



Medical Conditions Procedure
for schools within the
Excalibur Academies Trust:

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Framework

These points provide the essential framework for Excalibur's medical conditions procedure.

1. Excalibur is an inclusive community that aims to support and welcome pupils with medical conditions
2. The local academies medical conditions procedure must be drawn up in consultation with a wide-range of local key stakeholders within the academies, and health settings.
3. The medical conditions procedure must be supported by a clear communication plan for staff, parents/carers* and other key stakeholders to ensure its full implementation.
4. Designated staff understand, and are trained in what to do in an emergency, for the most common serious medical conditions.
5. All staff understand and are trained in general emergency procedures.
6. Academies should give clear guidance on the administration of medication at school, the storage of medication at school, and the record keeping.
7. The academy must ensure that the whole school environment is inclusive and favorable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
8. Academies must be aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The academies should actively work towards reducing or eliminating these health and safety risks.
9. Each member of staff should know their role and responsibilities in maintaining and implementing an effective medical conditions procedure.
10. The medical conditions procedure should be annually evaluated, reviewed and updated.

*Please take any further reference to the term "Parents" to mean "Parents/Carers" throughout the Policy Document.

Guidelines

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

- a. The Trust understands that it has a responsibility to welcome and support students with medical conditions who currently attend, and to those who may enroll in the future.
- b. The Trust aims to provide all students with 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. Students should feel confident in the support they receive from the school to help them do this.
- d. The Trust aims to include all students with medical conditions in all school activities.
- e. Parents* of students with medical conditions should feel secure in the care their children receive from any of the Trust's schools.
- f. The academies within the Trust should ensure all staff understand their duty of care to students in the event of an emergency.
- g. All staff should feel confident in knowing what to do in an emergency.
- h. The Trust understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- i. All staff understand the common medical conditions that affect students within their academy.
Staff should receive training on the impact this can have on students.
- j. The medical conditions procedure should be understood and supported by the whole school and local health community.

2. The medical conditions procedure should be drawn up in consultation with a wide-range of local key stakeholders within the academy and health settings.

- a. Consultation on the development of this medical condition procedure should be sought key stakeholders including:
 - Academy Nurse
 - School Health Nurse (NHS)
 - Principal
 - Teachers
 - Special Educational Needs Coordinator
 - Pastoral Care/Parent Support Advisor
 - members of staff trained in first aid
 - School Governors.

- b. Key stakeholders should be consulted in two phases:
 - ✓ initial consultation during development of the policy
 - ✓ comments on a draft policy before publication.
- c. The Trust 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 procedure should be supported by a clear communication plan for staff, parents* and other key stakeholders to ensure its full implementation

- a. Students are informed and regularly reminded about the medical conditions policy:
 - ✓ in the school newsletter at several intervals in the school year.
 - ✓ in personal, social and health education (PSHE) classes + through school-wide communication about results of the monitoring and evaluation of the procedure.
- b. Parents* are informed and regularly reminded about the medical conditions procedure:
 - ✓ by including the policy statement in the school's prospectus and signposting access to the procedure
 - ✓ when their child is enrolled as a new student
 - ✓ at the start of the school year, when communication is sent out about any changes in students' medical requirements and/or to update Healthcare Plans accordingly
 - ✓ via the school's website, where it is available all year round
- c. Staff should be informed and regularly reminded about the medical conditions procedure:
 - ✓ at scheduled medical conditions training
 - ✓ through the key principles of the procedure being displayed in several prominent staff areas around the school
- d. Relevant local health staff are informed and regularly reminded about the school's medical conditions policy:
 - ✓ via links with the School Health Nurse (NHS).

4. All staff should understand and be trained in what to do in an emergency for the most common serious medical conditions at their school.

- a. All staff should be aware of the most common serious medical conditions at their school.
- b. Staff should understand their duty of care to students in the event of an emergency. In an emergency situation academy staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c. Designated staff who work with groups of students should receive training and know what to do in an emergency for the students in their care with medical conditions.
- d. Training is refreshed for all designated staff at least once a year.
- e. Staff must be made aware of the emergency internal phone number (main office –

202, HR – 204), which is direct to the responsible person in cases of emergency (Nicola Livingstone – 209, Vanetta Spence – 203).

- f. Staff (including supply teachers and support staff) should be made aware of how to access Healthcare Plans to inform them of students in their care who may need emergency help.
- g. The school should have procedures in place so that a copy of the student's Healthcare Plan is sent to the emergency care setting with the student. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- h. The school should have arrangements in place to ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency.

5. All staff understand and are trained in General Emergency Procedures

- a. All staff know what action to take in the event of a medical emergency. This includes:
 1. how to contact emergency services and what information to give
 2. who to contact within the school
 3. How to access the Emergency Medication cupboard
- b. Training should be refreshed for all designated staff at least once a year.
- c. Generally, staff should not take students to hospital in their own car. The school should get clear guidance from the local authority on when (and if) this is appropriate.

6. The school provides clear guidance on the administration of medication at school

Administration – emergency medication

- a. All students with medical conditions should have easy access to their emergency medication.
- b. All students are encouraged to carry and administer their own emergency medication, when their parents* and health specialists determine they are able to start taking responsibility for their condition. All students 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.
- c. Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- d. Students 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.

Administration – general

- e. All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is done under the supervision of a named member of staff.
- f. The school understands the importance of medication being taken as prescribed.

- g. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication, unless they have been specifically contracted to do so.
- h. For medication where no specific training is necessary, any member of staff may administer prescribed medication to students under the age of 16, but only with the written consent of the student's parent. (Asthma Inhalers given following label instructions)
- i. Training should be given to all staff members who agree to administer medication to students, where specific training is needed. The local authority provides full indemnity.
- j. All staff should be 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.
- k. In some circumstances medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult.
- l. Parents* to be made aware that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately in writing.
- m. If a student refuses their medication, staff must record this and follow procedures. Parents* are informed as soon as possible.
- n. All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- o. If a trained member of staff, who is usually responsible for administering medication, is not available, the school should make alternative arrangements where possible to provide the service. This should always be addressed in the risk assessment for off-site activities.
- p. If a student misuses medication, either their own or another student's, their parents* are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. (Students with an Individual Health Care Plan for anaphylaxis.)

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

- q. Two AAI devices will be purchased and stored within the main office cupboard clearly Marked as 'Generic AAI'
- r. It will be the responsibility of the Academy Nurse / First Aider to check expiry dates

and replace as required.

- s. These will be stored and kept within school premises to be used in conjunction with an existing Individual Health Care Plan.
- t. Students should carry their own devices when out of the school premises for school day, sports fixtures or residential trips.
- u. It is the parent's responsibility to ensure the devices the student carries and has at home are within date.
- v. A 'Trip kit' with generic AAI will be available to take as a spare for emergency use.

The emergency anaphylaxis kit

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- w. 1 or more AAI(s).
- x. Instructions on how to use the device(s).
- y. Instructions on storage of the AAI device(s).
- aa. Manufacturer's information.
- bb. A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- cc. A note of the arrangements for replacing the injectors.
- dd. A list of pupils to whom the AAI can be administered. An administration record.

7. The school provides clear guidance on the storage of medication at school

Safe storage – emergency medication

- a. Emergency medication should be 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 in a Keysafe (located in the main school office) with the access number shared with relevant staff. Most students will carry their emergency medication on them at all times. Students must keep their own emergency medication securely.
- b. Students are reminded to carry their emergency medication with them (YR6 Children Only)
- c. Students, whose healthcare professionals and parents* advise the school that their child is not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication. It is NOT acceptable to prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

Safe storage – non-emergency medication

- a. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place (Classroom cupboards, HR Office)
Students with medical conditions know where their medication is

stored and how to access it.

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

Safe storage – general

- c. There should be an identified member of staff who ensures the correct storage of medication.
- d. All controlled drugs are kept in a locked cupboard and only named staff have access, even if students normally administer the medication themselves.
- e. It is the responsibility of parents/carers to ensure their child's medication is always in date. In addition to this, three times a year the identified member of staff checks the expiry dates for all medication stored within the school.
- f. The identified member of staff (SWI & JAM) along with the parents* of students with medical conditions, ensures that all emergency and non-emergency medication brought into the school is clearly labelled in the original packaging with the student's name, the name and dose of the medication and the frequency of dose. This includes all prescribed medication that students carry themselves.
- g. All medication (including prescribed and over the counter) must be supplied and stored in its original packaging and containers as supplied by the dispensing pharmacist. All medication is labelled with the pharmacist's label showing the student's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- h. Any changes in dosage instructions must be in writing from the pharmacist or GP before this is implemented by the school.
- i. Medication is stored in accordance with instructions, paying particular note to temperature.
- j. Some medication for students may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled.
- k. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised students or lockable as appropriate.
- l. All medication is sent home with students at the end of the school year. Medication is not stored over the summer holidays.
- m. 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.

Pain Relief / Non-Prescribed Antihistamine (See D of E Supporting pupils with medical conditions in schools 2015 Section 21 Page 20 & Section 25 Page 23)

Sometimes pupils may ask for or need pain relief (analgesics)/Antihistamine at school

e.g. paracetamol. It is NOT acceptable to require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or Generally, school staff should not give non-prescribed medication to pupils. This is because they may not know whether the pupil has taken a previous dose or whether the medication may interact with other medication being taken.

Following this guidance if the Academy Attendance Officer / Primary First Aider does decide that the administration of pain relievers will enable the student to remain at school there must be written or verbal consent from the parent*.

Schools should only accept medicines if these are in- date, labelled, provided in the original container and include instructions for administration, dosage and storage.

A parental consent form MUST be completed, and this form should confirm that the child has been given the stated medication without any adverse effect in the past.

The parent/carer should always be informed on the same day, when such medication has been given—either by a telephone call.

If a child suffers from pain regularly the parents/carers should be encouraged to seek medical advice.

As with any medication, records must be kept of when pain relief has been administered and of the following checks made.

- n. names the analgesic
- o. states the dose to be given
- p. gives the circumstances in which it may be given
- q. includes checking when previous doses have been taken / given
- r. includes obtaining parental permission, verbal or written consent
- s. adheres to the manufacturer's instructions and warnings which accompany the product to be used
- t. includes a procedure for informing parents/carers when medication has been given.

Consideration should be given to the choice of analgesia. A child under 16 should never be given aspirin unless prescribed.

Safe disposal

- a. Parents* or students are asked to collect out-of-date medication.
- b. If parents* do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- c. 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 three times a year and is always documented.
- d. Sharps boxes are used for the disposal of needles. Parents* obtain sharps boxes from

the child's GP or paediatrician on prescription. All sharps boxes within the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

- e. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the student's parent.
- f. Collection and disposal of sharps boxes can be arranged with the local authority's environmental services.

8. Clear guidance about record keeping

Enrolment forms

- a. Parents* are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents* of new students starting at other times during the year are also asked to provide this information on enrolment forms.

Individual Health Care Plans (IHCP)

Healthcare Plans for rescue medication, AAI for anaphylaxis or Buccal Midazolam for Epilepsy are created by the child's medical team.

Students identified by the enrolment forms as having other medical conditions will be requested to complete an IHCP.

- a. Schools should use a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.
- b. If a student has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the student's parents* to complete.
- c. The parents*, healthcare professional and student with a medical condition, are asked to fill out the student's Healthcare Plan together. Parents* then return these completed forms to the school.
- d. The school will ensure that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for students with complex healthcare or educational needs.
- e. Once the documentation has been completed this will be stored within the central database, within the Linked Documents available for staff to view.

School Healthcare Plan register

- a. Healthcare Plans are used to create a centralised register of students with medical needs. An identified member of staff should have responsibility for the register.
- b. The responsible member of staff follows up with the School Health Nurse and parents* any further details on a student's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Healthcare Plans

- a. The Healthcare Plan should be discussed and reviewed at least once a year by the School Health Nurse, Academy Nurse or responsible person.
- b. It is the parents* responsibility to notify the school of any changes in condition or alterations required to the IHCP.

Storage and access to Healthcare Plans

- a. Parents* and students are provided with a copy of the student's current agreed Healthcare Plan.
- b. Healthcare Plans should be kept in a secure central location.
- c. Apart from the central copy, specified members of staff (agreed by the student and parents*) securely hold copies of students' Healthcare Plans. These copies are updated at the same time as the central copy.
- d. All members of staff who work with groups of students have access to the Healthcare Plans of students in their care.
- e. When a member of staff is new to a student group, for example due to staff absence, the school will ensure they are made aware of (and have access to) the Healthcare Plans of students in their care.
- f. The school will ensure that all staff protect student confidentiality.
- g. The school will seek permission from the student and parents* before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

Use of Healthcare Plans

Healthcare Plans are used by schools to:

- inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies.
- The school uses this information to help reduce the risk of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure the local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency

Consent to administer medicines

- a. If a student requires regularly prescribed medication, parents* are asked to complete the Parental Consent to Administer Medication Form.
- b. If a student requires regular/daily help in administering their medication then the school will outline the school's agreement to administer this medication on the student's Parental Consent to Administer Medication Form.
- c. If parents* wish to allow the Academy Nurse or First aiders to administer non-prescription medication, Paracetamol for example, a Parental Consent to Administer

Medication Form can be completed and stored within the school Office. Alternatively, verbal consent can be sought from the parent when discussing the condition by telephone by the Academy nurse or Primary First aider.

Residential visits

- a. Parents* are sent a residential visit form to be completed and returned to the school shortly 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.
- b. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These should be accompanied by a copy of the student's Healthcare Plan.

All parents* of students with a medical condition attending a school trip or overnight visit are asked to ensure the student can administer their own medication if required, unless discussed beforehand with Academy Nurse, and alternative arrangements made with the teachers managing the trip.

- c. 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.

Other record keeping

- a. The school will keep an accurate record of each occasion an individual student is given or supervised taking medication. (Paper forms in the office & added to the child's Bromcrom File by the person administering) Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded and parents* are informed as soon as possible.
- b. The school will hold training on common medical conditions once a year. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
- c. All staff who are contracted to administer rescue medication are provided with training by a healthcare professional. The school will keep a register of staff who have had the relevant training.
- d. The school will keep an up-to-date list of members of staff who have agreed to administer rescue medication and have received the relevant training.

9. The Trust 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. The trust schools are committed to providing a physical environment that is accessible to students with medical conditions.

- b. Committed to providing an accessible physical environment including out-of-school visits. The schools recognise that this sometimes means changing activities or locations.

Social interactions

- a. The schools ensure 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.
- b. Ensures the needs of students with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
- c. 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 Trusts anti-bullying and behaviour policies.
- d. Staff use opportunities such as Tutorials to raise awareness of medical conditions amongst students and to help create a positive social environment.

Exercise and physical activity

- a. The Schools ensure all staff understand the importance of all students taking part in sports, games and activities.
- b. 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.
- c. All classroom teachers, PE teachers and sports coaches understand that students should not be forced to take part in an activity if they feel unwell.
- d. All teachers and sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.
- e. All PE teachers, classroom teachers and sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.
- f. All students have the appropriate medication or food with them during physical activity and that students take them when needed.
- g. All students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

- a. The schools ensure that students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- b. If a student is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers understand that this may be due to their medical condition.
- c. Teachers 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 SENCO.

- d. The schools SEN coordinator consults the student, parents* and the student's healthcare professional to ensure the effect of the student's condition on their schoolwork is properly considered.
- e. The schools will ensure that lessons about common medical conditions are incorporated into all parts of the curriculum.
- f. Students learn about what to do in the event of a medical emergency.

Residential visits

- a. Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process.
- b. Factors the schools consider include: how all students 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.
- c. Risk assessments are carried out before students start any work experience or off-site educational placement. It is the schools responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents* before any medical information is shared with an employer or other education provider.

Visiting Students with medical needs

- a. When the school is informed that a student with medical needs has been invited to participate in an event, the parents will be contacted requesting that the students' IHCP and medication are brought the main school office by a responsible adult prior to the event and collected at the end of the session.
- b. The IHCP and medication will be kept in the rescue medication cupboard for the duration of the session.
- c. The visiting student will not be allowed to remain at the school for the event if the IHCP and medication have not been received.

10. The school must be aware of the common triggers that can make medical conditions worse or can bring on an emergency. The schools should actively work towards reducing or eliminating these health and safety risks and have a written schedule of reducing specific triggers to support this

- a) The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both on site and on out-of-school visits.
- b) Staff have been given training on medical conditions. This training includes information on how to avoid and reduce exposure to common triggers for common medical conditions.
- c) Written information about how to avoid common triggers for medical conditions must be provided to all staff.
- d) The school uses Healthcare Plans to identify individual students who are sensitive

to particular triggers.

- e) Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of students with medical conditions.
- f) Medical emergencies and incidents should be reviewed regularly to see how they could have been avoided. Appropriate changes to the school's procedures should be implemented after each review.

11. Each staff member and health community must know their role and responsibilities in maintaining an effective medical conditions policy

- a. The schools work in partnership with all interested and relevant parties including the school's governing body, all staff, parents*, employers, community healthcare professionals and students to ensure the procedure is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medical conditions procedure. These roles are understood and communicated regularly.

The School

Has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all students). 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 students with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- provide indemnity for staff who volunteer to administer medication to students with medical conditions.

Principal/Head teacher

Has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions procedure is in line with local and national guidance and policy frameworks liaise between interested parties including students, staff, special educational needs coordinators, pastoral support/PSA's, teaching assistants, the academy nurse, governors, the school health service.
- ensure the procedure is put into action, with good communication to all
- ensure every aspect of the procedure 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 students' Healthcare Plans

- ensure student confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions procedure
- delegate a staff member to check the expiry date of medicines kept at the school and maintain the schools medical conditions register
- monitor and review the procedure at least once a year, with input from students, parents*, staff and external stakeholders
- update the procedure at least once a year according to review recommendations and recent local and national guidance and legislation

All 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
- understand school's medical conditions policy
- know which students in their care have a medical condition and be familiar with the content of the student's Healthcare Plan
- allow all students to have immediate access to their emergency medication
- maintain effective communication with parents* including informing them if their child has been unwell at school
- ensure students who carry their medication with them 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 it can have on students (students should not be forced to take part in any activity if they feel unwell)
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teaching staff

Have a responsibility to:

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

School Health Nurse (NHS)

Has a responsibility to:

- help provide regular training for school staff in managing identification and administration of rescue medication.
- be responsible for the student rescue medication Health Care Plans ensuring they are evaluated and updated annually.
- liaise with parents and notify the school of any changes at other times.

Academy Nurse or Primary Responsible Person

Have a responsibility to:

- provide first-line medical assistance to students and staff.
- be responsible for the delivery of assessment and treatment of minor illness and injuries.
- deliver care within the boundaries of the role, focusing on student well-being and health education
- identify, implement and evaluate individual health care plans for students with medical conditions.
- organise and /or deliver appropriate medical staff training e.g. Anaphylaxis.
- ensure teaching and support staff have appropriate awareness and understanding of the common medical conditions in the school.
- train and supervise all staff dealing with students with severe and complex medical conditions/needs.
- assist the whole school in raising the profile of the importance of health and welfare.
- co-ordinate all first aid staff training and maintenance of first aid equipment/stock.
- deliver all medical information and medical procedures to new staff members via the induction programme.
- provide accurate, contemporaneous and complete records of student consultation and drug administration consistent with legislation, policies and procedures.
- Oversee and co-ordinate the administration of Non-Prescribed medication, Including parent communication and consent, record keeping, storage.

First aiders

Have a responsibility to:

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

- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in

Special educational needs coordinators

Have the responsibility to:

- know which students have a medical condition and which have special educational needs because of their condition
- ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or course work.
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Pastoral support/PSA's

Have the 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.

Local doctors and specialist healthcare professionals

Individual doctors and specialist healthcare professionals caring for students who attend the school, have a responsibility to:

- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours

Emergency care services

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

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

Students

Have a responsibility to:

- treat other students with and without a medical condition equally
- tell their parents*, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another student is feeling unwell
- let any student take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect

- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation

Parents*

Have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours – complete relevant consent forms.
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions
- 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 if prescribed, are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name if needed.
- 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.
- provide any relevant letters or evidence regarding medical conditions that affect school attendance

12. The medical conditions procedure is reviewed, evaluated and updated annually.

- a. The medical condition procedure should be reviewed, evaluated and updated every year in line with the procedure review timeline.
- b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.

- c. In evaluating the procedure, the school will seek feedback on the effectiveness and acceptability of the medical conditions procedure with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:
- School Health Nurse (NHS) and/or school healthcare professionals
 - Principal / Headteacher
 - teachers
 - special education needs coordinator
 - pastoral support/PSA's
 - first aiders/ academy nurse
 - other Trust staff
 - school governors.

Disclaimer

The staff involved in the production of this pack have made every effort to ensure the accuracy of information it contains, but cannot be held liable for any actions taken based on this information.

- teachers
- special education needs coordinator
- pastoral support/PSA's
- first aiders/ academy nurse
- other Trust staff
- school governors

Legislation and guidance

Introduction

+ Local authorities, schools and governing bodies are 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.

Legislation and guidance

Children and Families Act 2014

Section 100 Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Supporting pupils at school with medical conditions.

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:

- ✓ Guidance of the use of Auto-injectors in school. (Department of Health 2017)
- ✓ Supporting pupils at school with Medical conditions (Department for Education 2015)– statutory guidance for governing bodies of maintained schools and proprietors of academies in England
- ✓ 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)

Principal:



School Business Manager:



Academy: May Park Primary

Date: 26.01.23