

Meadow Lane Infant School Policy



Medical Conditions Policy

Supporting Children with Medical Needs

Last reviewed	June 2016
Review Cycle	2 Years

DEFINITION

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities which they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support

RATIONALE

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.**

However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the local authority and DFE.

AIMS

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policies and procedures
- arrange and update training for staff to support individual pupils;
- liaise as necessary with outside agencies in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

ENTITLEMENT

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

MEDICATION

- Where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent. Parents can come into school at lunchtime to administer these medicines if they have not been prescribed
- School staff will consider carefully their response to requests to assist with the giving of medication and that they will consider each request separately.
- the school will liaise with the School Health Service or other medical agencies for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Any medicines brought into school by the staff e.g. antibiotics, pain medication, hayfever medication, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.
- Only staff that have had first aid training can administer medicines. All doses must be recorded, signed and dated in the medical folder. These records are collated annually and kept in school for reference.

RESPONSIBILITIES

Parents and Carers

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form **Verbal instructions will not be accepted**. Consent forms are available from the school office.

For administration of emergency medication, a Care Plan must be completed by the parent(s) in conjunction with the school nurse or other medical staff and school staff. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates
- Dispensing date/pharmacists details.

School Staff

Medication is only administered by staff that have received first aid training. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions will be undertaken.

Head teachers – will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head teachers will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may

involve recruiting a member of staff for this purpose. The Head teacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The school will also work closely with the School Nurse and other agencies such as GPs and Paediatricians, the Local Authority, pupils and parents.

Governing Body

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

HEALTH CARE PLANS

The Health care Plan should be completed by Parent(s), designated school staff and school nurse/medical agency. It should include the following information. Examples of completed Health Care Plans can be found in school

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Sometimes a child may need a 'Safe systems of work' plan – e.g., if a child uses a wheelchair, plinth, hoist, special seating. This plan will be put together with the help of outside agencies such as Fountainsdale, Occupational Therapy, etc and discussed with school staff. These plans will be reviewed annually. (Examples can be found in school)

PEP (PERSONAL EVACUATION PLAN)

For any child with medical needs a Personal Evacuation Plan is written in case of a fire. This plan is shared with all staff, including supply staff, working with the child in order to ensure a safe evacuation if necessary.

STAFF TRAINING

When training is delivered to school staff, the school will ensure that a training record is completed for inclusion in the Health and Safety records. This is for both insurance and Audit purposes. Full training and refresher training is offered to staff for Emergency and Paediatric first aid, Managing Actual and Potential Aggression (MAPA), Manual handling and any specific training for individual training (tracheotomy, catheterisation, diabetes, asthma, etc) as appropriate. Training is carried out by the official medical agency involved with the child and family and is regularly reviewed and updated. Clear records are kept of the training by the Head teacher.

STORAGE OF MEDICINES

When items need to be available for emergency use, e.g. asthma pumps and Epipens, they are kept in the Medical Room. Medicines are stored in the medical fridge in the medical room. The fridge is kept locked at all times.

INTIMATE CARE

Some medical intervention will be of an intimate nature. This will be handled sensitively by the school. The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. (Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist.)

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able.

Individual intimate care/medical plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted or any procedure takes place.

Intimate care arrangements will be discussed with parents/carers on a regular basis. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

CLASS 1 and 2 DRUGS

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a **written stock record is also required** in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term.

ANTIBIOTICS

Parent(s) should be encouraged to ask the GP to **prescribe an antibiotic which can be given outside of school hours wherever possible**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator.

Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. School does not keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Parental consent must be in place and this medicine must be prescribed. **CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.**

DISPOSAL OF MEDICINE

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

RESIDENTIAL VISITS

On occasion it may be necessary for the school/centre to administer an “over the counter” medicine in the event of a pupil suffering from a minor ailment , such as a cold, sore throat while away on an Educational Visit . In this instance the parental consent form (EV4) will provide an “if needed” authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council’s Insurance and Legal Sections.

REFUSING MEDICINE

When a child refuses medicine the parent should be informed the same day or sooner if indicated in the health care plan and be recorded accordingly. Staff cannot force a child to take any medicine.

TRAVEL SICKNESS

It has also been agreed by the Council’s Insurance and Legal Sections that, in the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

DAY VISITS (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen can only be administered by school staff that have been designated as appropriate by the head teacher and who has been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary she may ask the school doctor to carry out this responsibility. The Epipen should be replaced by the parent(s) at the request of the school nurse/school staff.
5. The use of the Epipen must be recorded on the child’s Care Plan, with time, date and full signature of the person who administered the Epipen.

6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. School staff, who are assisting children with inhalers, will be offered training from the school nurse.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers MUST be readily available when children need them. Inhalers are kept in the medical room and a first aid trained member of staff is always on hand to administer. A record is kept of any dose given. If a child has needed their inhaler many times in one day then parents will be informed.
3. Parent(s) should supply a spare inhaler for children who carry their own inhalers. This is stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers MUST still be accessible.
11. School staff have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff. Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided

The Consent Form should be available.

Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.

GUIDELINES FOR MANAGING EPILEPSY

WHAT IS EPILEPSY?

Epilepsy is a neurological disorder. The brain contains millions of nerve cells called neurons that send electrical charges to each other. A seizure occurs when there is a sudden and brief excess surge of electrical activity in the brain between nerve cells. This results in an alteration in sensation, behaviour, and consciousness.

Seizures may be caused by developmental problems before birth, trauma at birth, head injury, tumour, structural problems, vascular problems (i.e. stroke, abnormal blood vessels), metabolic conditions (i.e. low blood sugar, low calcium), infections (i.e. meningitis, encephalitis) and idiopathic causes. Children who have idiopathic seizures are most likely to respond to medications and outgrow seizures.

FIRST AID

- Stay calm
- Protect student from injury but do not restrain movements
- Help the student lie down and turn on one side if possible
- Loosen all tight clothing
- Do not put anything in the mouth
- Do not give medicines or fluids until the child is completely awake
- Stay with the student until he or she is fully alert and oriented
- Provide reassurance and support after the seizure episode
- CPR should not be given during a seizure
- Record the duration and describe the seizure on the epilepsy log
- Report the seizure to the appropriate person: parents, school nurse and/or administrator

EMERGENCY FIRST AID

Call 999 if:

- First known seizure
- Seizure lasts more than 5 minutes
- Another seizure begins soon after the first
- The student stops breathing or has difficulty breathing after the seizure
- Student cannot be awakened after the seizure
- There are specific orders to call 999 from the doctor or parent **Always refer to health care plan if one is in place.**

- The recovery is different than usual
- The need for assistance is uncertain.

LIABILITY AND INDEMNITY

School staff will be made aware of the insurance arrangements in the event of a claim or liability. Before carrying out clinical/medical procedures staff will be trained and assessed as competent in the relevant procedures on an individual child/young person basis. There will be written evidence via a risk assessment and/or appropriate training and/or written competency assessment.

On the basis that Nottinghamshire County Councils policy for managing complex health care needs is followed then Nottinghamshire County Council is protected by its Public Liability insurance (subject to its terms, conditions and exclusions) for accidental death, injury, damaged caused by such procedures to a third party. For further information contact Risk and Insurance Section, County Hall 0844 9808080.

The insurance provided jointly indemnifies with the County Council staff and Members provided they are acting in accordance with their NCC duties.

All other partner organisations must have, at least, the minimum public liability insurance and indemnity insurance. Each service will have a procedure for checking this insurance is in place.

EMERGENCY PLANNING

Meadow Lane Infant School has an Emergency Plan that is based on the model from NCC.

Where a child has an individual health care plan this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in school may need to know what to do, such as informing an adult immediately if they think help is needed.

If a child is taken to hospital staff should stay with the child until the parent arrives or accompany the child in the ambulance. Staff should not take children to hospital in their own car.

COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement⁹, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

MONITORING

This policy is monitored by the Head teacher Joanne Revill, SENCo David Osborne and the SEND governor Janie Goodman on behalf of the governing body. Staff receive the full support of the SLT and governing body.

FURTHER SOURCES OF INFORMATION

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

OTHER RELEVANT INFORMATION

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

This is supported by policies including:

- SEN/Inclusion
- Child protection/Safeguarding
- Equal Opportunities
- Intimate Care policy
- First Aid policy and procedures
- Health and Safety Policy
- Supporting pupils at school with medical conditions – statutory guidance from DFE (December 2015)
- NCC policies for managing medicines and complex medical needs
- DOH – Managing medicines in schools and Early Years settings

Staff reviewed : June 2016

Date ratified: June 2016

Date for review: June 2018

Signed : Head teacher

..... Chair of P&P committee

Annex A: Model process for developing individual healthcare plans

