

WILLIAM MORRIS PRIMARY SCHOOL



SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL

MEDICAL CONDITIONS POLICY

Mrs N Bull

**Executive Headteacher
September 2015**



Rationale

Singlegate and William Morris Primary Schools are an inclusive community that aims to support and welcome children with medical conditions. The schools aim to provide all children with all medical conditions the same opportunities as others in school.

We will help to ensure they can:

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

The school ensures 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 serious and can be potentially life threatening, particularly if ill managed or misunderstood.

This school understands the importance of medication being taken as prescribed.

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

1. Both schools are inclusive communities that aim to support and welcome children with medical conditions.
2. Both 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.
3. The Medical Conditions Policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.

3. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.
4. All staff understand and are trained in the school's general emergency procedures.
5. Our schools have clear guidance on the administration of medication at school.
6. Our schools have clear guidance on the storage of medication at school.
7. Our schools have clear guidance about record keeping.
8. Our schools ensure that the whole school environment is inclusive and favorable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
9. Our schools are aware of the common triggers that can make common medical conditions worse or can bring on an emergency. Our schools are actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.
10. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective Medical Conditions Policy.
11. The Medical Conditions Policy is regularly reviewed, evaluated and updated. Updates are produced every year.
12. The Medical Conditions Policy is regularly reviewed, evaluated and updated.

This school is an inclusive community that aims to support and welcome children with medical conditions

1. Both schools understand that they have a responsibility to make the school welcoming and supportive to children with medical conditions who currently attend and to those who may enroll in the future.
2. Both schools aim to provide all children with all medical conditions the same opportunities as others at school.

3. Children with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

4. Both schools aim to include all pupils with medical conditions in all school activities. Medical intervention in school time should be minimised to ensure full access to the curriculum.

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

6. Both schools ensure that all staff understand their duty of care to children and young people in the event of an emergency.

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

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

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

10. The Medical Conditions Policy is understood and supported by the whole school and local health community.

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

This school's Medical Conditions Policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings

- children with medical conditions
- parents
- school nurse
- Executive Headteacher
- teachers
- Special Educational Needs Coordinator
- members of staff trained in first aid
- local emergency healthcare staff (such as accident and emergency staff and paramedics)

- all Governors.
- a. The views of children with various medical conditions were actively sought and considered central to the consultation process.
- b. All key stakeholders were consulted in two phases:
 - initial consultation during development of the policy
 - comments on a draft policy before publication.
- c. Our schools recognise the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

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

A. Parents are informed and regularly reminded about the Medical Conditions Policy:

- by including the policy statement in the school brochure
- at the start of the school year when communication is sent out about Healthcare Plans
- in the school newsletter at several intervals in the school year
- when their child is enrolled as a new pupil
- via the school's website, where it is available all year round
- through school-wide communication about results of the monitoring and evaluation of the policy.

B. School staff are informed and regularly reminded about the Medical Conditions Policy:

- through copies handed out at the first staff meeting of the school year and before Healthcare Plans are distributed to parents
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas in the school
- through school-wide communication about results of the

- monitoring and evaluation of the policy
- all supply and temporary staff are informed of the policy and their responsibilities.

C. Relevant local health staff are informed and regularly reminded about the school's Medical Conditions Policy:

- by letter accompanied with a printed copy of the policy at the start of the school year
- via primary care trust (PCT) links and the school/community nurse
- through communication about results of the monitoring and evaluation of the policy.

D. All other external stakeholders are informed and reminded about the school's Medical Conditions Policy:

- by letter accompanied with a printed copy of the policy summary at the start of the school year
- through communication about results of the monitoring and evaluation of the policy.

E. The Governing Body agrees this policy and regularly reviews it (at least every 2 years).

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

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

b. Staff at this school understand their duty of care to children in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

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

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

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

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

g. Staff should not take children to hospital in their own car.

h. Singlegate and William Morris Primary School have procedures in place so that a copy of the child's Healthcare Plan is sent to the emergency care setting with the child. 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.

i. Singlegate and William Morris Primary School have made arrangements with the local hospital to ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency.

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

a. All children at Singlegate and William Morris Primary School with medical conditions have easy access to their emergency medication.

b. All children are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition.

c. Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

d. 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.

e. 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.

f. Singlegate and William Morris Primary School understands the importance of medication being taken as prescribed.

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

h. There are several members of staff at both schools who have been designated to administer medication.

i. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the child's parent.

j. Training is given to all staff members who agree to administer medication to children, where specific training is needed. The local authority provides full indemnity.

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

m. Parents at both schools 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.

n. If a child refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

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

p. All staff attending off-site visits are aware of any children with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment

needed.

q. If a trained member of staff, who is usually responsible for administering medication, is absent, alternative arrangements are planned to provide the service. This is always addressed in the risk assessment for off-site activities.

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

Both schools have clear guidance on the storage of medication at school.

a. Emergency medication is readily available to children 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 up, the keys are readily available and not held personally by members of staff.

b. Most children carry their emergency medication on them at all times. Children keep their own emergency medication securely.

c. Some children at this school are reminded to carry their emergency medication with them.

d. Children, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

e. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Children with medical conditions know where their medication is stored and how to access it.

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

g. There is an identified member of staff who ensures the correct storage of medication at school.

h. All controlled drugs are kept in a locked cupboard and only named staff have access, even if children normally administer the medication themselves.

- i. Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- j. The identified member of staff, along with the parents of children with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the child's name, the name and dose of the medication and the frequency of the dose. This includes all medication that children carry themselves.
- k. All medication is supplied and stored, wherever possible, in its original containers. All medication is labeled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- l. Medication is stored in accordance with instructions, paying particular note to temperature.
- m. Some medication for children may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labeled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised children or lockable as appropriate.
- n. All medication is sent home with children at the end of the school year. Medication is not stored in summer holidays.
- o. 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.
- p. Parents at both schools are asked to collect out-of-date medication.
- q. 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.
- r. Mrs Carol Searle and Miss Nikki Newell are responsible for checking the dates of medication and arranging for the disposal of any that has expired. This check is done at least three times a year and is always documented.

Both schools have clear guidance about record keeping

- a. Parents at both schools are asked if their child has any health conditions or health issues on the registration form, which is filled out at the start of each school year. Parents of new children starting at other times during the year are also asked to provide this information on enrolment forms.
- b. Singlegate and William Morris Primary 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. (See Appendix 1)
- c. If a child has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the child's parents to complete. (See Appendix 2)
- d. The parents, healthcare professional and child with a medical condition, are asked to fill out the child's Healthcare Plan together. Parents then return these completed forms to the school.
- e. Both schools ensure that a relevant member of school staff is also present, if required, to help draw up a Healthcare Plan for children with complex healthcare or educational needs.
- f. Healthcare Plans are used to create a centralised register of children with medical needs. An identified member of staff has responsibility for the register at this school.
- g. The responsible member of staff follows up with the parents any further details on a child's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.
- h. Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- i. Staff use opportunities such as PAR days to check that information held by the school on a child's condition is accurate and up to date.
- j. Every child with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

- k. Healthcare Plans are kept in a secure central location at school.
- l. Apart from the central copy, specified members of staff (agreed by the child and parents) securely hold copies of children's Healthcare Plans. These copies are updated at the same time as the central copy.
- m. All members of staff who work with groups of children have access to the Healthcare Plans of children in their care.
- n. When a member of staff is new to a group of children, for example due to staff absence, both schools make sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.
- o. This school ensures that all staff protect children's confidentiality.
- p. If a child requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for children taking short courses of medication.
- q. 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.
- r. If a child requires regular/daily help in administering their medication then both schools outline the agreement to administer this medication on the pupil's Healthcare Plan. Both schools and the parents keep a copy of this agreement.
- s. Parents of children with medical conditions at both schools 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 is able to manage, carry and administer their own emergency medication.

Consent to administer medicines

- a. If a child requires regular prescribed or non-prescribed medication at school, 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 separate form is used with parents for children taking short courses of medication.

Residential visits

- a. 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's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the child manage their condition while they are away. This includes information about medication not normally taken during school hours. These forms are provided by the organisation that runs the residential visit.
- b. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan.
- c. All parents of children with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- d. The residential visit 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.

Other record keeping

Both schools keep an accurate record of each occasion an individual child is given or supervised taking medication. Details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents are informed as soon as possible. See Appendix 1 – Form 3a and 3b.

Both schools hold training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. 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.

This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

Both schools ensure that the whole school environment is inclusive and favourable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

- a. Both schools are committed to providing a physical environment that is accessible to children with medical conditions.
- b. Children with medical conditions are included in the consultation process to ensure the physical environment at the school is accessible.
- c. Both school's commitment to an accessible physical environment includes out-of-school visits. Both schools recognise that this sometimes means changing activities or locations.

Social interaction

- d. Singlegate and William Morris Primary School ensures the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- e. Singlegate and William Morris Primary School ensures the needs of children with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
- f. All staff are aware of the potential social problems that children with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's Behaviour For Learning Policy.
- g. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst children and to help create a positive social environment.

Exercise and physical activity

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

i. 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.

j. 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.

k. Singlegate and William Morris Primary School ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for children's medical conditions when exercising and how to minimize these triggers.

m. Both schools ensure that all children have the appropriate medication or food with them during physical activity and that children take them when needed.

n. Both schools ensure that all children with medical conditions are actively encouraged to take part in extra-curricular activities and team sports.

Education and learning

o. Both schools ensure that children with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

p. 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.

q. All are aware of the potential for children with medical conditions to have special educational needs (SEN). Children with medical conditions who are finding it difficult to keep up with their work are referred to the SEN coordinator. The SEN coordinator consults the child, parents and the child's healthcare professional to ensure the effect of the child's condition on their schoolwork is properly considered.

r. Children learn about what to do in the event of a medical emergency.

Residential visits

s. Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all children 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.

t. Both schools understand that there may be additional medication, equipment or other factors to consider when planning residential visits. Both schools consider additional medication and facilities that are normally available at school.

u. Risk assessments are carried out before children start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the child. Permission is sought from the child and their parents before any medical information is shared with an employer or other education provider.

This school is aware of the common triggers that can make 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

a. This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

b. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

c. The school has a list of common triggers for the common medical conditions at this school. The school has written a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks.

d. Written information about how to avoid common triggers for

medical conditions has been provided to all school staff.

e. This school uses Healthcare Plans to identify individual children who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual children remain safe during all lessons and activities throughout the school day.

f. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

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

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

a. Both schools work in partnership with all interested and relevant parties including the school's Governing Body, all school staff, parents, employers, community healthcare professionals and children to ensure the policy is planned, implemented and maintained successfully.

b. The following roles and responsibilities are used for the Medical Conditions Policy at this school. These roles are understood and communicated regularly.

This school's Executive Headteacher has a responsibility to:

- ensure both schools are inclusive and welcoming and that the Medical Conditions Policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including children, all school staff, special educational needs coordinators, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children's Healthcare Plans

- ensure child confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the Medical Conditions Policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from children, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about the implementation of the Medical Conditions Policy.

Lead member of staff for children with medical conditions.

This role will have lead responsibility for the implementation and review of the policy.

All staff at both schools have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's Medical Conditions Policy
- know which children in their care have a medical condition and be familiar with the content of the child's Healthcare Plan
- allow all children 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 who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of children with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on children (children should not be forced to take part in any activity if they feel unwell)
- ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when

needed.

The school nurse at both schools has a responsibility to:

- help update the school's Medical Conditions Policy including recommending training
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

First aiders at both schools have a responsibility to:

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

The Special Educational Needs Coordinator has the responsibility to:

- help update the school's Medical Condition Policy
- know which children have a medical condition and which have special educational needs because of their condition
- ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements during statutory assessment tests.

Individual doctors, and specialist healthcare professionals caring for children who attend both schools, have a responsibility to:

- complete the child's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
- ensure the child knows how to take their medication effectively
- ensure children have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and children with medical conditions (with

- the consent of the pupil and their parents)
- understand and provide input in to the school's Medical Conditions Policy.

Emergency care service personnel in this area have a responsibility to:

- have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- understand and provide input in to the school's Medical Conditions Policy.

The children at both schools have a responsibility to:

- treat other children with and without a medical condition equally
- tell their parents, or a staff member, when they are not feeling well
- let a member of staff know if another child is feeling unwell
- let any child take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

The parents of children at both schools 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 visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name

- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child 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
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

The DfE guidance 2014 lists the following unacceptable practices. This Guidance notes these issues and notes that it is important that there is a dialogue between school and parents so that the parent feels confident in the processes.

Unacceptable practice:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

See the accompanying document 'Supporting Pupils at School with Medical Conditions 2014' for more information.

The Medical Conditions Policy is regularly reviewed, evaluated and updated.

- a. This school's Medical Condition Policy is reviewed, evaluated and updated every year.
- b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.
- c. In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the Medical Conditions Policy with a wide-range of key stakeholders within the school and health settings.

These key stakeholders include:

- children
- parents
- school nurse and/or school healthcare professionals
- Executive Headteacher
- teachers
- Special Educational Needs Coordinator
- first aider
- all other school staff
- local emergency care service staff (including accident and emergency and ambulance staff)
- local health professionals
- Governors.

- d. The views of children with various medical conditions are actively sought and considered central to the evaluation process.