



ST. MARK'S CE SCHOOL

ONE SCHOOL - SERVING ALL - THROUGH EXCELLENCE

Medical Conditions in School Policy

Policy Statement and Guidelines

Policy Date: Summer 2026

Review Date: Summer 2027

Policy Statement

St Mark's CE School is an inclusive community that aims to support and welcome students with medical conditions.

- We aim to provide all students with all medical conditions the same opportunities as others at school.
- We will help to ensure they can through the following:
 - The School ensures all staff understand their duty of care to children and young people (See appendix 6) in the event of an emergency.
 - All staff feel confident in knowing what to do in an emergency.
 - The School understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- The School understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children within the School. The School allows adequate time for staff to receive training on the impact medical conditions can have on students.
- Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP).

1) St Mark's CE School is an inclusive community that aims to support and welcome students with medical conditions

a. St Mark's CE School understands that it has a responsibility to make our schools welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.

b. St Mark's CE School aims to provide all children with all medical conditions the same opportunities as others within our schools. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

c. Students with medical conditions are encouraged to take control of their condition.

d. The School aims to include all students with medical conditions in all school activities.

e. Parents/carers of students with medical conditions are aware of the care their children receive at St Mark's CE School.

f. St Mark's CE School ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. All staff have access to information about what to do in an emergency.

h. St Mark's CE School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

i. All staff have an understanding of the common medical conditions that may affect children who attend St Mark's CE School. Staff receive regular updates. Each Head of school is responsible for ensuring staff receive regular

updates. The School Nursing Service can provide the updates if the School requests.

j. The medical conditions policy is understood and followed by The School and local health community.

K. St Mark's CE School understands and encourages the importance of immunisation and the role this has to play in ensuring a safe and inclusive school and will work in partnership with parents/carers and health professional to this end.

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

a. Students are informed and reminded about the medical conditions policy: ● in personal, social and health education (PSHE) classes or Tutor time

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

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

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

- through the staff handbook and staff meetings and by accessing the school's Google Drive.
- through scheduled medical conditions updates, these can be done on Medical Tracker.
- through the key principles of the policy being displayed in several prominent staff areas throughout the School and on the school's Google Drive.

- all supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies
- Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

3. Relevant staff understand and are updated on what to do in an emergency for the most common serious medical conditions at St Mark's CE School.

- a. Relevant staff at the School are aware of the most common serious medical conditions.
- b. Staff at the School understand their duty of care to students both during, and at either side of the school day in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- c. Staff receive updates at least once a year for asthma and other medical needs, e.g. anaphylaxis, and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan.
- d. The action required for staff to take in an emergency for the common serious conditions at the School are displayed in prominent locations for all staff including classrooms and all departmental work spaces.
- e. St Mark's CE School uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help.
- f. St Mark's CE School has procedures in place so that a copy of the student's Individual Health Plan is sent to the emergency care setting with the students. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

g. If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The School will try to ensure that the staff member will be one the student knows. The staff member concerned should inform a member of the school's senior management.

4. St Mark's CE School has clear guidance on the administration of medication at school.

All staff should be aware that there is no legal or contractual obligation to administer medication unless specifically contracted or trained to do so. However, in emergency situations, staff have a duty of care and should act as a reasonably prudent parent would, which may include administering medication. The School encourages staff volunteering to administer medication to receive appropriate training and support.

Administration – emergency medication

a. St Mark's EC School will seek to ensure that students with medical conditions have easy access to their emergency medication.

b. St Mark's CE School will ensure that all students understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

Administration – general

c. The School understands the importance of medication being taken as prescribed.

d. All use of medication is done under the appropriate supervision of a member of staff at the School unless there is an agreed plan for self-medication. Staff should be aware if students are using their medication in an abnormal way and should discuss this with the child.

Important Note: If staff become aware that a student is using their reliever

(usually blue) inhaler more than they normally do, their asthma may not be under control and they may be more at risk of having an asthma attack. If this is observed immediate action should be taken – alerting parents/carers and actions/discussions should be recorded.

e. 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 or unless the situation is an emergency and falls under their regular duty of care arrangements.

f. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to students under the age of 16, but only with the written consent of the students' parents.

g. The School will ensure that specific training and updates will be given to all staff members who agree to administer medication to students if necessary.

h. All school staff at St Mark's CE School have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.

i. In some circumstances, medication is only administered by an adult of the same gender as the students, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.

j. Parents/carers of St Mark's CE School understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

k. If a student of St Mark's CE School refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this

non-compliance as soon as possible.

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

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

n. If a student misuses medication, either their own or another students', their parents/carers are informed as soon as possible. The school will seek medical advice by ringing 111 if this situation arises. In such circumstances, students will be subject to the school's usual disciplinary procedures.

o. If the School receives a request or instruction from a parent/carer which would appear to be contrary to the advice in the document and from the DFE, the School will seek clarification from the parents/carers and any advice they can from consultant/clinicians associate with the students' case.

Use of 'over the counter' i.e. non-prescription medications

There must be written parental consent for recurring 'over the counter' medications e.g. Piriton for hayfever.

Where a non-prescribed medicine is administered to a student it should be recorded on Medical Tracker and the parents/carers informed.

Medication e.g. for pain relief, should never be administered without first checking the label for the appropriate dosage and checking when the previous dose was taken.

If a student suffers regularly from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin unless prescribed by a doctor.

Guidelines for administering Paracetamol

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

The Local Authority, in consultation with health practitioners, has carefully considered the benefits and dangers of administering this non-prescription drug in schools and settings. Administering paracetamol to children under 5 is not usually recommended.

For older students, it is sometimes appropriate to give paracetamol to control specific pain such as migraine or period pain. Schools administering paracetamol to students should adhere to the following conditions:

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. If a student complains of pain as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol until the amount given over the past 24 hours has been established. No more than 4 doses should be given in a 24 hour period. There should be at least 4 hours between any 2 doses of paracetamol containing medicines. No more than 4 doses of any remedy containing paracetamol should be taken in any 24 hours.

Always consider whether the student may have been given a dose of paracetamol before coming to school. Many non-prescription remedies such as Beechams Powders, Lemsip, Night Nurse etc. contain paracetamol. If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.

There must be parental consent to give paracetamol.

Paracetamol must be administered according to the instructions on the box or label. Stronger doses or combination drugs, which contain other drugs besides paracetamol must not be administered. It is recommended that the school keep its own stock of tablets. This reduces the risk of pupils carrying medicines.

Paracetamol must be stored securely and should not be kept in first aid boxes. Students must not carry paracetamol around with them. Students should only be given one dose during the school day. If this does not relieve the pain, contact the parent/carer or the emergency contact.

The member of staff responsible for giving medicines must witness the student taking the paracetamol and make a record of it on Medical Tracker. The school must notify the parent/carer on the day, stating the time and the amount of the dose.

The pupil should be made aware that paracetamol should only be taken when absolutely necessary, that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

5. St Mark's CE School has clear guidance on the storage of medication at school

Safe storage – emergency medication

a. Emergency medication is readily available to students who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

b. If the students concerned are involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.

c. It is appropriate for a student to carry an adrenaline auto injector (epi pen/jext pen) on their person in school after a risk assessment has been completed. Primary students who have an epi pen must be kept in a box in

the classroom.

Safe storage - non-emergency medication

d. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Students with medical conditions know where their medication is stored and how to access it.

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

f. It is not appropriate for a student to carry insulin on their person in school. This should be stored in a locked room.

Safe storage – general

g. The School has an identified member of staff/designated person who ensures the correct storage of medication at school.

h. All controlled drugs are kept in a locked cupboard and only named staff have access.

i. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).

j. The identified member of staff, along with the parents/carers of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the students' name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.

k. All medication is supplied and stored in its original containers. All medication is labelled with the students' name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

l. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.

m. Some medication for students at St Mark's CE School may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised students or lockable as appropriate.

n. All medication (including blue inhalers) is sent home with students at the end of the school year.

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

p. Parents/carers of the School are asked to collect out-of-date medication.

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

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

s. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or pediatrician on prescription. All sharps boxes in School are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. The temporary closure (safety catch on the sharps box) MUST be used when the box is not in use.

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

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

6. St Mark's CE School has clear guidance about record keeping for students with medical conditions

Enrolment forms

- a. Parents/carers of St Mark's CE School are asked if their child has any medical conditions.

- b. If a student has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the students' parents/carers to complete.

Individual Health Plans

Drawing up Individual Health Plans

- c. St Mark's CE School uses an Individual Health Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.

Further documentation can be attached to the Individual Health Plan if required.

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

The child has

- diabetes
- gastrostomy feeds
- a tracheostomy
- anaphylaxis
- a central line or other long term venous access

- severe asthma that has required a hospital admission within the last 12 months
- epilepsy

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

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

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

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

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

School Individual Health Plan register

h. Individual Health Plans are used to create a centralised register of students with complex health needs. An identified member of school staff has responsibility for the register at each school within the School.

Schools should ensure that there is a clear and accessible system for identifying students with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure should be in place to ensure that the child's record, contact details and any changes to the administration

of medicines, condition, treatment or incidents of ill health in the school are updated on the school's record system.

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

Ongoing communication and review of Individual Health Plans

j. Parents/carers of the School are regularly reminded to update their child's Individual Health Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Each Individual Health Plan will have a review date with the school. The school will inform the nurse of any changes to the IHP. Parents/carers should have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

k. Parents/carers and students (where appropriate) of the School are provided with a copy of the students' current agreed Individual Health Plan. l. Individual Health Plans are kept in a secure central location at school. m. Apart from the central copy, specified members of staff (agreed by the students and parents/carers) securely hold copies of students' Individual Health Plans.

These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.

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

o. St Mark's CE School ensures that all staff protect students' confidentiality.

p. St Mark's CE School informs parents/carers that the Individual Health Plan would be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This is included on the Individual Health Plan.

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

Use of Individual Health Plans

Individual Health Plans are used by the school to:

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

Consent to administer medicines

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

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

Residential visits

t. Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the students' current

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

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

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

w. The residential visit form also details what medication and what dose the students 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 students manage their condition while they are away. A copy of the Individual Health Plan and equipment/medication must be taken on off site activities.

Record of Awareness Raising Updates and Training

x. The School holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school requests this.

y. All school staff who volunteer or who are contracted to administer emergency medication are 16 provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training, it is the school's responsibility to arrange this (see appendix 4).

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

7. St Mark's CE School 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. St Mark's CE School is committed to providing a physical environment that is as accessible as possible to students with medical conditions.

b. Schools should be encouraged to meet the needs of students with medical conditions to ensure that the physical environment at St Mark's School is as accessible as possible.

c. St Mark's CE School's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations.

Social interactions

d. St Mark's CE School ensures the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

e. St Mark's CE School ensures the needs of students with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, school productions, after school clubs and residential visits.

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

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

Exercise and physical activity

h. St Mark's CE School understands the importance of all students taking part in sports, games and activities.

i. PE teachers and sports coaches will receive specific training on common medical conditions, including recognising early symptoms and appropriate emergency responses. Adjustments to activities will be made in consultation with healthcare professionals and parents to ensure safety without unnecessary exclusion.

j. St Mark's CE School seeks to ensure that all classroom teachers, PE teachers and sports coaches understand that if a student reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.

k. Teachers and sports coaches are aware of students in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.

l. St Mark's CE School ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise 18 these triggers.

m. St Mark's CE School seeks to ensure that all students have the appropriate medication or food with them during physical activity and that students take them when needed.

n. St Mark's CE School ensures all students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

o. St Mark's CE School ensures that students with medical conditions can

participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided in accordance with their needs and/or their IHP or EHCP.

p. Teachers of St Mark's CE School 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.

q. St Mark's CE School ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

r. Students of St Mark's CE School learn how to respond to common medical conditions.

Risk Assessments

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

t. St Mark's CE School understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. St Mark's CE School considers additional medication and facilities that are normally available at school.

u. St Mark's CE School carries out risk assessments 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 students. Permission is sought from the students and their parents/carers before any medical information is shared with an employer or other education provider. Copies of IHP are sent to off site placement with parents/carers consent.

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

a. St Mark's CE School is committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

b. The school will maintain a regularly updated list of common medical condition triggers specific to our student population, such as allergens prevalent in the school environment, stress-related triggers, and infection control measures. Staff will receive guidance on how to minimise these risks, particularly for students with asthma and severe allergies.

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

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

The school will maintain a secure digital register of all medical conditions training and updates completed by staff, reviewed annually to identify training gaps. This register will be accessible to senior leaders to monitor compliance and inform CPD planning.

b. The following roles and responsibilities are used for the medical conditions policy at St Mark's CE School. These roles are understood and communicated regularly.

Governors have a responsibility to:

- ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips

- ensure the schools health and safety policies and risk assessments are inclusive of the needs of students with medical conditions and reviewed annually. + make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated + ensure

that the school has robust systems for dealing with medical emergencies and critical incidents at any time when students are on site or on out of school activities.

Executive Headteacher has a responsibility to:

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

All school staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- call an ambulance in an emergency
- understand the school's medical conditions policy
- know which students in their care have a complex health need and be familiar with the content of the students' Individual Health Plan
- know the schools registered first aiders and where assistance can be

sought in the event of a medical emergency

- know the members of the schools Critical Incident Team if there is a need to seek assistance in the event of an emergency.

- maintain effective communication with parents/carers including informing them if their child has been unwell at school
- ensure students who need medication have it when they go on a school visit or out of the classroom
- be aware of students with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact these can have on students.
- ensure that all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure that students have the appropriate medication or food during any exercise and are allowed to take it when needed.
- follow universal hygiene procedures if handling body fluids ● ensure that students who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication.

The member of staff must remember that while they can involve the students in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better.

Teaching staff have an additional responsibility to also:

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

liaise with parents/carers, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition +use opportunities such as PSHE and other areas of the curriculum to raise students awareness about medical conditions

School nurse or healthcare professional has a responsibility to:

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

First aiders have an additional responsibility to:

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

Special educational needs coordinators have the additional responsibility

to:

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

Pastoral Support has the additional responsibility to:

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

Students have a responsibility to:

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

Parents/carers have a responsibility to:

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

- have completed/signed all relevant documentation including the Individual Health Plan if appropriate

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

a. The medical conditions policy will be reviewed biannually with input from a range of stakeholders, including students with medical conditions, parents/carers, healthcare professionals, and staff. Feedback will be actively sought through surveys and consultation meetings to ensure the policy remains responsive and effective."

Legislation and guidance

Introduction

- Local authorities, schools and governing bodies are all responsible for the health and safety of students in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy. The following local authority guidelines/policies need to be considered

DFE

SEND Code of Practice 0-25 years

CYPD Health and Safety Policies

Head of Schools Toolkit

Critical Incidents Guidelines

Visits and Journeys Guidelines

Records Management and Retention Policies

Reporting of Injuries, Diseases & Dangerous Occurrences

Regulations. (R.I.D.D.O.R)

Managing Medicines in Schools and Early Years Settings (2004)

This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early year's settings.

The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up an Individual Health Plan
- relevant forms.

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

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

- Many students with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.
- The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

- not to treat any students less favourably in any school activities without material and sustainable justification
- to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other students. Examples of reasonable adjustments can be found in the DfES resource: *Implementing the DDA in Schools and Early Years Settings**
- to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

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 of School 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: ● DFE SEND Code of Practice 2015

- Equality Act 2010: Advice for Schools
- Reasonable Adjustments for disabled pupils (2012)
- The Mental Capacity Act Code of PracticeL Protecting the Vulnerable (2005)
- 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).