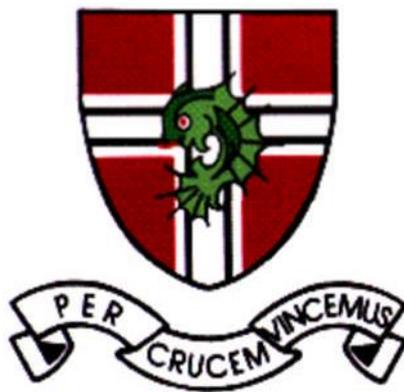


St John Fisher Catholic Voluntary Academy



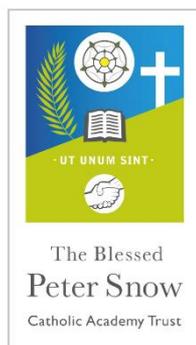
Managing Medical Conditions Policy

November 2016

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The Blessed Peter Snow Catholic Academy Trust



The Catholic Voluntary Academies which form the Blessed Peter Snow Catholic Academy Trust are distinctive as we provide grounding in the Catholic Faith for all our children. The special character of our Catholic academies is the quality of the religious teaching, integrated into the overall education of our children. Our beliefs, which are Gospel centred, affect the way we live, making our academies living examples of Christ and His teachings.

"Education is not and must never be considered as purely utilitarian. It is about forming the human person, equipping him or her to live life to the full – in short it is about imparting wisdom. And true wisdom is inseparable from knowledge of the Creator." (Pope Benedict XVI, Address to Teachers and Religious, Twickenham, September 2010).

Our Academies therefore operate and are informed by the following four key principles of Christian formation:

- **Places of Discipleship**
- **Places where Communities are created**
- **Places of Learning**
- **Places where we treasure God's World**

In light of the above principles, the Trust aims to:

- ensure secure, welcoming and engaging environments in which all individuals learn to value and respect both themselves and others
- provide all individuals with the opportunities to achieve excellence, to develop their full potential as human beings and to encourage and challenge them to do so
- uphold the unshakable belief in the unique potential of each child, student and member of staff
- provide a curriculum that initiates students into the knowledge, values, attitudes and skills they need to become mature Christian adults in their personal, social, family and working lives.

Mission Statement

Following the example of our patron, St John Fisher, priest and scholar, we aim to love one another throughout our life at school, to learn and develop our full potential in the image of Christ.

1. Background and principles

St John Fisher Catholic Voluntary Academy is an inclusive community that aims to support and welcome pupils with medical conditions or needs.

- 1.1 We have a responsibility to welcome and support pupils with medical conditions or needs who currently attend or will attend in the future.
- 1.2 We aim to provide all pupils with medical conditions or needs the same opportunities as others. We will endeavour to ensure that they can:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic well-being
- 1.3 Pupils with medical conditions or needs are encouraged to take control of their condition subject to their age and understanding and where responsible enough to do so. They feel confident in the support they receive from our school to help them do this.
- 1.4 We aim to include all pupils with medical conditions or needs in all activities as far as reasonably practicable.
- 1.5 Parents/guardians of pupils with medical conditions or needs feel secure in the care their children receive.
- 1.6 We aim to ensure that all staff understand their duty of care to pupils in the event of an emergency and that they know what to do. That staff understand that certain medical conditions or needs are serious and can be potentially life-threatening. They also understand the common medical conditions or needs that affect pupils and understand the importance of protecting the dignity of these pupils.
- 1.7 This medical conditions or needs policy has been drawn up acknowledging the wide range of stakeholders within both Education and Health settings. We have also consulted the DfE draft guidance published in December 2015.

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

- 2.1 The medical conditions and needs policy is on the school website for all key stakeholders, staff and parents. It is available to new entrants of the school, including all sixth form students, as part of the school prospectus
- 2.2 The medical conditions and needs policy is signposted in the staff handbook as well as general information about common acute medical conditions with guidance on emergency procedures
- 3. All staff have appropriate instruction and/or training relevant to their role in an emergency for the most common serious medical conditions or needs at this school**
 - 3.1 Staff are aware of the most common serious medical conditions or needs.
 - 3.2 Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation staff are required under common law duty of care to act like any reasonably prudent parent.
 - 3.3 Key staff who work with groups of pupils receive training and know what to do in an emergency for the pupils in their care with medical conditions or needs.
 - 3.4 Training is refreshed for key staff at regular intervals. In addition more specific training is provided to staff where they are required to meet the specific needs of a child e.g. asthma awareness procedures, using an epi-pen or responding to a child who is having an epileptic fit. Key staff are also trained for involvement in personalised care plans
 - 3.5 Action for staff to take in an emergency for pupils with the most serious conditions or needs is displayed in the staffroom. 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
 - who to contact within the school.
 - 3.6 This school uses Healthcare Plans and appropriate staff (including temporary staff and support staff) are made aware of pupils in their care who may need emergency help.
 - 3.7 This school has procedures in place so that, should an emergency occur, a copy of the child's Healthcare Plan is sent to the emergency medical staff with the child. On occasions when this is not possible, the plan is sent (or the information on it is communicated) to the emergency staff as soon as possible.
 - 3.8 If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Every effort will be made to send a member of staff whom the child is familiar with. Staff should not take children to hospital in their own car
 - 3.9 The school has an Automated External Defibrillator (AED). Key staff undertake training and awareness of the use of AEDs should the need arise following the DfE

guidance Automated External Defibrillators (AEDs) 2016.

4. St John Fisher Catholic Voluntary Academy has clear guidance on the administration of medication

Administration – emergency medication

- 4.1 All pupils with medical conditions or needs and staff who administer it have **easy access to their emergency medication.**
- 4.2 Children may carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. Children, where appropriate carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- 4.3 Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- 4.4 Children who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

Administration – general

- 4.5 All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff at this school.
- 4.6 This school understands the importance of medication being taken as prescribed.

Any medications brought into school must be boxed, named and a consent form completed by the parent.
- 4.7 All staff are aware that there is no legal duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically trained to do so.
- 4.8 Key members of staff have been specifically trained to administer medication
- 4.9 For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children under the age of consent, but only with the written consent of the pupil's parent and information being available on dosage, timings etc.
- 4.10 In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult for safeguarding issues.
- 4.11 Parents understand that if their child's medication changes or is discontinued, or the

dose or administration method changes, that **they** should notify the school immediately.

- 4.12 If a child refuses their medication, staff record this and follow procedures set down in the healthcare plan. Parents are informed as soon as possible.
- 4.13 All staff attending off-site visits are aware of any child with medical conditions or needs 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.
- 4.14 If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment and management arrangements for off-site activities.
- 4.15 If a child misuses medication, their own or another child's, their parents are informed as soon as possible. These children are subject to the schools usual disciplinary procedures.

5. St John Fisher Catholic Voluntary Academy has clear guidance on the storage of medication.

Safe storage of medication

- 5.1 All medication is readily available to children and/or staff required to administer it at all times during the 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.
- 5.2 Children who carry their own emergency medication should keep it securely.
- 5.3 Children whose healthcare professionals and parents advise the school that their child is not yet able, subject to their age or understanding to self-manage and carry their own emergency medication, know exactly where to access their emergency medication.
- 5.4 All non-emergency medication is kept securely in a lockable cupboard in a cool dry place.

Children with medical conditions or needs know where their medication is stored and how to access it.
- 5.5 Staff ensure that medication is only accessible to those for whom it is prescribed.
- 5.7 There is an identified member of staff who ensures the correct storage of medication at school.
- 5.8 All controlled drugs are kept in a locked cupboard and only named staff have access, even if a child normally administer the medication themselves.

- 5.9 The identified member of staff checks the expiry dates for all medication stored at the school regularly and is always documented.
- 5.10 The identified member of staff, along with the parents of children with medical conditions or needs, ensures that all emergency and non-emergency medication brought in to the school is clearly labelled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.
- 5.11 All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency. The only exception to this will be insulin pens which have daily variable doses.
- 5.12 Medication is stored in accordance with instructions, paying particular note to temperature.
- 5.13. Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- 5.14 All medication is sent home with the child when the child leaves the school and at the end of each school year or is disposed of in the correct manner.
- 5.15 It is the parent's responsibility to ensure new and in date medication comes into the school on the first day of the new academic year or when a child starts at a new school.

Safe disposal

- 5.16 Parents have a responsibility to collect out-of-date medication.
- 5.17 A named member of staff is responsible for checking the dates of stored medication. This check is carried out regularly and always documented.
- 5.18 Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes 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.
- 5.19 If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to the school or the child's parent.
- 5.20 The disposal of sharps boxes is always the parents' responsibility

6. St John Fisher Catholic Voluntary Academy has clear guidance about record keeping

Enrolment forms

6.1 Parents at this school are asked if their child has any health conditions or needs or health issues on the enrolment form, which is filled out at the start of each school year or session or when the service is first provided. Parents of children starting at other times during the year are also asked to provide this information on enrolment forms.

Healthcare Plans

6.2 Healthcare Plans are used by this school to:

- inform the appropriate staff about the individual needs of a child with a medical condition in their care
- remind children with medical conditions or needs to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for children with medical conditions or needs that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at this school is within the expiry date
- ensure local emergency services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency
- remind parents of children with medical conditions or needs to ensure that any medication kept at the school for their child is within its expiry dates. This includes
- spare medication.

Drawing up Healthcare Plans

6.2 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.

6.3 A Healthcare Plan is completed for all children where additional support is required for the medical condition. This is completed and/or reviewed

- + at the start of the school year
- + at enrolment
- + when a diagnosis is first communicated to the school by the parent.

6.4 It is a joint responsibility for the parents, healthcare professional, school and where appropriate the child with a medical condition, to complete the child's Healthcare Plan together. The school should then implement and monitor its effectiveness.

- 6.5 The level of detail in the Healthcare plan depends on the complexity of the child's condition and the support needed. Where a child has SEN but does not have a statement or an EHC plan, their special educational needs is mentioned on their individual Healthcare plan. Where the child has SEN identified in a statement or EHC plan, the Healthcare plan is linked to or part of the statement or EHC plan.
- 6.6 Where a child is returning to school following a period of hospital education or alternative provision, including home tuition, the school works with the local authority and healthcare providers to ensure that the healthcare plan identifies the support the child will need to re-integrate effectively.
- 6.7 For children with more complex medical conditions or needs and/or life threatening conditions or needs, an Individual Healthcare Plan must be drawn up together with parents and other representatives (as appropriate). Parents are expected to provide information from the child's GP and/or consultant. It may be appropriate for the school to have a healthcare professional e.g. the school nurse and other agencies involved, if required, to help draw up the Healthcare Plan or have a role in managing the child's condition.

(A flow chart setting out the process to be followed when notification is received that a pupil has a medical condition and needs a Healthcare Plan, to support the child's needs, is provided at Appendix 2)

- 6.8 If a child has a short-term medical condition that requires medication during school hours, a medication consent form must be completed by the parents.

Healthcare Plan register

- 6.9 Healthcare Plans are kept in a centralised register of children with medical needs at this school. An identified member of staff has responsibility for this register.
- 6.10 The responsible member of staff follows up with the parents any details missing on a child's Healthcare Plan or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Healthcare Plans

- 6.11 Parents at this school have a responsibility to update their child's 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 and treatments change.
- 6.12 Every pupil with a Healthcare Plan has their plan discussed and reviewed at least once a year and staff at this school use appropriate opportunities and communication systems to check that information held by the school on a child's condition is accurate and up to date.

Consent to administer medicines

- 6.13 If a child requires regular prescribed medication parents are asked to provide consent

on their child's Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at school. Unless a health care plan is in place it may be necessary for the parent to complete a medicine request form until the child has finished the course of medication or recovers from their illness.

- 6.14 All parents of children 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.
- 6.15 If a child requires regular/daily help in administering their medication then the school outlines the arrangements to administer this medication on the child's Healthcare Plan. The school and parents keep a copy of the Healthcare plan.
- 6.16 Parents of children with medical conditions or needs at this school are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child subject to their age and understanding is able to manage, carry and administer their own emergency medication.

Residential visits

- 6.17 Parents are sent a medical form prior to any residential which is to be completed and returned to the school in good time. This form requests details about the child's condition and their overall health. This provides essential and up-to-date information to relevant staff and visit support staff to help the child manage their condition while they are away. This includes information about medication not normally administered by the school.
- 6.18 All medical forms are taken by the relevant staff member on visits and for all off- site activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan. All parents of children with a medical condition attending an offsite visit or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required. The medical form also details what medication and what dose the child is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the child manage their condition while they are away. It is essential a check is made to ensure children with asthma have their inhalers with them before the party leaves the school.
- 6.19 It is considered good practice to record any medication administered to the child during the residential. This record can then be given to the child's parents on return.

7. St John Fisher Catholic Voluntary Academy provides an inclusive environment favourable to children with medical conditions or needs. This includes the physical environment, as well as social, sporting and educational activities

Exercise and physical activity

- 7.8 This school understands the importance of all children taking part in sports, games and activities.
- 7.9 This 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 children where possible. Under the Equality Act 2010 if, after reasonable adjustments have been planned, the risk assessment indicates there is an unacceptable risk to the health and safety of the individual or the group then this fact overrides the Act.
- 7.10 Teachers and sports coaches are aware of children in their care who have been advised to avoid or to take special precautions with particular activities.
- 7.11 This school ensures all PE teachers, classroom teachers and school sports coaches, youth workers, etc are aware of the potential triggers for children's' medical conditions or needs when exercising and how to minimise these triggers.
- 7.12 This school ensures all children have the appropriate medication or food with them during physical activity and that children take them when needed.
- 7.13 Children with medical needs have access to extended school activities as other pupils where reasonable adjustments have been made.

Education and learning

- 7.14 This school will take every reasonable measure to ensure full access to the curriculum, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group.

This school ensures that children with medical conditions or needs can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

- 7.15 If a child is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.
- 7.16 Teachers at this school are aware of the potential for children with medical conditions or needs to have special educational needs (SEN). Children with medical conditions or needs who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

- 7.17 This school ensures that lessons about common medical conditions or needs are incorporated into PSHE lessons and other parts of the curriculum.
- 7.18 Pupils at this school learn about what to do in the event of a medical emergency.

Residential visits

- 7.19 This school will take every reasonable measure to ensure that off-site visits are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Equality Act 2010 if, after reasonable adjustments have been planned, the risk assessment indicates there is an unacceptable risk to the health and safety of the individual or the group, then this fact overrides the Act.
- 7.20 Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions or needs are considered during this process. **A personal or individual risk assessment is carried out where appropriate.** Factors this 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 help can be obtained in an emergency.
- 7.21 This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.
- 7.22 Risk assessments are carried out before pupils start any work experience or off-site educational placement. These should be shared with the parents. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

8. The school is actively working towards reducing or eliminating these health risks.

- 8.1 The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school policy and procedures are implemented after each review.

9. Each member of St John Fisher Catholic Voluntary Academy and health community knows their roles and responsibilities in maintaining an effective medical conditions or needs policy

- 9.1 This school works in partnership with all interested and relevant parties e.g. the school's governing body, all staff, parents, employers, community healthcare professionals and pupils and children in our care to ensure the policy is planned, implemented and maintained successfully.
- 9.2 The following roles and responsibilities are used for the medical conditions or needs policy at this school. These roles are understood and communicated regularly.

THE ROLE OF THE ACADEMY COUNCIL

1. **The academy council 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.** No child with a medical condition should be denied admission¹ or prevented from taking up a place in school because arrangements for their medical condition have not been made.
2. **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. They will often be long-term, on-going and complex, and 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.**
3. **The academy council should ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. There should be recognition that some medical conditions if not managed well can be fatal.**
4. A child's health should not be put at unnecessary risk simply because they attend school.

In addition, and in line with their safeguarding duties, governing bodies should not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.

5. **Academy Council - must make arrangements to support pupils with medical conditions in school.** This may include making sure that school policies for supporting pupils with medical conditions in school are developed and implemented. They should ensure that a pupil with medical conditions is supported to enable as full participation as possible in all aspects of school life.
6. **The Head teacher** – should ensure that policies are 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 teacher should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained 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. They should also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way. They should 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.

7. **School staff** - any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. **Governing bodies should ensure that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of pupils with medical conditions that they teach.
8. **School nurse or other qualified healthcare professional** – The school nurse is responsible for notifying the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they should do this before the child starts at the school. They should have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan. They should liaise with lead clinicians on appropriate support for the child and associated staff training needs. The school nurses should work with the head teacher to determine the training needs of school staff and agree who would be best placed to provide the training. The school nurse or other suitably qualified healthcare professional should confirm that school staff are proficient to undertake healthcare procedures and administer medicines.
9. **GPs and paediatricians** (or other appropriate healthcare professional) - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.
10. **Local authorities** – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS Commissioning Board, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.
11. **Providers of health services** - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.
12. **Clinical commissioning groups** – should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.
13. **Pupils** – will often be best placed to provide information about how their medical condition affects them. They should be fully involved in discussions about their

medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Catering provider

The catering provider has responsibilities to:

- Establish communications and training for all school food service staff and related personnel at school's where they operate
- Develop and review policies and procedures regarding the provision of special diets and severe food allergies
- To assist head teachers to determine whether a school meal can be provided to children with food allergies and/or food intolerances.

The Head of Kitchen within the school will:

- receive information from the Head teacher regarding children with food allergies and food intolerances.
- ensure arrangements are in place so all kitchen staff including temporary staff know which children have a life threatening allergy (the school will provide information including a photograph which should be displayed in a discreet area in the kitchen)
- Maintain contact information with vendors and purveyors to access food content information.

Catering staff in individual schools have

- responsibility to be able to recognise those children with a life-threatening allergy.
- Have knowledge of menus, a la carte items, vending machines, recipes, food products and ingredients, food handling practices, cleaning and sanitation practices in relation to life-threatening allergies.

Responsibilities of lunch time support staff

- In the event of a suspected allergic reaction, the nearest trained volunteer in administering the Adrenalin auto-injector will be called. In addition the emergency medical services will be called immediately. (999)

Home to school transport have responsibility to:

- To carry out a risk assessment for each child to determine whether transport can be provided to transport the child safely
- Pass on appropriate information to drivers and escorts on children who are placed in their care whilst being transported between setting and home and vice-versa.
- Train escorts in exceptional procedures including the administration of medication in extreme circumstances.
- Ensure school bus drivers and escorts are trained by appropriate personnel in risk reduction procedures, recognition of allergic reactions and implementation of bus emergency plan procedures.
- Ensure each vehicle used for home to school transport has some form of communication by which to summon help in an emergency.
- Where pupils have life threatening conditions, specific transport healthcare

plans² should be carried on vehicles

10. The medical conditions or needs policy is regularly reviewed evaluated and updated.

- 10.1 This school medical condition policy is reviewed, evaluated and updated every three years in line with the school policy review timeline.
- 10.2 New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.
- 10.3 In evaluating the policy, we actively encourage any of our key stakeholders to provide feedback on the policy.
- 10.4 This school follows procedure according to Fraser Guidelines regarding the pupils' ability to take responsibility for their own medication.

APPENDIX 1

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.

Section 3 of the NHS Act 2006 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 3 of the NHS Act 2006 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.

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 legislation

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.

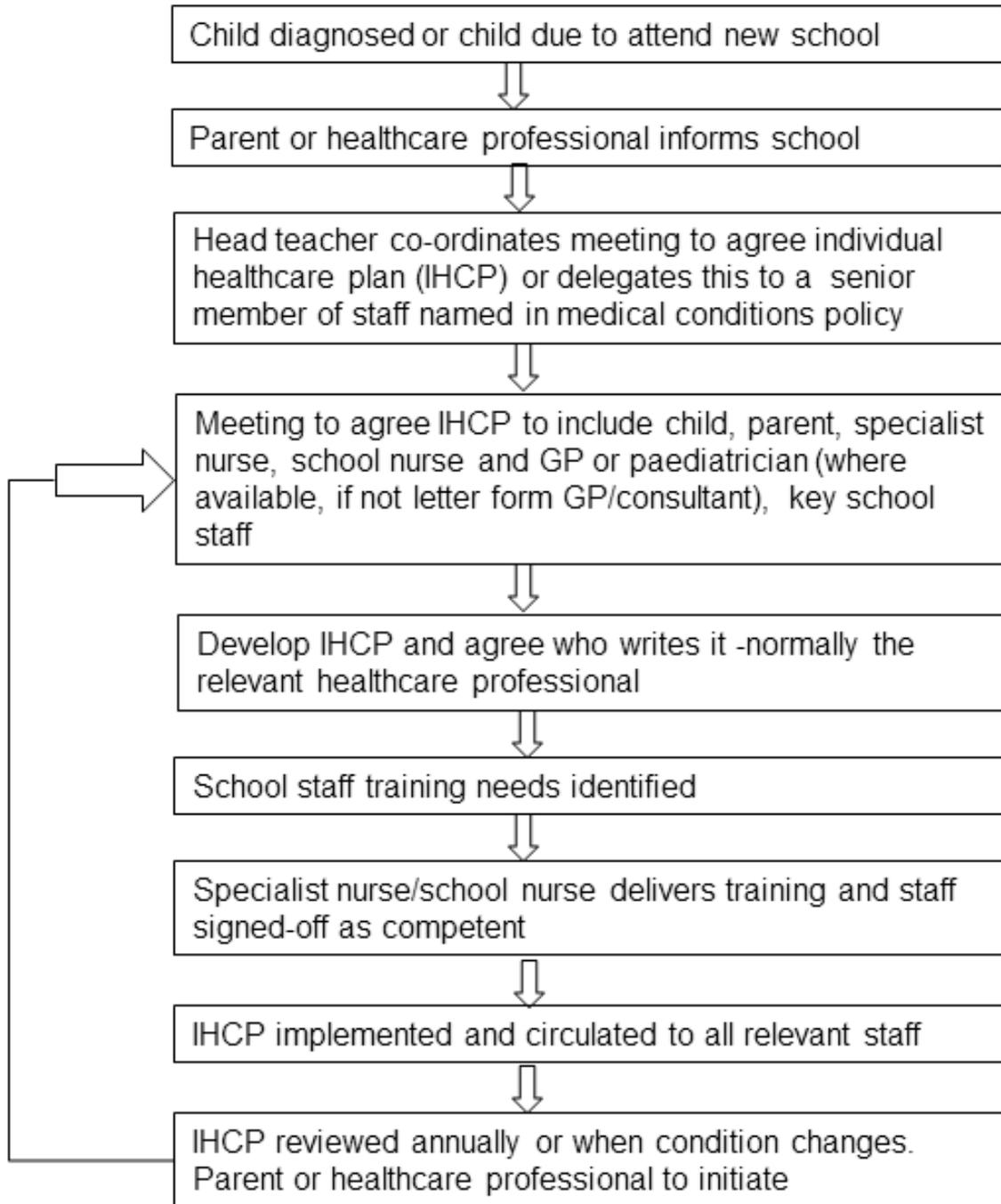
The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

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).

Special Educational Needs and Disability Code of Practice: 0-25 years 2014

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.

DEVELOPING INDIVIDUAL HEALTHCARE PLANS



Equality Impact Assessment

School	St John Fisher Catholic Voluntary Academy
Date	1.11.16
Lead member of staff	C Kernan
Other involved staff/role	M Biggin

Proposed Plan

Background/ how this proposal has come about

Reason for proposal – to introduce new practice/provision
 to change or reduce practice/provision
 to remove practice/provision

Main stakeholders

Any legislation or guidance that informs the proposals

Update of Managing Medical Conditions policy – for all pupils, staff, parents, visitors, health professionals

Is the proposal likely to have an adverse impact on compliance with the Equality Duty?

Eliminating unlawful discrimination, harassment and victimisation **Y/N**

Promoting equality of opportunity **Y/N**

Fostering good relations **Y/N**

Please explain

Consultation Process

With whom do you plan to consult? How?

Where is the evidence of the consultation?

Review of existing policy with Chair of Governors Pupil Welfare committee
Mrs Felicity Wilson, SENCO, School Nurse, AHT

Discussion with Governors – SEN / Pupil Welfare Committee meeting
08.11.16 Minuted

Potential Issues NONE

Characteristic	Impact of proposal (specify if impact is to pupil, parent/carer, staff, governor, other)	Positive Negative Neutral	Can barrier be removed? Y/N
Disability		Neutral	
Race		Neutral	
Sex		Neutral	
Gender reassignment		Neutral	
Pregnancy, maternity		Neutral	
Religion/belief		Neutral	
Sexual orientation		Neutral	
Marriage, civil partnership		Neutral	
Age		Neutral	

Explain in more detail