



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Approved by the Full Governing Body:
Due for review:

March 2023
March 2024

Supporting Pupils with Medical Conditions Policy for St Mary's C.E. School

1. St. Mary's is an inclusive community that aims to support and welcome pupils with medical conditions

a. St Mary's understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enroll in the future.

b. This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

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

c. Pupils with medical conditions are encouraged to take control of their condition, with support from staff where needed. Pupils feel confident in the support they receive from the school to help them do this.

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

e. Parents of pupils with medical conditions feel secure in the care their children receive at this school.

f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. Through training, staff feel confident in knowing what to do in an emergency.

h. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

i. Staff understand the common medical conditions that affect children at this school. Staff working with children with more complex medical conditions receive support from health professionals. Additional staff are trained to ensure a cross-over in care of all pupils with medical needs.

j. The medical conditions policy is understood and supported by the whole school and local health community.

2. This school's medical conditions policy has been drawn with a wide range of local key stakeholders within both the school and health settings in mind.

a. These key stakeholders include:

- pupils with medical conditions
- parents/carers
- school nurse

- headteacher
- teachers
- SENCOs
- members of staff trained in first aid
- all other school staff
- local emergency healthcare staff (such as accident & emergency staff and paramedics)
- specialist care providers (such as Diabetes nurses)
- local healthcare professionals
- AfC
- school governors.

b. This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

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

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

- by including the policy statement on the school's website and signposting access to the policy
- at the start of the school year when communication is sent out about updating Healthcare Plans
- in the school newsletter at several intervals in the school year
- when their child is enrolled as a new pupil
- when a child starts taking medication during the school day

b. School staff are informed and regularly reminded about the medical conditions policy:

- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas at the School
- all supply and temporary staff are informed of the policy and their responsibilities, as required.

c. The Governing Body are informed and reminded about the school's medical conditions policy:

- through communication about changes and updates of medical conditions.

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

a. All staff at the School are aware of the most common serious medical conditions at this school.

b. Staff at the School understand their duty of care to pupils 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. This may include administering medication.

c. All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.

d. Training is refreshed for relevant staff annually (e.g. Epipen and Diabetes training). First

aider training is refreshed every three years. School maintains records of who has completed what training.

e. Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, medical rooms and the staff rooms.

f. This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help. These details are held on our internal system, Integris.

g. This school has procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. 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. Hospitals are aware of our pupils who have more complex medical needs through parent/doctor relationship.

5. All staff understand and are trained in the school's general emergency procedures

a. All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- whom to contact within the school.

b. Training is refreshed for all staff at least once a year.

c. Action to take in a general medical emergency is displayed in prominent locations for staff, for example, in all school administration offices and Senior Leaders' offices.

d. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The School tries to ensure that the staff member will be one the pupil knows.

e. Generally, staff should not take pupils to hospital in their own car. If there is no alternative, they must be accompanied by another adult / member of staff.

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

Administration – emergency medication

a. All pupils at this school with medical conditions have **easy access to their emergency medication**.

b. Pupils know where their medication is stored and whom to help them to access it.

c. Pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

d. Spare asthma pump kits are kept in the medical room at each site. If a child has no asthma pump in school, but has parental permission to use the spare pump, it may be administered. It is stored with a list of children who have permission to use the pump together with a record of use. Any non-reusable spacers used should be sent home with the child. The lead medical member of staff should be informed in this situation.

e. Spare Epipens are kept in the medical room at each site, together with a list of whom has permission to use the Epipen and the dosage needed. Each site has spare Epipens of appropriate doses to meet each child's possible medical needs. Should a child need an Epipen and theirs is not at school, but has parental permission to use the spare one, it may be administered. It is stored with a list of children who have permission to use the Epipen plus their specific dosage. The lead medical member of staff should be informed in this situation.

f. Training is given to all staff members who agree to administer life-preserving medication to pupils, where specific training is needed. The local authority provides full indemnity.

Administration – general

g. All use of medication, defined as a controlled drug, is done under the supervision of a member staff at this school.

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

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

j. There are several members of staff at the School who have been specifically contracted to administer medication.

k. 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 prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

l. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

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

n. Parents at the School understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they have a responsibility to notify the school immediately.

o. The School keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded.

p. If a pupil at the School refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

q. If a pupil at the School needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication, they are properly trained and have access to the relevant Healthcare Plans.

r. 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.

s. If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

t. All staff attending off-site visits are aware of any pupils 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.

u. Medication must not be kept in a child's bag. Parents must ensure that all prescribed medicine is given to the office. The school cannot be held responsible for medication which is consumed on site, should a parent not inform a teacher.

7. St Mary's has clear guidance on the storage of medication at school

Safe storage – emergency medication

a. Emergency medication is readily available to pupils whom 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. Where appropriate, pupils know how to access their emergency medication or who is their point of contact to administer it.

Safe storage – non-emergency medication

c. All non-emergency medication is kept in a secure place, in a lockable cupboard in the school offices, medical rooms or in the class 'red bags'. Where appropriate, pupils with medical conditions know where their medication is stored and how to access it.

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

Safe storage – general

e. There is an identified member of staff, on each site, who ensures the correct storage of medication at school.

f. Regular essential emergency medication is kept securely in the 'red bags' on high hooks on the back of classroom doors. Eg. asthma inhalers, Epipens and piriton.

g. The identified member of staff keeps a central digital record is kept with all children's medication and relevant expiry dates. When medication is due to expires, the School contacts parents to alert them.

h. The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. The expiry date should be clearly visible.

i. Medication is stored in accordance with instructions, paying particular note to temperature stipulations. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

j. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year. If medication is supplied out of date, school will not accept this medication nor will they allow it to be administered.

Safe disposal

k. Parents at this school are asked to collect out-of-date medication over the course of the school year and replace it immediately, if during term time.

l. 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.

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

n. 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 the pupil's parent.

o. Collection and disposal of sharps boxes is the responsibility of the parent. School is not able to dispose of prescribed syringes and medication.

8. St Mary's has clear guidance about record keeping

Healthcare Plans

Drawing up Healthcare Plans

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

b. Healthcare Plans are used to create a centralised register of pupils with medical needs. Designated members of staff have responsibility for the register at this school, covering each site.

c. A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. **It is sent out :**

-at enrolment

- when a diagnosis is first communicated to the school.

d. If a pupil has a short-term medical condition that requires medication during school hours, a medication form is sent to the pupil's parents to complete. This form is also available online and information will be stored digitally.

See Appendix 1 – Form 3

e. The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the school. **School stores this information on Integris.**

f. The School ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

School Healthcare Plan register

Ongoing communication and review of Healthcare Plans

g. Parents at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms/condition or their medication and treatments change.

h. Parents and carers of every pupil with a Healthcare Plan at this school are asked for the plan to be reviewed at least once a year. It is the parent's responsibility to update school on any changes during the year.

Storage and access to Healthcare Plans

i. Apart from the central copy on Integris and hard copies in each site office, copies are kept in the 'red bag'. These copies are updated at the same time as the central copy, should any change be needed.

j. All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care via Integris and the 'red bag' copies.

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

l. The School ensures that all staff protect pupil confidentiality.

m. The School seeks permission from parents to allow the Healthcare Plan to 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 permission is included on the Healthcare Plan.

n. The School seeks permission from parents before sharing any medical information with any other party.

o. The School uses the plans to identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. The School uses this information to help reduce the impact of common triggers

Use of Healthcare Plans

Consent to administer medicines

a. If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil (where appropriate) or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication.

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

c. Parents of pupils with medical conditions at the School are asked at the start of the school year on the Healthcare Plan, if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication, with adult supervision.

Residential visits

d. Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. This includes information about medication not normally taken during school hours.

See Appendix 1 – Form 5

e. All residential visit forms are taken by a named residential medical lead staff member on visits and for all out-of-school hours activities where medication is required.

f. All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

g. Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors the School considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where and how far away help can be obtained in an emergency.

h. The School understands that there may be additional medication, equipment or other factors to consider when planning residential visits. The School considers additional medication and facilities that are normally available at school.

i. Children with an IHP who do not have in-date medication available will not be able to attend school trips of any length. Children can only attend if their medication is in date and available to the child should they need to use it on the trip.

9. The School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

a. The School is committed to providing a physical environment that is accessible to pupils with medical conditions.

b. Pupils with medical conditions are included in the consultation process, if appropriate, to ensure the physical environment at this school is accessible.

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

Social interactions

d. The School ensures the needs of pupils 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. The School ensures the needs of pupils 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.

f. All staff at the School are aware of the potential social problems that pupils 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, health and economic education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

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

i. The School ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

j. The School ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

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

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

m. The School ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

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

Education and learning

o. The School ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that reasonable adjustments and extra support are provided.

p. If a pupil is missing a lot of time at school because of their condition, they have limited concentration or they are frequently tired, all teachers at St Mary's understand that this may be due to their medical condition.

q. Teachers at the School are aware of the potential for pupils with medical conditions to have special educational needs (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinators consult with the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

r. The School ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

s. Pupils at the School learn about what to do in the event of a medical emergency.

10. Each member of the school and health community knows their roles and

responsibilities in maintaining an effective medical conditions policy

a. The School works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

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

Head teacher

St Mary's 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
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil 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 policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy at least once every three years according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

All school staff

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

Teaching staff

Teachers at St Mary's have a responsibility to:

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

School nurse or school healthcare professional

The school nurse at St Mary's has a responsibility to:

- support the school's medical conditions policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

First aider

First aiders at St Mary's 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.

Special educational needs coordinators

Special educational needs coordinators at St Mary's have the responsibility to:

- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in SATs.

Pupils

The pupils at St Mary's have a responsibility to:

- treat other pupils 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 pupil is feeling unwell
- let any pupil take their medication when they need it, if appropriate, 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 with staff supervision
- ensure a member of staff is called in an emergency situation.

Parents and carers

The parents or carers of a child at St Mary's have a responsibility to:

- tell the school if their child has a medical condition
- with the school, complete an up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school 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.
- 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 has regular reviews about their condition with their doctor or specialist healthcare professional

12. The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced annually.

a. The School's medical condition policy is reviewed, evaluated and updated annually to ensure any updates to best practice and the conditions seen in school are included.

b. Governmental guidelines and advice from NICE is actively sought and fed into the review.

13. Equal Opportunities

St Mary's positively celebrates diversity and inclusion is core to its Christian ethos. The Governing Body recognises that no one should receive less favourable unlawful treatment than another on the grounds of gender, marital or civil partnership status, colour, race, nationality, ethnic or national origin, disability, religious beliefs, age, or sexual orientation. It is the Governors' aim that no-one at the School should suffer unlawful direct or indirect discrimination, victimisation or harassment on any of these grounds. The Governing Body is committed to embedding fairness and equality at the heart of the school community, and in all aspects of the school's policies, procedures and practices.

Legislation and guidance

Introduction

- + Local authorities, schools and governing bodies are responsible for the health and safety of pupils 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.

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 years settings. The document includes the following chapters:

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

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

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

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

Schools' responsibilities include:

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

*DfES publications are available through the DCSF.

The Education Act 1996

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to

help a local authority carry out its duties.

The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

Management of Health and Safety at Work Regulations 1999

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

Medicines Act 1968

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

Additional guidance

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

- + Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- + Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- + National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- + Health and Safety of Pupils 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 Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when traveling on local authority provided transport
- + Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).