

Honley CE (VC) Junior, Infant and Nursery School



MEDICAL CONDITIONS AND NEEDS POLICY

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| Reviewed and approved by governors | 12 th Sept 2017 |
| Next Review Date | Sept 2018 |

Model Policy

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* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.
+ The term health care plan relates to a document that provides children and their carers with information on how to monitor and manage their medical condition on a day to day basis.

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Honley CE (VC) Junior, Infant and Nursery School Model School Policy and Guidelines

1. Honley CE (VC) JIN School is an inclusive community that aims to support and welcome pupils with medical conditions or needs.

1.1 Honley CE (VC) JIN School understands that it has a responsibility to welcome and support pupils with medical conditions or needs who currently attend or receive our services now or in the future.

1.2 Honley CE (VC) JIN School aims to provide all children with medical conditions or needs the same opportunities as others. We will endeavour to ensure as part of the '**Every Child Matters Agenda**' that they can:

- + be healthy
- + stay safe
- + enjoy and achieve
- + make a positive contribution

+ achieve economic well-being.

1.3 Pupils with medical conditions or needs are encouraged to take control of their condition subject to their age and understanding and where responsible enough to do so. They feel confident in the support they receive from our school to help them do this.

1.4 Honley CE (VC) JIN School aims to include all children and young persons with medical conditions or needs in all activities as far as reasonably practicable.

1.5 Parents* of children and young persons with medical conditions or needs feel secure in the care their children receive.

1.6 Honley CE (VC) JIN School ensures all staff understand their duty of care to pupils in the event of an emergency.

1.7 All staff feel confident in knowing what to do in an emergency.

1.8 Honley CE (VC) JIN School understands that certain medical conditions or needs are serious and can be potentially life-threatening.

1.9 All staff understand the common medical conditions or needs that affect children and understand the importance of protecting the dignity of pupils.

1.10 The medical conditions or needs policy is understood and supported by Honley CE (VC) JIN School and the local health community.

2. This medical conditions or needs policy has been drawn up in consultation with a wide range of local key stakeholders within both children and young people's settings and health settings

2.1 Honley CE (VC) JIN School has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both children and young people's settings and health settings. These key stakeholders include as appropriate:

- + Pupils with medical conditions or needs
- + Parents
- + School/community nurse
- + Head teacher
- + Teachers
- + Special educational needs coordinator
- + Pastoral care/welfare officer
- + Members of staff trained in first aid
- + All other staff
- + Local healthcare professionals

- + School employer
- + School governors.
- + Catering provider
- + Transport provider

2.2 The views of pupils with various medical conditions or needs were actively sought and considered central to the consultation process.

2.3 Honley CE (VC) JIN 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.

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

3.1 Pupils are informed and regularly reminded about the medical conditions or needs policy:

- Through the school's communication System or is published on the school's website through the school year
- in personal, social and health education (PSHE) classes.

3.2 Parents are informed and regularly reminded about the medical conditions or needs policy:

- by including the policy statement in the School Policy July 2010

school prospectus/Information pack and signposting access to the policy at the start of the school year/enrolment/provision of service when communication is sent out about Healthcare Plans

- when any child is enrolled at school
- via the school's/ChYPS' website, where it is available all year round
- through school communication about results of the monitoring and evaluation of the policy.

3.3 School staff are informed and regularly reminded about the medical conditions or

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needs policy:

- through induction training
- at scheduled medical conditions or needs training
- through the key principles of the policy being displayed in several prominent staff areas
- through school communication about results of the monitoring and evaluation of the policy
- all supply and temporary staff (and volunteers where appropriate) are

informed of the policy and their responsibilities.

3.4 Relevant local health staff are informed and regularly reminded about the school medical conditions or needs policy.

3.5 All key external stakeholders are informed and reminded about the medical conditions or needs policy.

4. All staff have appropriate instruction and/or training relevant to their role in an emergency for the most common serious medical conditions or needs at this school

4.1 Staff are aware of the most common serious medical conditions or needs.

4.2 Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation staff are required under common law duty of care to act like any reasonably prudent parent.

4.3 All staff who work with groups of pupils receive training and knows what to do in an emergency for the pupils in their care with medical conditions or needs.

4.4 Training is refreshed for all staff at regular intervals. In addition more specific training is provided to staff where they are required to meet the specific needs of a child e.g. using an epipen or responding to a child who is having an epileptic fit.

4.5 Action for staff to take in an emergency¹ for the common serious conditions or needs is

displayed in prominent locations for all staff **e.g. office, staff rooms.**

4.6 This school uses Healthcare Plans to inform the appropriate staff (including temporary staff and support staff) of pupils in their care who may need emergency help or who are on long term medication or require medical care.

4.7 This school has procedures in place so that should an emergency occur a copy of the child's Healthcare Plan is sent to the emergency medical staff with the child. On occasions when this is not possible, the plan is sent (or the information on it is communicated) to the emergency staff as soon as possible.

¹ Emergency procedure posters are provided in this pack for anaphylaxis, asthma, diabetes and epilepsy – see Appendix 9

5. All staff understand and are trained in general emergency procedures

5.1 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
- who to contact within the school.

5.2 Training is refreshed for all staff and briefings are provided at regular intervals.

5.3 Action to take in a general medical emergency is displayed in prominent locations for staff. **(see Appendix 9 Posters)**

5.4 If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Every effort will be made to send a member of staff whom the child is familiar with.

5.5 Generally, staff should not take pupils to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate.

6. The school has clear guidance on the administration of medication

Administration – emergency medication

6.1 All pupils with medical conditions or needs and staff who administer it have **easy access to their emergency medication.**

6.2 Subject to risk assessment by the school, children may carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. Children, where appropriate carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

6.3 Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

6.4 Children who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely. Children in Daycare and nursery, medication is stored in a locked cabinet away from the children and only staff are to access this and administer in accordance to the completed medication consent form.

Administration – general

6.5 All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff at this school.

6.6 This school understands the importance of medication being taken as prescribed.

6.7 All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so.

6.8 There are several members of staff who have been specifically contracted to administer medication.

6.9 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 and non-prescribed medication to children under the age of 16, but only with the written consent of the pupil's parent and information being available on dosage, timings etc.

6.10 Training is given to all staff members who agree to administer medication, where specific training is needed.

6.11 All 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.

6.12 In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.

6.13 Parents 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.

6.14 If a child refuses their medication, staff record this and follow procedures set down in the healthcare plan. Parents are informed as soon as possible.

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

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

6.17 If a child misuses medication, their own or another child's, their parents are informed as soon as possible. These children are subject to the schools usual disciplinary procedures.

6.18 If a child has been assessed as needing supervision or access to medication during home to school and transport which is organised by the local authority, where necessary appropriately trained escorts are provided. All escorts have the appropriate training, know what to do in a medical emergency and are aware of any children 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.

6.19 While it is not our policy to care for sick children, who should be at home until they are well enough to return to school, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness or injury. If it is necessary for a child to receive medication whilst at school or nursery the following steps will be followed: - A discussion with parent/carer about why your child is on medication and how long your child has been taking it. - Before medication can be administered a parent/carer must sign a medication request/consent form. This form includes: Name of child receiving medication, name of the medication, date and times the medication should be administered, dosage, last time that the child had the medicine, you will be asked to sign this form. Every time

medication is administered, a member of staff will complete: Date and time when medication is administered, dosage, sign to indicate who

has administered each dose, a staff witness will also sign to indicate date, time and dosage have been checked and witnessed.

7. This school has clear guidance on the storage of medication.

Safe storage – emergency medication

7.1 Emergency medication is readily available to children and/or staff required to administer it at all times during the 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.

7.2 Subject to a risk assessment children who carry their own emergency medication should keep it securely.

7.3 Those children who parents have deemed responsible to carry their own medication (KS2) are reminded to carry their emergency medication with them.

7.4 Children whose healthcare professionals and parents advise the school that their child is not yet able, subject to their age or understanding to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

Safe storage – non-emergency medication

7.5 All non-emergency medication is kept securely in a lockable cupboard in a cool dry place. Children with medical conditions or needs know where their medication is stored and how to access it.

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

Safe storage – general

7.7 There is an identified member of staff who ensures the correct storage of medication at school.

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

7.9 The identified member of staff checks the expiry dates for all medication stored at the school regularly and is always documented.

7.10 The identified member of staff, along with the parents of children with medical conditions or needs, ensures that all emergency and non-emergency medication brought in to the school is clearly labelled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.

7.11 Only medication prescribed by a healthcare professional will be given, (even where this medication is available over the counter). If your child has been prescribed medication then as far as is reasonably possible it should be administered at home. For example, medication which is needed three times in a day can be given at home before school, when picked up and at bed time. If the prescription is very clear for example saying that medication must be given after meals then after discussion we could administer once a day after lunch. Parents/carers will be asked to keep your child at home for the first 24 hours when they

have been prescribed antibiotics, ear drops or eye drops. This is to ensure that any allergic reactions to medication can be detected. Your child will be allowed back into school after 24 hours only if they are well in themselves and no reactions have been detected. However should your child become unwell during the course of the day we will contact you to come and collect them.

The only non-prescribed medicine we will administer is in the Daycare and nursery environment, the non-prescribed medicine we will administer is liquid paracetamol, liquid ibuprofen and teething gel. We will only administer liquid paracetamol or liquid ibuprofen when asked to do so by a parent/carer when there is an acceptable health reason. Parents/carers will be asked to sign a medication form for these. We are not able to keep paracetamol/ibuprofen products in the first aid box therefore parents/carers must provide these themselves and take them home at the end of each session. We will not administer liquid paracetamol and ibuprofen at the same time, although they will be administered at different times if this has been prescribed by a doctor and if the child is well enough to attend school.

7.12 All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency. The only exception to this will be insulin pens which have daily variable doses.

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

7.14 Some medication may need to be refrigerated. All refrigerated medication is

stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

7.14 All medication is sent home with the child when the child leaves the school and at the end of each school year or is disposed of in the correct manner. Short term medication such as antibiotics are sent home daily.

7.15 It is the parent's responsibility to ensure new and in date medication comes into the school on the first day of the new academic year or when a child starts at a new school.

Safe disposal

7.16 Parents have a responsibility to collect out-of-date medication.

7.17 A named member of staff is responsible for checking the dates of stored medication. This check is carried out regularly and always documented.

7.18 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.

7.19 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 the school or the child's parent.

7.20 Collection and disposal of sharps boxes is arranged through the Council.

8. This school has clear guidance about record keeping

Enrolment forms

8.1 Parents at this school are asked if their child has any health conditions or needs or health issues on the enrolment form, which is filled out at the start of each school year or session or when the service is first provided. Parents of children starting at other times during the year are also asked to provide this information on enrolment forms.

Healthcare Plans

Drawing up Healthcare Plans

8.2 This school uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

8.3 A Healthcare Plan is completed for all children where additional support is required for the medical condition. This is completed and/or reviewed

- + at the start of the school year
- + at enrolment
- + when a diagnosis is first communicated to the school by the parent.

8.4 It is a joint responsibility for the parents, healthcare professional, school and where appropriate the child with a medical condition, to complete the child's Healthcare Plan together. The school should then implement and monitor its effectiveness.

8.5 For children with more complex medical conditions or needs and/or life threatening conditions or needs, an Individual Healthcare Plan must be drawn up together with parents and other representatives (as appropriate). Parents are expected to provide information from the child's GP and/or consultant. It may be appropriate for the school to have a

healthcare professional e.g. the school nurse or other representatives e.g. school caterer, if required, to help draw up the Healthcare Plan or have a role in managing the child's condition.

8.6 If a child has a short-term medical condition that requires medication during school hours, a medication form must be completed by the parents. This medication must be prescribed by a healthcare professional. Unless stated in 7.11 See appendix for Acute Illness and Short Term Medication.

Healthcare Plan register

8.7 Healthcare Plans are kept in a centralised register of children with medical needs at this school. An identified member of staff has responsibility for this register.

8.8 The responsible member of staff follows up with the parents any details missing on a child's Healthcare Plan or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Healthcare Plans

8.9 Parents at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

8.10 Staff at this school use appropriate opportunities and communication systems to check that information held by the school on a child's condition is accurate and up to date.

8.11 Every pupil with a Healthcare Plan has their plan discussed and reviewed at least

once a year.

Storage and access to Healthcare Plans

8.12 Parents and children are provided with a copy of the child's current agreed Healthcare Plan.

8.13 Healthcare Plans are kept in a secure central location at this school.

8.14 Apart from the central copy, specified members of staff (agreed by the child and parents) securely hold copies of children's Healthcare Plans. These copies are updated at the same time as the central copy.

8.15 All members of staff, including supply teachers, who work with groups of children, have access to the Healthcare Plans of children in their care.

8.16 When a member of staff is new to a group of children, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.

8.17 This school ensures that all staff protects the child's confidentiality, i.e. information is not left where non school staff can read it or details displayed on notices in public areas or as agreed with the parents.

8.18 This school seeks permission from the child and parents before sharing any medical information with any other party e.g. volunteers, or participates on a residential visit.

Use of Healthcare Plans

8.19 Healthcare Plans are used by this school to:

- inform the appropriate staff about the

individual needs of a child with a medical condition in their care

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

Consent to administer medicines

8.20 If a child requires regular prescribed medication parents are asked to provide consent on their child's Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at school. Unless a health care plan is in place it may be necessary for the parent to complete a medicine request form until the child has finished the course of medication or recovers from their illness.

8.21 All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

8.22 If a child requires regular/daily help in administering their medication then the school outlines the arrangements to administer this medication on the child's Healthcare Plan. The school and parents keep a copy of the Healthcare plan.

8.23 Parents of children with medical conditions or needs at this school are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child subject to their age and understanding is able to manage, carry and administer their own emergency medication.

Residential visits

8.24 Parents are sent a medical form prior to any residential which is to be completed and returned to the school in good time. This form requests details about the child's condition and their overall health. This provides essential and up-to-date information to relevant staff and visit support staff to help the child manage their condition while they are away. This includes information about medication not normally administered by the school.

8.25 All medical forms are taken by the relevant staff member on visits and for all off-site activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan.

8.26 All parents of children with a medical condition attending an off site visit or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

8.27 The medical form also details what medication and what dose the child 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 child manage their condition while they are away. It is essential a check is made to ensure children with asthma have their inhalers with them before the party leaves the school.

8.28 It is considered good practice to record any medication administered to the child during the residential. This record can then be given to the child's parent's on return.

Other record keeping

8.29 Occasionally an individual child is given or supervised taking medication. Details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

8.30 This school identifies training requirements and maintains training records.

8.31 All staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional.

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

9. Honley JIN School provides an inclusive environment favourable to children with medical

conditions or needs. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

9.1 This school is committed to providing as far as reasonably practicable a physical environment that is accessible to children with medical conditions or needs.

9.2 Children with medical conditions or needs are included in the consultation process (as far as possible) to ensure the physical environment is accessible as far as is reasonably practicable.

9.3 This school's commitment to an accessible physical environment includes off site visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

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

9.5 This school ensures the needs of children with medical conditions or needs are adequately considered so they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits, where these are provided, organised and managed by the school.

Where these are provided by others then

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parents need to ensure that information on their child's medical conditions or needs has been provided and that health care plans are in place. Parents will be required to co-operate with other settings policies and procedures which will be similar to this.

9.6 All staff at this school are aware of the potential social problems that children with medical conditions or needs 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.

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

Exercise and physical activity

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

9.9 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 children where possible. Under the Disability Discrimination Act (DDA) if, after reasonable adjustments have been planned, the risk assessment indicates there is an unacceptable risk to the health and safety of the individual or the group then this fact overrides the DDA.

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

9.11 This school ensures all PE teachers, classroom teachers and school sports coaches, youth workers, etc are aware of the potential triggers for children's' medical

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conditions or needs when exercising and how to minimize these triggers.

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

9.13 Children with medical needs have access to extended school activities as other pupils where reasonable adjustments have been made.

Education and learning

9.14 This school will take every reasonable measure to ensure full access to the curriculum, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group.

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

9.15 If a child 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.

9.16 Teachers at this school are aware of the potential for children with medical conditions or needs to have special educational needs (SEN). Children with medical conditions or needs who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

9.17 This school ensures that lessons about

common medical conditions or needs are incorporated into PSHE lessons and other parts of the curriculum.

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

Residential visits

9.19 This school will take every reasonable measure to ensure that off-site visits are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Disability Discrimination Act (DDA) if, after reasonable adjustments have been planned, the risk assessment indicates there is an unacceptable risk to the health and safety of the individual or the group then this fact overrides the DDA.

9.20 Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions or needs are considered during this process. A personal or individual risk assessment is carried out where appropriate. 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.

9.21 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.

9.22 Risk assessments are carried out before pupils start any work experience or off-site educational placement. These should be shared with the parents. It is this school's responsibility to ensure that the placement is

suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

10. This school is aware of the common triggers that can make medical conditions or needs worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health risks.

10.1 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.

10.2 Staff have been given training on medical conditions or needs. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions or needs.

10.3 Information about how to avoid common triggers for medical conditions or needs has been provided to staff. (Appendix 3 Information on Common Acute Medical Conditions).

10.4 This school uses Healthcare Plans to identify individual children who are sensitive to particular triggers.

10.5 Full health and safety risk assessments are carried out on all off-site activities before they are approved, including work experience placements and residential visits, taking into account the needs of children and young persons with medical conditions or needs.

10.6 The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate

changes to this school policy and procedures are implemented after each review.

11. Each member of Honley JIN School and health community knows their roles and responsibilities in maintaining an effective medical conditions or needs policy

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

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

Employer

The employer has a responsibility to:

- Ensure the health and safety of their employees and anyone else on the premises or taking part in activities (this includes all children). 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 children with medical conditions or needs
- Make sure the medical conditions or needs policy is effectively monitored and evaluated and regularly updated

- Provide indemnity for staff who volunteers to administer medication to pupils with medical conditions or needs.

School Governors have a responsibility to:

- Ensure this policy is adopted or adapted to reflect the actual arrangements in school
- Ensure this policy is formally communicated by specific training to all staff and that this is recorded on personal files
- Ensure that formal monitoring is undertaken to provide confidence that the policy is being followed as intended
- Where the governing body is the employer that suitable and appropriate insurance cover is obtained and in place.
- Ensure someone is appointed to take the 'lead' on these issues in the school.

Head Teacher has a responsibility to:

- Ensure the school is inclusive and welcoming and that the medical conditions or needs policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including children, as appropriate, staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, local health care professional the local authority transport service, catering providers 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 Healthcare Plans

- Ensure confidentiality
- Identify the training and development needs of staff and organise for them to be met
- Ensure all temporary and new staff, including trainees and work placements and those on work experience, know the emergency procedures
- Delegate a staff member to check the expiry date of stored medicines kept at the school and maintain the on site medical conditions or needs register
- Monitor and review the policy at least once a year, with input from children, parents, staff and external stakeholders (as appropriate),
- Review the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- Report to parents, children, staff and the local authority and other key stakeholders about the implementation, successes and areas for improvement of this school medical conditions or needs policy.

All staff at this school have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions or needs and know what to do in an emergency
- Understand the school medical conditions or needs policy
- Know which children in their care have a medical condition or need and be familiar with the content of the child's Healthcare Plan
- Allow all children where appropriate to have immediate access to their

emergency medication

- Maintain effective communication with parents including informing them if their child has been unwell.
- Ensure children who carry their medication with them have it with them at all times including off site visits or where they may be relocated to another part of the school
- Be aware of children with medical conditions or needs who may be experiencing bullying or need extra social support
- Understand the common medical conditions or needs and the impact it can have on children (children should not be forced to take part in any activity if they feel unwell)
- Ensure all children with medical conditions or needs are not excluded unnecessarily from activities they wish to take part in
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Staff at this school have a responsibility to:

- Be aware that medical conditions or needs can affect a pupil's learning and provide extra help when pupils need it
- Liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions or needs.

School nurse, Health visitor or healthcare professional

The school nurse, health visitor or healthcare professional at this school has a

responsibility to:

- Help update the **school** medical conditions or needs policy
- Help provide regular training for staff in managing the most common medical conditions or needs at this setting
- Provide information about where the school can access other specialist training.

First aider

First aiders have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school
- When necessary ensure that an ambulance or other professional medical help is called and as prescribed in the healthcare plan.

Local doctors and specialist healthcare professionals

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

- Assist in the completion of the child'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 pupils know how to self manage their condition subject to their age and understanding and where mature enough to do so.
- Ensure the child or young person knows how to take their medication effectively.
- Ensure pupils have regular reviews of

- their condition and their medication
- Provide the school with information and advice regarding individual pupils with medical conditions or needs (with the consent of the pupil and their parents)
- Understand and provide input in to the school medical conditions or needs policy.

Pupils

The children at this school as far as is reasonably practicable have a responsibility to:

- Treat other children with and without a medical condition or need equally
- Tell their parents or teacher or nearest staff member when they are not feeling well
- Let a member of staff know if another child is feeling unwell
- Let any child 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
- Subject to their age and understanding to know how to take their own emergency medication and to take it when they need it
- 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 or need
- To assist in completing an up-to-date Healthcare Plan for their child if they have a medical condition or need.
- Inform the school about the medication their child requires whilst in their care
- Inform the school of any medication their child requires while taking part in

- visits, outings or field trips and other off-site activity
- 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 medical condition or need
- 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.
- Where a child has home to school transport, it is the parent's responsibility (not the school) to inform School Transport of any medical needs that their child suffers from before they sign the contract.

Parents are respectfully reminded that they will need to ensure all necessary information is made available to other parties outside the school who may care for their child e.g. after school clubs, breakfast clubs and youth services etc. All organisations where you leave your child in their care will have similar arrangements in place to these.

Catering provider

The catering provider has responsibilities to:

- Establish communications and training for all school food service staff and related personnel at school's where they operate
- Develop and review policies and procedures regarding the provision of special diets and severe food allergies
- To assist head teachers to determine whether a school meal can be provided to children with food allergies and/or food intolerances.

The Head of Kitchen within the school will:

- receive information from the Head teacher regarding children with food allergies and food intolerances.
- ensure arrangements are in place so all kitchen staff including temporary staff know which children have a life threatening allergy (the school will provide information including a photograph which should be displayed in a discreet area in the kitchen)
- Maintain contact information with vendors and purveyors to access food content information.

Catering staff in individual schools have

- responsibility to be able to recognise those children with a life-threatening allergy.
- Have knowledge of menus, a la carte items, vending machines, recipes, food products and ingredients, food handling practices, cleaning and sanitation practices in relation to life-threatening allergies.

Responsibilities of lunch time support staff

- In the event of a suspected allergic reaction, the nearest trained volunteer in administering the Adrenalin auto-injector will be called. In addition the emergency medical services will be called immediately. (999)

Home to School Transport

Home to school transport have responsibility to:

- To carry out a risk assessment for each child to determine whether transport can be provided to transport the child safely
- Pass on appropriate information to drivers and escorts on children who are placed in their care whilst being transported between setting and home and vice-versa.
- Train escorts in exceptional procedures including the administration of medication in extreme circumstances.
- Ensure school bus drivers and escorts are trained by appropriate personnel in risk reduction procedures, recognition of allergic reactions and implementation of bus emergency plan procedures.
- Ensure each vehicle used for home to school transport has some form of communication by which to summon help in an emergency.

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

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

12.2 New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.

12.3 In evaluating the policy, this school seeks feedback on the effectiveness and

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.
 + The term healthcare plan relates to a document that provides children and their carers with information on how to monitor and manage their medical condition on a day to day basis.

acceptability of the medical conditions or needs policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include: (+delete as appropriate)

- + Pupils
- + Parents
- + School nurse and/or school healthcare
- + Head teacher
- + Teachers
- + Special education needs coordinator
- + Pastoral support/welfare officer
- + First aider
- + Other school staff
- + Local health professionals
- + School employer
- + School governors
- + Transport provider
- + Catering provider

12.4 The views of pupils with various medical conditions or needs are actively sought and considered central to the evaluation process

Legislation and guidance - Introduction

- Local authorities, schools, governing bodies and all organisations that provide childcare or look after children are responsible for the health and safety of children in their care.
- Areas of legislation that directly affect medical conditions or needs policy are described in more detail in Managing Medicines in Schools and Early Years Settings DfES 2005. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. 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 medical conditions or needs policy.

Managing Medicines in Schools and Early Years Settings (2005)

This provides guidance from the DfES (now

DCSF) and the Department of Health (DH) on managing medicines in schools and early year's settings. The document includes the following chapters:

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

Medical Conditions or needs 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 or needs 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 etc 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 or needs policy include:

- Healthy Schools Programme – a medical conditions or needs 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 (1998) (HASPEV) 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).
- Statutory Framework for the Early Years Foundation Stage (2017)

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 or needs 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
Text phone/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

Medical Conditions at School website

<http://www.medicalconditionsatschool.org.uk/>

Appendix 1

Acute Illness and Short term medication

For acute illnesses, subject to a child being well enough to return to school, staff can administer prescribed medication.

If a child is acutely unwell (except where this is related to a condition identified on a healthcare plan) parents have a responsibility to decide whether their child is well enough to be at school, staff will not administer paracetamol, etc for symptom relief in the case of acute illness unless at Honley School Daycare and in nursery. The only exceptions to this is for travel sickness on school trips, where staff will give travel sickness medication to children who bring this in a named envelope or bottle on the day it is required or residential visits where staff are in loco parentis overnight and again this is only with parents' permission.

For infectious illnesses where antibiotics are prescribed, staff will administer these in accordance with policy regarding medication administration and where a child is well enough to return to school/no longer infectious (see NHS.uk for information regarding common infectious diseases).

Children with vomiting and/or diarrhoea should not return to school until 48 hours after the last episode of vomiting/diarrhoea (see NHS.uk)