



# FLORENCE MELLY COMMUNITY PRIMARY SCHOOL

## SUPPORTING CHILDREN WITH MEDICAL CONDITIONS/MEDICAL POLICY 2021/22

DETERMINATION. RESILIENCE. EMPOWERMENT. APPRECIATION. MOTIVATION & SAFETY  
'IF YOU CAN DREAM IT, YOU CAN DO IT!'



### Florence Melly Community Primary School Supporting Children with Medical Conditions/Medical Policy 2021/22 September 2021

This policy supersedes the previous administration of medicines policy and has been updated in line with the DFE guidelines published in September 2014. This has come about as a result of the Children and Families Act 2014 (section 100), which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

#### 1.1 Useful Information

Florence Melly Community Primary School	
<b>Tel. Number</b>	0151 226 1929
<b>General Email</b>	<a href="mailto:schooladmin@fmp.liverpool.sch.uk">schooladmin@fmp.liverpool.sch.uk</a>
<b>Headteacher</b>	Mr. A. Leach <a href="mailto:a.leach@fmp.liverpool.sch.uk">a.leach@fmp.liverpool.sch.uk</a>
<b>Assistant Head</b>	Mr. K. Baillie <a href="mailto:k.baillie@fmp.liverpool.sch.uk">k.baillie@fmp.liverpool.sch.uk</a>
<b>Health and Safety Lead</b>	Mrs. I. Kane <a href="mailto:schooladmin@fmp.liverpool.sch.uk">schooladmin@fmp.liverpool.sch.uk</a>

#### 1.2 Medical Register

The school will keep a complete register detail any pupils with medical conditions. Mr. Baillie and Mrs. Kane have responsibility for the medical register at school.

These identified members of staff have responsibility for the medical register and will follow up with the parents any further details on a child/young person's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete. This will be actioned on completion of a child's universal consent form or at the request of a parent.

Individual Healthcare Plans (not to be confused with EHCPs) are one document that is used to create a Medical register of pupils with medical needs within the school.

Not all children/young people with medical conditions will need an individual health care plan.

## **2.1 Rationale**

Florence Melly Community Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that the correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

The purpose of this policy is to

- Ensure that pupils with medical conditions are well supported in school and have full access to education, including school trips and physical education.
- Ensure that there is clarity around the holding and administering of medication at school.
- Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils.
- To develop staff knowledge and training in all areas necessary for our pupils.

## **2.2 Florence Melly Community Primary School**

Florence Melly Community Primary School is an inclusive community that aims to support and welcome all children and young people including those with medical conditions. The governing body understands that it has a responsibility to make arrangements for supporting pupils with medical conditions who currently attend and to those who may attend in the future. Pupils with medical conditions are encouraged to take control of their condition and feel confident in the support they receive from the school to help them do this. The school ensures to provide all children with medical conditions the same opportunities at school as those children without medical conditions and aims to include all pupils with medical conditions in all school activities.

## **2.3 Definition of Medical Conditions**

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the local authority's Local Offer.

## **3.1 School Responsibilities**

Florence Melly Primary School ensures all staff (Teaching and Support) understand their duty of care to children and young people in the event of an emergency. Parents of pupils with medical conditions feel secure in the care their children receive both at school and on educational visits. All staff are confident in knowing what to do in an emergency and receive regular training to do so. There is knowledge that certain medical conditions are serious and can be potentially life-threatening. All staff understand the common medical conditions that can have serious consequences including Asthma, Epilepsy, Diabetes and Anaphylaxis shock.

School staff have a sound knowledge, understand their role and are trained to a level that fulfils and informs them in what to do to support children with the most common medical conditions found at our school and how to uphold this policy. All staff at the school are aware of the most common medical conditions which they may come across when children are in their care. Staff 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 reasonable parent. This

may include administering medication or contacting the emergency services. Parents will be informed if their child has been unwell at school. All staff that work directly with pupils receive training and know what to do in an emergency for the pupils in their care. Training should ensure staff are competent and have confidence in their ability to support pupils with particular medical conditions, the school may choose to arrange specific training for certain conditions and ensure this remains up-to-date.

The school recognises a first-aid certificate does not constitute as appropriate training for particular medical conditions and extra training will take place for staff in a position of direct support. The school uses the child/young person's Individual Healthcare Plan to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help. The school has procedures in place so that the most up to date/single master copy of the child/young person's Individual 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. The school has a plan in place to cover staff absence and sickness.

### **3.2 Responsibilities of Stakeholders**

#### **A) Governing Body**

The school's Governing body has a responsibility to:

- 
- uphold the Equality Act 2010 and make any reasonable adjustments.
- ensure that arrangements are in place to support pupils with medical conditions (plans and suitable accommodation). In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore focuses on the needs of the individual child/young person.
- be aware that in some cases a flexible approach may be required, for example, programmes of study that rely on a part-time attendance in combination with alternative provision.
- consider how the child/young person will be reintegrated back into school after periods of absence.
- consider that children/young people with medical conditions are entitled to full-time education and should not be denied admission, however, in line with Safeguarding duties ensure that no pupils' health is put at unnecessary risk.
- ensure all parents are fully aware and understand their responsibilities.

#### **B) Headteacher**

The school's head teacher has a responsibility to:

- ensure the school puts the policy into practice and develop detailed procedures and effectively implemented with partners.
- liaise between interested parties including child/young people, school administration staff, teaching staff, SLT Team, SENCO, pastoral support staff, teaching assistants, school nurses, parents, governors, the school health service, the Local Authority and local emergency care services and seek advice when necessary.
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using a child/young person's individual healthcare plan.
- ensure child/young person's confidentiality.
- assess quality assured training and support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- ensure all supply teachers and new staff are briefed and know the medical conditions policy.

- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical register.
- monitor and review the policy at least once a year, with input from child/young people, parents, staff and external stakeholders (including healthcare professionals) and update according to review recommendations and recent local and national guidance and legislation.
- in partnership with the parent have joint responsibility for the safe travel of the child/young person on school trips/school mini bus.

### **C) 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 by receiving whole school awareness training.
- be aware that medical conditions can affect a child/young person's learning and provide extra help when child/young people need it.
- understand the policy and how this impacts on children and young person's education.
- know which children/young people in their care have a medical condition and be familiar with the content of the child/young person's Individual Healthcare Plan.
- allow all children/young people to have immediate access to their emergency medication.
- maintain effective communication with parents including informing them if their child has been unwell at school.
- ensure children/young people have the necessary medication accompanying them when they go on a school visit or out of the classroom.
- be aware of children/young people with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact they can have on children/young people.
- ensure all children/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure children/young people have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **D) First Aiders**

First aiders at the school have a responsibility to:

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

Please see the accompanying First Aid Policy on the school website.

### **E) Special Educational Needs Co-Ordinator (SENDCo)**

The SENDCo at the school has responsibility to:

- help update the school's medical conditions policy.
- know which children/young people have a medical condition and which have special educational needs because of their condition.
- Ensure if a child has an EHC Plan their medical conditions are linked and become a part of this statutory document.
- be the key member OR liaise with other staff to ensure children/young people with medical conditions continue to make expected progress.
- ensure teachers make the necessary arrangements and make reasonable adjustments if a child/young person needs special consideration or access arrangements in exams or course work.

## **F) Pastoral Support Staff**

The pastoral support staff at the school have the responsibility to:

- 
- help update the school's medical conditions policy.
- know which child/young people have a medical condition and which have special educational needs because of their condition.
- Monitor children/young people's attendance and punctuality and consider additional support and planning with the SENDCo.
- ensure all children/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.

## **G) Health Services**

The school nurse and others from the local Health Community and services who work with the school have a responsibility to:

- co-operate with school to support children/young people with medical conditions.
- be aware of the needs and training the school staff need in managing the most common medical conditions at school.
- provide information about where the school can access other specialist training or alternatively provide training if this has been locally developed.

Other healthcare professionals, including GPs and paediatricians have responsibility to:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- provide advice when necessary on developing healthcare plans.
- consider that Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## **H) Parents**

The parents of a child/young person at the school have a responsibility to:

- tell the school if their child has a medical condition.
- ensure the school has a complete and up-to-date Healthcare Plan for their child.
- inform the school about the medication their child requires during school hours.
- inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- 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 and date of birth and a spare is provided with the same information.
- ensure that their child's medication is within expiry dates.
- inform the school if your child is feeling unwell.
- 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 and information that will require the school to support your child is passed on to them.
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

### **4.1 Individual Health Care Plan**

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. An IHCP will:

- be clear and concise, giving brief details of the child's condition
- be written in partnership with parents/carers, child, healthcare professional and key staff
- give details of what constitutes an emergency, what action to take and who to contact
- special requirements e.g. dietary needs, pre-activity precautions
- be reviewed annually or when there is a change in the condition of the child
- be easily accessible whilst preserving confidentiality.
- outline educational provision if the student is unable to attend school
- contain details of the medical condition, its triggers, signs, symptoms and treatments
- include relevant SEN information
- provide details of the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons
- outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- state who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable

#### **4.2 Initiation of an Individual Health Care Plan**

An individual Health Care plan may be initiated by a member of school staff, plans should be drawn up with the input of healthcare professionals where possible e.g. Specialist Nurse, School nurse, parents and the child.

As a sign of good practice the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments used to identify the level of support they need.

Further documentation can be attached to the Individual Healthcare Plan if required. The level of detail within the Individual Healthcare Plan will depend on the complexity of the condition and the degree of support needed.

An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to parents of pupils identified as having a long-term medical condition. This is sent:

- at the start of the school year on completion of the school's universal consent form.
- at admission.
- when a diagnosis is first communicated to the school.

If a child/young person has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

#### **4.3 Communication and Reviewing of an IHCP**

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

Staff at this school use opportunities to invite parents to review and check that information held by the school on a child/young person's condition is accurate and up to date.

Every child/young person with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year. Where the child has SEND, the Individual Healthcare Plan should be part of the graduated approach of Assess, Plan, Do, Review and/or linked to or become part of their statement or Education Health and Care Plan if they have one.

#### **4.4 Storage and Access to Individual Health Care Plans**

The school ensures that all staff protect confidentiality.

Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of Individual Healthcare Plans which can be accessed via CPOMS. These copies are updated at the same time as the central copy. All members of staff who work with groups of children/young people will access the Individual Healthcare Plans to provide support with their planning of teaching and learning.

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 Individual Healthcare Plans of children/young people in their care.

The school seeks permission from parents to allow the Individual 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 Individual Healthcare Plan.

#### **4.5 Use of an Individual Health Care Plan**

Individual Healthcare Plans are used by the school to:

- inform the appropriate staff and supply teachers about the individual child's medical/healthcare needs with a medical condition in their care.
- remind children/young people with medical conditions to take their medication when they needed.
- identify common or important individual triggers for children/young people 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:

- ensure that all medication stored at school is within the expiry date.
- ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.
- remind parents of a child/young person with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

### **5. Medication in School**

Pupils will not be able to carry any medication in school. No pupil is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or provide two prescriptions – one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.
- **No child under 16 should be given prescription or non-prescription medicines without their parent's written consent** – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

The school holds training on common medical conditions regularly. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a record of staff who have had training.

### **5.1 Administration and Recording of Medication**

Initially, we would request that in the case of both prescription and non-prescription medications that these are administered by the parents/carers.

We appreciate this may not always be possible therefore when a parent requests administration of medication, a form granting permission must be completed at the school office. Medication (other than epipens and asthma inhalers) is stored in a secure location in the school office and generally dispensed when two members of staff are present.

When a child takes medication the dose and time are recorded. Younger children with spacers for their inhalers may need supervision by staff in order to ensure they are used appropriately.

When the administration of non-emergency medication is required staff may exercise their voluntary right to not administer, this right maybe selective on the grounds of the type of medication in question. In this instance, any medication administered would be overseen by Mr. Baillie, or, in his absence, Mrs. Kane.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must be in date, labelled, in the original container including prescriber's instructions re administration, dosage and storage. No prescription medicine will be administered that is not in its original prescribed packaging.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

### **5.2 Prescription Medication**

Please note the following for prescription medication:

- Named members of staff (Mr. Baillie, Mrs. Kane or Mrs. Cosgrove) may administer such a drug to whom it has been prescribed, according to the instructions.
- Prescription drugs will be returned to the parents when no longer required. Parents are responsible for the disposal of any remaining prescription drugs (should be taken to pharmacist).
- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

### **5.3 Non-prescription Medication**

Unless there is written confirmation from a GP that this has been agreed, no non-prescription drug will be administered on a regular basis. Medicines containing aspirin or paracetamol (including Calpol) will only be given if prescribed by a doctor.

## **5.4 Epipens**

Epipens are stored in clear plastic boxes with the picture of the child on the outside and the care plan enclosed. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the children change class. The school currently has no pupils who require an epipen.

In the event of a child requiring an epipen, the school holds spare epipens, permission to use these is sought in writing from parents whose children are known to be anaphylactic (See the DoH 'Guidance on the use of adrenaline auto-injectors in schools).

A register of pupils who have been prescribed an epipen is kept in a central location

When a child starts at Florence Melly they are also given a form to complete for the school dinner providers detailing any food allergies.

## **5.5 Asthma**

The school has a separate asthma policy.

Children with asthma should have easy access to their inhaler. Inhalers for children should be kept in a clearly marked box in the classroom.

The only inhaler a child should have at school is their blue inhaler, which is the relief inhaler. Other inhalers are preventative and should be taken in the morning and the afternoon at home.

The school holds a spare blue inhaler in case of emergency. Permission to use this is sought in writing from parents whose children are asthmatic.

## **5.6 Ritalin and Other Controlled Drugs**

Ritalin is a controlled drug. It will be kept securely in a locked safe. Generally children are prescribed slow release Ritalin and do not need to take at school. If this is not the case the drug will be locked in the school safe. The adult taking it out of the safe will need to do so with an observer who will check the number of tablets going out and back in again and ensure that the child takes the tablet.

## **5.7 Refusal of Medication**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

## **5.8 Storage of Medication**

### **A) Safe Storage**

There is an identified member of staff who ensures the correct storage of medication at school. All controlled drugs are kept in a locked cupboard and only named staff have access. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be

always readily available to children and never locked away. 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.

The identified member of staff, along with the parents of children/young people with medical conditions, will ensure that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose. All medication is supplied and stored in its original containers/packages. Medication will be stored in accordance with instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled.

All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

### **B) Storage of Emergency Medication**

Emergency medication is readily available to children/young people 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 away, the keys are readily available and not held personally by members of staff. Most children/young people at school will have access to their emergency medication at all times and are reminded of their emergency medication. Where the child's healthcare professional advises that they are not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication and which members of staff they see.

### **C) Storage of Non-emergency Medication**

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it. Staff ensure that medication is only accessible to those for whom it is prescribed.

## **5.9 Disposal of Medication**

Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. 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. A named member of staff who is responsible for checking the dates of medication will arrange for the disposal of any that have expired.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. 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. Arrangements should be made for their safe disposal. 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 it to school or the child/young person's parent.

## **5.10 Managing Medication on Trips and Outings**

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. Children with medical needs will be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment.

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 child/young person's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help children/young people manage their condition while they are away. This includes information about medication not normally taken during school hours.

When attending a residential visit or off-site activity (including sporting events) the lead staff member will have copies of all visit paperwork including risk assessments for children/young people where medication is required. A copy of the Individual Healthcare Plan's will accompany the child/young person if necessary and reference should be made to any medical conditions in the planning and risk assessment prior to the visit taking place.

All parents of a child/young person with a medical condition attending an offsite activity or overnight residential are asked for written consent, giving staff permission to administer medication if required and an individual Healthcare plan has not been drawn up.

The residential visit form also details what medication and what dosage the pupil is currently taking at different times of the day. A named member of staff will take responsibility for medication, ensuring that it is stored securely during the time away, that it is administered according to the information provided by the parent and that a record is kept every time the medication is administered. (As per medicine administration during a school day).

## **6.1 P.E and Sports**

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## **7.1 Self Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school we strive to ensure that children with medical conditions fully participate in school life.

## **8.1 Roles and Responsibilities**

The ultimate responsibility for the management of this policy in school is with the Head Teacher and Governing Body. The Assistant Headteacher will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

## **8.2 Review of Policy**

Supporting Medical Conditions in school policy is regularly reviewed, evaluated, consulted with stakeholders and updated. Any new government guidance is actively sought and fed into the review, guidance will be provided by Local Authority Officers. When evaluating the policy, the school seeks feedback and further consultation on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school, health settings and with parents and children/young people.

Key stakeholders include:

- children/young people
- parents
- school nurse and/or school healthcare professionals
- Headteacher
- teachers
- SENDCO
- pastoral support staff
- First aiders
- all other school staff
- local emergency care service staff (including accident & emergency and ambulance staff)
- local health professionals
- the LEA
- school governors

All key stakeholders should be consulted in two phases:

- initial consultation during development of the policy.
- comments on a draft policy before publication and implementation

The views of children with various medical conditions are actively sought and considered central to the evaluation process. Parents, school staff, governors, relevant local health staff and any other external stakeholders are informed and regularly reminded about the policy and how they impact on its implementation and review.

This policy will be monitored yearly and updated when necessary ensuring new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents on the school website. The school ask parents for annual updates regarding medical information.

## **8.3 Liability and Indemnity**

The school has an appropriate level of insurance and reflects the level of risk associated with supporting medical conditions. The school recognises that the insurance policy should provide liability cover relating to administration of medication. Individual cover may need to be arranged and any requirements of the insurance policy, such as staff training, will be complied with.

## **8.4 Complaints**

Should any parent or carer be unhappy with any aspect of their child's care at Florence Melly Community Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem then it should be taken to a member of the senior leadership team. In the unlikely event of this not resolving the issue, the parent/carer can make a formal complaint using the school complaints procedure.

The school's complaints procedure is available on the school website.

## **8.5 Legislation and Guidance**

This policy and guidance has been compiled using recommended government documents and Acts, these include:

- Relevant Legislation Children and Families Act 2014 – Part 5:100
- Education Act 1996
- Health and Safety at work Act 1974
- Health and Safety: advice for schools – June 2014
- Medicines Act 1968
- Misuse of Drugs Act 1971
- Regulation 5 of the School Premises (England)
- Regulation 2012 (as amended) Special Educational Needs and Disability Code of Practice: 0-25 years Supporting pupils with Medical Conditions – December 2015
- The management of Health and Safety at work regulations 1999

Safeguarding Legislation:

- Children's Act 1989 Section 3 and Section 17
- Children's Act 2004 Section 10
- Education Act 2010 Section 21 and Section 176
- Equality Act 2010
- The NHS Act 2006 Section 3