parents/carers and health professional if further detail on a students' Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

Ongoing communication and review of Individual Health Plans

j. Parents/carers at LCH are regularly reminded to update their child's Individual Health 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. Each Individual Health Plan will have a review date.

Parents/carers should have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

Storage and access to Individual Health Plans

k. Parents/carers and students (where appropriate) at LCH are provided with a copy of the students' current agreed Individual Health Plan.

l. Individual Health Plans are kept in a secure central location at school.

m. Apart from the central copy, specified members of staff (agreed by the students and parents/carers) securely hold copies of students' Individual Health Plans. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.

n. When a member of staff is new to a students group, for example due to staff absence, the school makes sure that they are made aware of the Individual Health Plans and needs of the students in their care.

o. LCH ensures that all staff protect students confidentiality.

p. LCH informs parents/carers that the Individual Health Plan would 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 is included on the Individual Health Plan.

q. The information in the Individual Health Plan will remain confidential unless needed in an emergency

Use of Individual Health Plans

Individual Health Plans are used by LCH to:

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

Consent to administer medicines

r. If a student requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan (form 3a) giving the student or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for students taking short courses of medication.

s. All parents/carers of students with a complex health need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication.

Residential visits

t. Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours (See Appendix 5).

u. All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the student's individual health plan.

v. All parents/carers of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.

w. The residential visit form also details what medication and what dose the student is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away (See appendix 5). A copy of the Individual Health Plan and equipment/medication must be taken on off site activities

Record of Awareness Raising Updates and Training

x. LCH holds updates on common medical conditions once a year. A record of the

content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school request this.

y. All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training, it is the school's responsibility to arrange this (see appendix 4).

z. School should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities.

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

Physical environment

- a. LCH is committed to providing a physical environment that is as accessible as possible to students with medical conditions.
- b. Schools should be encouraged to meet the needs of students with medical conditions to ensure that the physical environment at LCH is as accessible as possible.
- c. LCH'S commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations.

Social interactions

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

Exercise and physical activity

- h. LCH understands the importance of all students taking part in sports, games and activities.
- i. LCH seeks to ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.
- j. LCH seeks to ensure that all classroom teachers, PE teachers and sports coaches understand that if a students report they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.
- k. Teachers and sports coaches are aware of students in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with

particular activities.

l. LCH ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.

m. LCH seeks to ensure that all students have the appropriate medication or food with them during physical activity and that students take them when needed.

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

Education and learning

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

p. Teachers at LCH are aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator.

q. LCH ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

r. Students at LCH learn how to respond to common medical conditions.

Risk Assessments

s. Risk assessments are carried out by LCH prior to any out-of-school visit or off site provision and medical conditions are considered during this process. LCH considers: how all students will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.

t. LCH understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. LCH considers additional medication and facilities that are normally available at school.

u. LCH carries out risk assessments before students start any work experience or off-site educational placement. It is LCH's responsibility to ensure that the placement is suitable, including travel to and from the venue for the students. Permission is sought from the students and their parents/carers before any medical information is shared with an employer or other education provider.

8. LCH is aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.

a. LCH is committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

b. School staff have been updated on medical conditions. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

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

a. LCH works in partnership with all interested and relevant parties including the school's governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.

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

Governors

have a responsibility to:

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

Headteacher

has a responsibility to:

- + ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- + ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors
- + ensure every aspect of the policy is maintained
- + ensure that if the oversight of the policy is delegated to another senior member of staff ensure that the reporting process forms part of their regular supervision/reporting meetings
- + monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders
- + report back to governors about implementation of the health and safety and medical conditions policy.
- + ensure through consultation with the governors that the policy is adopted and put into action.

All school staff

have a responsibility to:

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

Teaching staff

have an additional responsibility to also:

- + ensure students who have been unwell have the opportunity to catch up on missed school work
- + be aware that medical conditions can affect a students' learning and provide extra help when students need it, in liaison with the SENCO.
- + liaise with parents/carers, 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 students awareness about medical conditions

School nurse or healthcare professional

has a responsibility to:

- + help provide regular updates for school staff in managing the most common medical conditions at school at the schools request
- + provide information about where the school can access other specialist training.
- + update the Individual Health Plans in liaison with appropriate school staff and parents/carers

First aiders

have an additional responsibility to:

- + give immediate, appropriate help to casualties with injuries or illnesses
- + when necessary ensure that an ambulance is called.
- + ensure they are trained in their role as 1st aider
- + it is recommended that first aiders are trained in paediatric first aid.

Special educational needs coordinators

have the additional responsibility to:

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

Pastoral Support

has the additional responsibility to:

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

Students

have a responsibility to:

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

Parents/carers

have a responsibility to:

- + tell the school if their child has a medical condition or complex health need
- + ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex health need
- + inform the school about the medication their child requires during school hours
- + inform the school/provider of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- + tell the school about any changes to their child's medication, what they take, when, and how much

- + inform the school of any changes to their child's condition
- + ensure their child's medication and medical devices are labelled with their child's full name
- + ensure that the school has full emergency contact details for them
- + provide the school with appropriate spare medication labelled with their child's name
- + ensure that their child's medication is within expiry dates
- + keep their child at home if they are not well enough to attend school
- + ensure their child catches up on any school work they have missed
- + ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- + if the child has complex health needs, ensure their child has a written Individual Health Plan for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- + have completed/signed all relevant documentation including form 3a and the Individual Health Plan if appropriate

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

- a. LCH's medical condition policy is reviewed, evaluated and updated in line with the school's policy review timeline.
- b. The views of students with various medical conditions are actively sought and considered central to the evaluation process.

Legislation and guidance

Introduction

- + Local authorities, schools and governing bodies are all responsible for the health and safety of students in their care.
- + Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. 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.

The following Stockport guidelines/policies need to be considered -

Stockport's CYPD Health and Safety Policies

Head teachers Toolkit

Critical Incidents Guidelines

Visits and Journeys Guidelines

Records Management and Retention Policies

Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

Managing Medicines in Schools and Early Years Settings (2004)

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

- + developing medicines policies
- + roles and responsibilities
- + dealing with medicines safely
- + drawing up an Individual Health 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 students 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 students less favourably in any school activities without material and sustainable justification
- + to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other students. Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in Schools and Early Years Settings*
- + to promote disability equality in line with the guidance provided by the 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, students and visitors.

Management of Health and Safety at Work Regulations 1999

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

Medicines Act 1968

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

Additional guidance

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

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

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

Form 1 - Individual Health Plan

For students with complex health needs at school

Date form completed _____

Date for review _____

Reviewed by _____ Date _____ Changes to Individual Health Plan Y/N

Reviewed by _____ Date _____ Changes to Individual Health Plan Y/N

Reviewed by _____ Date _____ Changes to Individual Health Plan Y/N

Copies held by _____

1. Students's Information

Name of School _____ Name of Students _____

Class/Form _____ Date of Birth _____ Male/Female

2. Contact Information

Students's Address _____

_____ Postcode _____

Family Contact 1

Name _____

Phone (day) _____ Phone (evening) _____

Mobile _____ Relationship with Child _____

Family Contact 2

Name _____

Phone (day) _____ Phone (evening) _____

Mobile _____ Relationship with Child _____

GP

Name _____ Phone _____

Specialist Contact

Name _____ Phone _____

Medical condition information

3. Details of students' medical conditions

Signs and symptoms of this students' condition: _____

Triggers or things that make this students' condition/s worse: _____

4. Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours: _____

Outside school hours: _____

5. What to do in an emergency

6. Regular medication taken during school hours

Medication 1

Name/type of medication (as described on the container): _____

Dose and method of administration

(the amount taken and how the medication is taken, eg tablets, inhaler, injection)

When it is taken (time of day)? _____

Are there any side effects that could affect this students at school? _____

Are there are any contraindications (signs when this medication should not be given)? _____

Self-administration: can the students administer the medication themselves?
(Delete as appropriate) Yes / No / Yes, with supervision by:
Staff member's name _____
Medication expiry date _____

Medication 2

Name/type of medication (as described on the container): _____

Dose and method of administration
(the amount taken and how the medication is taken, eg tablets, inhaler, injection)

When it is taken (time of day)? _____

Are there any side effects that could affect this students at school? _____

Are there are any contraindications (signs when this medication should not be given)? _____

Self-administration: can the students administer the medication themselves?
(Delete as appropriate) Yes / No / Yes, with supervision by:
Staff member's name _____
Medication expiry date _____

7. Emergency medication

(please complete even if it is the same as regular medication)

Name/type of medication (as described on the container): _____

Describe what signs or symptoms indicate an emergency for this students

Dose and method of administration (how the medication is taken and the amount) _____

Are there are any contraindications (signs when medication should not be given)? _____

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

Self-administration: can the students administer the medication themselves?

(Delete as appropriate) yes / no / yes, with supervision by:

Staff members name _____

Is there any other follow-up care necessary? _____

Who should be notified? **(Delete as appropriate) Parents or carers / Specialist / GP**

8. Regular medication taken outside of school hours

(for background information and to inform planning for residential trips)

Name/type of medication (as described on the container): _____

Are there any side effects that the school needs to know about that could affect school activities? _____

9. Members of staff trained to administer medications for this students

Regular medication _____

Emergency medication _____

10. Specialist education arrangements required (e.g. activities to be avoided, special educational needs)

11. Any specialist arrangements required for off-site activities

(please note the school will send parents/carers a separate form prior to each residential visit/off-site activity)

12. Any other information relating to the students' healthcare in school?

Parental and students agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed (Students) _____ Date _____

Print name _____

Signed (Parent))If students is below the age of 16) _____ Date _____

Print name _____

Healthcare professional agreement

I agree that the information is accurate and up to date.

Signed _____ Date _____

Print name _____ Job title _____

Permission for emergency medication

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

I agree that my child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements

I agree that I/my child **can** keep my/their medication with me/them for use when necessary

Name of medication carried by students _____

Signed (Parent) _____ Date _____

Head teacher agreement

It is agreed that (name of child) _____

will receive the above listed medication at the above listed time (see part 6).

will receive the above listed medication in an emergency (see part 7).

This arrangement will continue until _____

(either end date of course of medication or until instructed by the students' parents/carers).

Appendix 2 – Template Letter from School Nurse to Parent

Dear Parent

Re: The Individual Health Plan

Thank you for informing the school of your child’s medical condition. With advice from the Department for Children, Schools and Families and the school’s governing bodies, we are working with schools to follow our shared medical conditions policy.

As part of this policy, we are asking all parents/carers of children with a complex health need to help us by completing an Individual Health Plan for their child. Please complete the plan enclosed and return it to me at If you would prefer to meet me to complete the Individual Health Plan or if you have any questions then please contact me on [insert school nurse contact number].

Your child’s completed plan will store helpful details about your child’s medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child’s individual condition.

Please make sure the plan is regularly checked and updated and the school and school nurse are kept informed about changes to your child’s medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

Thank you for your help.

Yours sincerely

School Nurse

Form 3a - Medication permission and record: individual students

Students' information:

Name of School _____ Date medication provided by parent _____

Name of Students _____ Name of Medication _____

Class/Form _____ Dose and Method (how much and when taken)

Any other information _____ When is it taken? (time) _____

Quantity received _____

Expiry Date _____

Date and quantity of medication returned to parent

Staff Signature _____

Print Name _____

Parent Signature _____

Print Name _____

Parent Contact Number _____

Form 3b - Record of medication:

Date	Students' Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff Member	Print Name

Form 4 - Staff training record:

Individual's information

Name of school _____ Type of training received _____

Date training completed _____

Training provided

by _____

Trainer job title and profession

I confirm that the following people have received the training detailed above.

Name of people attending training:

1. _____ 2. _____

3. _____ 4. _____

5. _____

Trainer's signature _____ Date _____

Use a separate sheet if more than five people have received training.

I confirm that the people listed above have received this training.

Headteacher signature _____ Date _____

Suggested date for update training _____

Appendix 5 – Form for Visits and Journeys

This Form is to be returned by <i>(date)</i> :	
School or Youth Centre:	
Course or Activity:	
Date of Course/Activity:	

Student Details	
Surname:	
Forename(s):	
Date of Birth:	

Medical Information	<i>Please indicate</i>
Does your son/daughter suffer from any illness or physical disability? If so please describe: _____ _____ _____	Yes / No
If medical treatment is required, please describe: _____ _____ _____	
To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks? If so, please give brief details: _____ _____	Yes / No
Is he/she allergic to any medication? If so, please give brief details: _____ _____	Yes / No

Medical Information		<i>Please indicate</i>
Has your son/daughter received a tetanus injection in the last 5 years?	Yes / No	
Please indicate any special dietary requirements due to medical, religious or moral reasons. _____ _____ _____		

Parental Declaration	
I give permission for my daughter/son _____ <i>(insert name)</i> to take part in the above activity as described, including all organised activities	
I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.	
I hereby authorised any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.	
I understand the extent and limitations of the insurance cover provided.	
Contact Information	
Address:	
Home Telephone No.	
Work Telephone No.	
Emergency contact address if different from that above	
Address:	
Tel No.	
Name of Family Doctor	
Telephone Nos.	

Address:	
Signed Parent/Guardian	

Appendix 6 – Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the students.
9. Don't hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the child, as the emergency services may give first aid instruction
11. Never cancel an ambulance once it has been called

Speak clearly and slowly

Insert school address and postcode

Put a completed copy of this form by phones around the school