

Heathcote Primary School



Supporting Children in School with Medical Conditions

Date adopted by Governors:	May 2020
Date for policy review:	May 2022
Person responsible for review:	Senior Leadership Team
Signed by Chair of Governors	May 2020

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Background

The number of pupils with medical needs in mainstream school is rising. This policy aims to provide guidance to staff and parents* in coping with and balancing this increasing demand so that such children can access and enjoy the same opportunities at school as any other child. The focus will be on the needs of each individual child and how their medical condition impacts on their school life and ability to learn, as well as increasing confidence and promoting self-care.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

Related documentation

Supporting Pupils at school with medical conditions – DfE December 2015

Legal Framework

School and the Governing Body are responsible for the health and safety of pupils in their care. This is enshrined in *The Health and Safety at Work Act (HSWA) 1974*. *The Education Act of 1993* and the *Medicines Act of 1968* are relevant to schools in dealing with pupils with medical needs.

Children with SEN will not necessarily have medical needs. For those who do, the *Code of Practice* sets out procedures for identification and assessment. Health Authorities will be expected to comply with requests for assistance from the LA.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. However, there is no legal or contractual duty on school staff to administer medicines or to supervise pupils taking it. This is a voluntary role although some staff may have specific duties to provide medical assistance as part of their contract. The school will ensure that staff who do either of these are covered by the school's insurance policy and are suitably trained and competent. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in exceptional circumstances, extend to administering medicines and/ or taking action in emergency situations.

Policy Statement

Heathcote Primary School is an inclusive community that welcomes and supports pupils with medical conditions.

This school provides all pupils with any medical condition 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 wellbeing once they leave school.

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

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

Policy framework

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term medical conditions.

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1. This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn. All staff understand their

duty of care to children and young people and know what to do in the event of an emergency.

- The whole school and local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

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

- Stakeholders should include pupils, parents, school nurse, school staff, governors, the school employer, relevant local health services and relevant supporter organisations.

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

- Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

4. All children with a medical condition should have an individual healthcare plan (IHP).

- An IHP details exactly what care a child needs in school, when they need it and who is going to give it.
- It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

5. All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- A child's IHP should, explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

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

- All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. It may be appropriate to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis and parents' permission sought. In such cases staff have specific cover from the CAT for 'Occasional Business Use'.

7. This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- This school will make sure that there are more than one members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place which is guaranteed by the Community Academies Trust (CAT).
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality. When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

8. This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.
- Pupils may carry their own medication/equipment, or they should know exactly

where to access it.

- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.
- This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.
- Pupils cannot carry controlled drugs. The school does not keep controlled drugs and would only administer a controlled drug to a pupil once the staff member has had specialist training and provision made for secure storage of the drug.

9. This school has clear guidance about record keeping.

- Parents at this school are asked if their child has any medical conditions on the enrolment form.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- This school has a centralised register of EHCPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents before sharing any medical information with any other party.
- This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

10. This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

- This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support (Appendix

9), to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

11. This 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.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENDCo who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication equipment or support that

may be required.

12. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

13. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

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

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- This school is committed to keeping in touch with a child when they are unable to attend school because of their condition.

15. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses

and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

*The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.

This policy should be read in conjunction with the school's Health & Safety policy, Managing Accidents in School policy, and other relevant local and national Health and Safety documentation.

Appendix 1: Educational Healthcare Plan for A pupil with Medical Needs

Child's Name:
Address:
NHS No:
Date of Birth:
Condition:
Class / Form:
Name of School:

<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; padding-top: 40px;">Photo</div>	
Date:	
HCP review date:	

Contact information:

Family Contact 1:
Name:
Relationship:
Contact Numbers:
Home:
Work:
Mobile:
GP Name:
Contact Number:
Consultant Name:

Family Contact 2:
Name:
Relationship:
Contact Numbers:
Home:
Work:
Mobile:
School Nurse:
Contact Number:
Address:

Health Care Plan

Pupil's Name:
NHS Number:
Date:
Medication and Dosage:

Condition/Specific Problems:	
Specific Requirements:	
If unwell at school:	
School staff training (if applicable)	
In the event of an emergency school staff to ensure that:	
Parent/carer's signature	Date:
School Nurse signature:	Date:
School signature:	Date:

Appendix 2:

Accident/Incident/Near Miss Report Form

1. Definition of Accident/Incident (see appendix 1) – tick one box only* (* - Mandatory Field)

Minor injury		Injury/ill health		Near miss/dangerous occurrence	
Verbal/physical assault		Road traffic incident		Environmental	

2. Directorate:

Children, Young People and Families

Establishment/Premises:*

Heathcote Primary School, Deansway, Heathcote Park,
Warwick CV34 5DF

Sections A, B, C and D to be completed by injured person if possible

A. PERSONAL DETAILS OF INJURED PERSON (IF REPORTING A NEAR MISS / DANGEROUS OCCURRENCE OR AN ENVIRONMENTAL INCIDENT GO TO SECTION B)*

Surname*			Forenames*			
Male*	<input type="checkbox"/>	Home address*				
Female*	<input type="checkbox"/>					
Age*	<input type="text"/>					
Home Telephone No. (if known)			Post Code*			
Status:*	Employee	<input type="checkbox"/>	Pupil or Student	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
	Work Experience/14-19	<input type="checkbox"/>	Agency Staff	<input type="checkbox"/>	Customer	<input type="checkbox"/>
			Volunteer	<input type="checkbox"/>	Trainee	<input type="checkbox"/>
			Member of Public	<input type="checkbox"/>		
Employee, Job Title*					Full time*	<input type="checkbox"/>
					Part time*	<input type="checkbox"/>

B. DETAILS OF ACCIDENT/DANGEROUS OCCURRENCE (please continue on separate sheet)*

B.1	Exact address where incident occurred*	Exact location of incident*	
Date of accident/incident:*		Time of accident incident:*	am/
B.2*	Describe the circumstances (please provide as much information as possible including contributing factors e.g. weather, floor condition, noise, lighting, using PPE, involved other people, doing something out of the normal job remit, not trained to do, any chemical/equipment involved, etc.) Continue on separate sheet if required		
B.3*	What immediate action was taken: e.g. first aid given, who was notified (internal and external), area made safe, spill cleared up, equipment taken out of use etc.		
B.4	Witness form (see Appendix 2), if required		
Name, address and tel. of witnesses			

(* - Mandatory Field)

Appendix 2 continued:

C. DETAILS OF ANY INJURY*

Part of body affected (e.g. arm, leg) include left/right (see appendix 3)*	
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D. EXTENT OF INJURY*

D1 Outcome of incident

Fatal injury ☐ Sent/taken home ☐ Sent/taken to hospital (see D2 a – f) ☐ Prevented from working for more than 3 days ☐ Returned to normal activity* ☐

D.2 If injured person was taken directly from the scene of the accident to hospital please complete	Details
a. How were they taken? (ambulance, car etc.)	
b. When were they taken? (immediately, end of day etc.)	
c. Who took them? (colleague, parent etc)	
d. Was first aid administered? (yes / no)	
e. If yes, what first aid was given?	
f. Were they detained in hospital for over 24 hours?	

D.3 Type of injury (see appendix 4)*	
--------------------------------------	--

Sections E and F to be completed by Headteacher or Deputy Headteacher in Nursery/Primary Schools, Headteacher / Deputy Head or Health and Safety Responsible Person in Secondary/Special Schools

E. KIND OF ACCIDENT* (select from appendix 5) (If 'fall from height' state how far above or below ground*)

--

F. ACTION TO PREVENT RECURRENCE * (please continue on separate sheet)

What action are you taking to prevent recurrence? Specify the cause and the action that can be taken to prevent it from happening again. If the appears to be no cause of the accident, this needs to be stated). If a risk assessment or safe system of work has been reviewed following the accident, details should be given on any additional measures to be implemented.

--

When will it be implemented?*

/ /

Signed by Head/Deputy/ Health and Safety Responsible Person*

Signature	Print Name
Job Title	Date

Appendix 3: Consent for the Administration of Medication in School

Name of School	
Name of child	
Date of birth (dd/mm/yyyy)	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by[name of member of staff]	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that we need to know about?	
Self administration	Yes/No (delete as appropriate)
Procedures to take in an emergency	

Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

✓ I understand that I must deliver the medicine personally to [agreed member of staff] and that Medicines should be in the same container as dispensed by the pharmacy.

✓ The above information is to the best of my knowledge accurate at the time of writing and I understand that I must notify the school of any changes in writing.

Date: _____ Parent's Signature

I consent to staff administering the above to my child.

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Appendix 4:

Heathcote Primary School Record for the administration of medicine

Child's name	Date/Time	Medication	Dose	Signatures

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Appendix 5:

FORM OSA2 (2007) (Young Person)

Consent to Activity, Medical Details and Treatment Form

Name of Young Person:

.....

Date of Birth..... Male.....Female.....

Home address: Tel.No:

Name of Education Establishment:

.....

Visit to:

From: (date) To:.....(date)

Emergency contact telephone numbers (home/mob/work)

1).....

2).....

3).....

Name, address and tel. no. of own doctor

.....

.....

Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, attention deficiency, hyper activity or any other condition, illness or disability? If so, please give details:

.....

.....

Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug? If so, give details)

.....

.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Party Leader)

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Appendix 6:

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Appendix 5: **Consent to Activity, Medical Details and Treatment Form** (Continued)

Are there any reasons that you know of that stops he/she from participating fully in the planned activities?

.....

Are there any activities in which he/she should not participate?

.....

.....

Date of anti-tetanus injection (if known)

.....

Is there any other relevant information which the party Leader should be aware of?

.....

.....

.....

Please indicate any special food dietary/requirements where applicable:

.....

.....

I wish my child to take part in the journey/activities and having read the information provided, agree to his/her taking part in any or all of the activities described.

.....

.....

I understand that, while the staff in charge of the party will take all reasonable care of the Young People, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising through the visit.

Name (Please print).....Signature.....Date.....

** All journeys and activities carry some amount of risk.*

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Appendix 6: Managing Accidents in School

Appendix 7:

Illness / Injury

1. Please take children complaining of illness or injury to the first area in the playground.
2. If staff are concerned about the welfare of a pupil they should contact the School Office immediately and request a member of SLT to attend
3. If an injury has been sustained, and if the child is immobile, then the child should not be moved.
4. An initial assessment will be made by a qualified First Aider / designated member of staff.
5. A minimum of two adults (where possible) will attend the child to ensure that a second opinion is sought and that child protection guidelines are adhered to.

Follow-up

1. Parents are contacted if there are any doubts over the health or welfare of a pupil.
2. If a child appears to recover after an identified period of time, he or she may return to their classroom for the remainder of the day.
3. Parents should be contacted at the end of the day informing them of the incident to ensure continuity of care for the child. (telephone, letter or face-to-face contact). If the children attend **Polkadot**, then staff should be notified.
4. If a child, returning to their classroom subsequently complains of feeling unwell or in pain again then they should return to the School Office and parents should be contacted immediately to arrange for collection or a visit to the Doctor or hospital.

Serious incidents are recorded in the accident book and the slip sent to parents. **Head injuries** must be reported to the Deputy / Admin staff so that parents can be contacted by telephone.

More serious accidents or incidents of violence are recorded in the Class Incident book, are investigated by the appropriate member of staff and, if necessary, referred to the phase leader, Deputy or Head teacher.

- In the event of a serious accident an ambulance is called and a member of staff accompanies the pupil to hospital. Parents are asked to go immediately to the hospital.
- It may be appropriate to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis and Parents permission sought. In such cases staff should ensure they have specific cover from their insurance company.
- In the event of a more serious accident, some form of investigation should take place and where possible steps should be taken to prevent the same accident from re-occurring. **An accident report form must be completed with the H & S manager.**

Staff Injury

- Staff should complete the accident book for employees if they sustain an injury at work. The book can be obtained from the School Office.
- An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed.
- The member of staff or other supervising adult concerned should seek medical advice without delay.

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Appendix 7:

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

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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).

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Appendix 8:

Further advice and resources

The Anaphylaxis Campaign

PO Box 275
Farnborough
Hampshire GU14 6SX
Phone 01252 546100
Fax 01252 377140
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Asthma UK

Summit House
70 Wilson Street
London EC2A 2DB
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK

Macleod House
10 Parkway
London NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Long-Term Conditions Alliance

202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640
info@ltca.org.uk
www.ltca.org.uk

Department for Children, Schools and Families

Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone 0870 000 2288
Textphone/Minicom 01928 794274
Fax 01928 794248
info@dcsf.gsi.gov.uk
www.dcsf.gov.uk

Council for Disabled Children

National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 1900
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

National Children's Bureau

National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 6000
Fax 020 7278 9512
www.ncb.org.uk

HEATHCOTE



Primary School

Where possible, please call upon the nearest First Aider
**The First Aider that is called upon initially is responsible
for recording the accident/injury.**