

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING
MEDICINES IN SCHOOLS POLICY 2017



Walter Infant School

**SUPPORTING PUPILS WITH MEDICAL
CONDITIONS AND MANAGING
MEDICINES IN SCHOOL POLICY**

Version	Action	By	Date
1	Approved	Full Governing Body	11 th July 2017

Responsibility of: Audit and Review Committee and the Headteacher
Date of Review: Summer Term 2018

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

'To be the best I can be'

Walter Infant School is committed to ensuring that we are a fully inclusive school and that we will enable children with medical conditions to attend school regularly and support them with the administration of any prescription medicines they may need during their time at school.

SUPPORT FOR CHILDREN WITH MEDICAL CONDITIONS

Purpose of this document

This document sets out how Walter Infant School will ensure that any pupil with medical needs is enabled to take the fullest part in the opportunities for learning presented to **all** pupils. It sets out how we will make arrangements in line with the statutory guidance for maintained schools and academies.

Background

The Children and Families Act 2014 places a duty on governors to make arrangements for supporting pupils at their school with medical conditions. The Department for Education (DfE) have produced statutory guidance for schools and this can be accessed at

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Many children and young people with medical needs will have lifelong conditions and others may have medical needs which are temporary; both may change over time. Pupils with medical conditions may require support at school to manage their support due to absence or with the emotional impacts which are often associated with medical conditions. Some pupils with medical conditions will also have special educational needs (SEN) which are supported through an Education, Health and Care (EHC) Plan. Where this is the case, we will integrate the Health Care planning into the EHC plan. Where pupils have a current Statement of SEN, we will review the Health Care Plan alongside the Statement of SEN annual review process.

Our commitment to Pupils and Families

This policy sits alongside the school's SEN policy. The underlying aim of both policies is to ensure that **all** pupils in our school can fully participate in any aspect of school life, and those with additional needs can play a full and appropriate part in developing their plans and provision, and are enabled to manage their condition with increasing independence and confidence.

Where pupils have medical needs, Walter Infant School **will**:

- Follow the model process for developing Health Care Plans
- Ensure that sufficient staff is trained to support pupils with specific medical needs, including cover for staff absence and turnover
- Ensure that all relevant staff is made aware of the pupil's condition. This is the responsibility of the Headteacher
- Ensure any supply teachers are briefed. This is the responsibility of the headteacher

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

- Ensure that risk assessments are undertaken for school visits, holidays and activities outside the normal school day. This is the responsibility of the Educational Visits Coordinator
- Monitor individual Health Care plans. This is the responsibility of the school Inclusion Manager

School staff will always use their professional discretion when managing pupil behaviour, and the information provided to them will ensure that the decisions they make are not discriminatory and support reasonable adjustments.

As a school **we will not normally:**

- 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 we may sometimes query it)
- 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 Health Care 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, recovery time following illness or treatment
- 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
- prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Parents and carers have the prime responsibility for their child's health and should provide our school staff with all the relevant information needed to enable us to manage their child's medical condition in school. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed.

Parents should provide the School Office with full information about their child's medical needs, including details of medicines their child needs.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

PRESCRIBED MEDICINES

Medicines should only be brought to School when essential and when it would be detrimental to a child's health if the medicine were not administered during the school day. The school day at Walter Infant School is from 8:30 – 11:30 or 12:30 to 3:30 for F1, 8:45 – 3:15 for F2 and 8:40 - 3:20 for KS1. Arrangements with any before and after school care will have to be organised separately with the provider.

Walter Infant School can only accept medicines that have been prescribed by a doctor. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, date prescribed and dosage. We will not accept any medicines that are out of date or undated.

Walter Infant School staff cannot accept medicines that have been taken out of the containers in which they were originally dispensed in, nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are requested to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

SHORT TERM MEDICAL NEEDS

Many children will need to take medicines during the day at some time during their time in School. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion.

However, such medicine should only be taken to School where it would be detrimental to a child's health if it were not administered during the day. Again, they must be supplied in their original container, with the prescribers' dosage instructions and written consent from a parent or guardian (Appendix 1). Medicines are kept in a fridge in the staff room if this is required.

LONG TERM MEDICAL NEEDS

Some children will have long-term medical needs which will need to be met on a daily or occasional basis depending on the circumstances. Walter Infant School has a team of willing and able staff to ensure procedures and protocols are followed rigidly. In order to ensure that we are compliant with Health and Safety expectations we will require all or some of the following information for each child:

- Details of a child's condition
- Special requirements, eg dietary needs, pre-activity precautions
- Any side effects of the medicines prescribed
- What constitutes a medical emergency for the child
- What action to take in an emergency to allow us to prepare a risk assessment and Personal Education Evacuation Plan (PEEP)
- What not to do in the event of a medical emergency

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

- Who to contact in an emergency
- The role the staff can play to support the child during a medical emergency

ADMINISTERING MEDICINES

No child under 16 can be given medicines without their parent's written consent - a form is available from the school office or from the school website (Appendix 1) . Any member of staff giving medicines to a child will check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

Walter Infant School keeps a Medicine Record Book (Appendix B) which records the date and time the medicine is given, the name of the child, medicine (including inhalers) and the name of the person administering the medication. A slip notifying the parent of such action is sent home to enable the parents to be fully informed about the medical conditions of their child.

Walter Infant School also keep records detailing the administration of medicines detailing medicine, dosage, time and date administered so that all colleagues are fully informed and to ensure that there is no risk of administering too much medicine.

If in doubt about any procedure staff will not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue will be discussed with the parent, if appropriate, or with a health professional attached to the School or setting.

SELF-MANAGEMENT

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and Walter Infant School encourages this.

Children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

For conditions such as asthma, diabetes and severe allergies, children's medication is kept securely at school. All staff know where the medicines are stored. Staff will supervise children administering their medicine in the medical and First Aid area in school.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

Children with a short term need to finish a course of prescribed medicine may also bring their medicines to School. Children will have the medicine given to them only after a medical consent form has been filled in at the School Office.

NON-PRESCRIPTION MEDICINES

Non-prescription medicines should not be brought to School unless there are mitigating circumstances. These will be reviewed on a case by case basis. Children must not bring their own medicines into school to keep in their bags, including lozenges or pastilles.

REFUSING MEDICINES

If a child refuses to take medicine, staff will not force them to do so. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the School's emergency procedures will be followed.

RECORD KEEPING and MEDICAL CONSENT

Parents should tell the School about the medicines that their child needs to take and provide details of any changes to the prescription or the support required in writing. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects if known
- Expiry date

INDIVIDUAL HEALTH CARE PLAN (IHCP)

Purpose of an Individual Health Care Plan

The main purpose of an Individual Health Care Plan for a child with medical needs is to identify the level of support that is needed (Appendix 3). Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

An IHCP clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

TRIPS AND VISITS

Children with medical needs will be encouraged to participate in trips and visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be made aware of any medical needs and relevant emergency procedures by the parent on the consent form. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If our school staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, advice will be sought from parents and/or health professionals.

ROLES AND RESPONSIBILITIES

Parents and Carers should provide the Head Teacher with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the Head, reach agreement on the School's role in supporting their child's medical needs, in accordance with the School's policy. Completion of an Individual Healthcare Plan will ensure all staff are aware of a child's medical needs (Appendix 3). The Head will seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

For a child with medical needs, the Head will need to agree with the parents exactly what support can be provided.

It is the parents' responsibility to ensure that all medicines held in school are in date and fit to be administered when required.

Parents should keep any child at home when they are acutely unwell in order to reduce the spread of infection. This is to protect other children with medical conditions such as asthma and diabetes, for whom illness can produce complications.

If a child experiences sickness or diarrhoea from any cause, including a reaction to certain foods (unless a known allergy) they must not return to school until 48 hours after their last bout of sickness or diarrhoea to avoid spreading viruses and infections to others, including staff.

Teachers and Other Staff will have access to information on children's medical conditions and action to take in an emergency, provided the parents have given consent for this. Teachers will take all reasonable care to accommodate medical needs in their lesson planning.

The school will keep parents regularly informed about healthcare matters via the school newsletter.

In addition to the responsibilities which the governing body has, ensuring the safety and wellbeing of pupils requires input from a number of practitioners and the

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

statutory guidance sets out the responsibility of all parties. These are set out in a table and appear as Appendix 4.

STORING MEDICINES

Large volumes of medicines should not be stored. School will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines (including insulin) will be stored strictly in accordance with product instructions (paying particular note to temperature which will be recorded) and in the original container in which it was dispensed. Parents should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container and have separate permission forms completed. It is the responsibility of the parents or carers to ensure that medicines do not go out of date by monitoring expiration dates and replacing medicines which have expired.

Children will be made aware of where their own medicines are stored. The Head is responsible for making sure that medicines are stored safely.

ACCESS TO MEDICINES

Children need to have immediate access to their medicines when required.

DISPOSAL OF MEDICINES

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each day/term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Walter Infant School will dispose of used Epi-pens and any equivalent equipment appropriately in the School's Sharps Container.

EMERGENCY PROCEDURES

Medical Emergency

All Health Care plans contain personalised information on what staff need to do in a medical emergency.

In the event of a medical emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If a parent is unable to get to School, a member of staff will accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

To ensure that the best response is able to be provided, staff calling emergency aid will use the prompt in Appendix 5.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

Emergency Evacuation

All children with restricted mobility due to either a long term or short term disability will have a Personal Education Evacuation Plan (PEEP). This document states who is responsible for ensuring the child is evacuated safely in an emergency situation. It also states how this will happen and the route that will be taken. An example PEEP can be found in Appendix 6.

Please see the Rainbow plan for details of dealing with emergencies.

CO-ORDINATING INFORMATION

Co-ordinating and sharing information on an individual pupil with medical needs will be done with parental consent to ensure the child's safety. A medical register is kept with details of name, year group, medical conditions and treatment for all pupils with a medical condition unless permission is withheld.

CONFIDENTIALITY

The Head and staff will always treat medical information confidentially. The Head will agree with the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

MANAGING MEDICAL CONDITIONS

Asthma

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicine. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and Walter Infant School will encourage this.

Children who are able to use their inhalers themselves will be encouraged to do so under supervision. If the child is too young staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the School if required. Children should have a reliever inhaler with them when they are in School. Staff in school are regularly trained in the treatment of asthma.

Diabetes

Children with diabetes will be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Children with diabetes should bring an 'emergency snack box' containing glucose tables or a sugary drink to

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

School. This can be kept in the Medical Room. School would liaise closely with parents and the Diabetic Care team regarding individual plans for pupils with diabetes.

Anaphylaxis

The decision on how many adrenaline devices the School should hold, and where to store them, has to be decided on an individual basis between the Head, the child's parents and medical staff involved.

Epi-pens and equivalent medical devices will be accessible at all times.

Studies have shown that the risks for allergic children are reduced where an individual EHCP is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the School and the treating doctor.

FIRST AID – please see First Aid and Injury Reporting Policy

Training and Qualifications

The majority of staff at Walter Infant School are trained to administer Paediatric First Aid. A log detailing training dates, renewal requirements and expiration dates is managed by the administration team.

The training needs of staff will be addressed through the individual pupil's Health Care plan. General Certified First Aid courses do not confirm that a person can deliver support to pupils with medical conditions. In order to ensure the confidence of staff, pupils and families and provide safe and effective support, Water Infant School will:

- identify staff who will support individual or groups of pupils
- in partnership with health colleagues:
 - ✓ provide support staff with information about the medical condition
 - ✓ ensure these staff are trained and confirmed as competent by health colleagues
 - ✓ review training needs at least annually and when there is a significant change
 - ✓ provide awareness training for all staff of our medical needs policy annually

Infection Control

Latex free disposable gloves will always be worn when cleaning wounds to prevent cross-contamination.

Disposal of Waste

Disposal of clinical waste and bodily fluids will be carried out in accordance with the protocols laid down in the Health and Safety Policy.

Insurance

Insurance is provided for Walter Infant School by Risk Management Partners (RMP) in a First Aid extension to our Public Liability insurance. The policy covers the

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES IN SCHOOLS POLICY 2017

administration of medication. In the case of any medical procedures, school staff will always check that the cover extends to that individual procedure. This check is undertaken by the school business manager on instruction by the Headteacher.

Complaints

We know that all parents and carers want the best for their child and we seek to resolve these concerns quickly. Where parents/carers have a concern about the provision being made for their child, they should initially contact the Headteacher. If this does not resolve the situation, they will be advised to follow the school complaint procedures.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING
MEDICINES IN SCHOOLS POLICY 2017

Appendix 1 - Parental agreement to administer medicine

Walter Infant School will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date	
Name of school/setting	Walter Infant School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy
Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	A member of the School Office staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____

Date_____

Appendix 3 - Individual Healthcare Plan

Name of school/setting

Walter Infant School

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing
support in school

Describe medical needs and give details of child's symptoms, triggers, signs,
treatments, facilities, equipment or devices, environmental issues etc

--

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING
MEDICINES IN SCHOOLS POLICY 2017

Name of medication, dose, method of administration, when to be taken, side effects,
contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING
MEDICINES IN SCHOOLS POLICY 2017

Appendix 4: Table of responsibilities set out in the statutory guidance ‘Supporting pupils at school with medical conditions’ April 2014

Person/body	Role/responsibility
Governing Body	<p>must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.</p>
Headteachers	<p>should ensure that their school’s policy is 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. Headteachers should ensure that all staff who need to know are aware of the child’s condition. They should also ensure that sufficient trained numbers of 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and 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.</p>
School staff	<p>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. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.</p>
School nurses	<p>every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and</p>

**SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING
MEDICINES IN SCHOOLS POLICY 2017**

	liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. They would often be the health care professional who provides and confirms training
Other healthcare professionals, including GPs and paediatricians	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. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).
Pupils	with medical conditions will often be best placed to provide information about how their 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. Other pupils will often be sensitive to the needs of those with medical conditions.
Parents	should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
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 co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard 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, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
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 other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and

**SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING
MEDICINES IN SCHOOLS POLICY 2017**

	<p>training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.</p>
<p>Clinical commissioning groups (CCGs)</p>	<p>commission other healthcare professionals such as specialist nurses. They 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. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.</p>
<p>Ofsted</p>	<p>their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.</p>

Appendix 5: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. school telephone number: **0118 9780825**
2. your name
3. your location as follows: **Walter Infant School, Murray Road, Wokingham.**
4. state what the postcode is: **RG41 2TA**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use
8. state that they will be met at that entrance
9. put a completed copy of this form by the phone

Appendix 6: Example Personal Education Evacuation Plan (PEEP)

 Walter Infant School PERSONAL EDUCATION EVACUATION PLAN (PEEP) 	
Name and address of building:	Walter Infant School Murray Road Wokingham RG41 2TA
Name of child	Joe Blogs
Location	Oak Class, link corridor Key Stage 1
Alternative locations	Library, disabled toilet, Beech class, hall
Reason for PEEP	Broken leg – wheel chair use
Temporary waiting space	Library during play time and lunchtime play Oak classroom at the end of the school day
Plan created by	Jane Smith – class teacher Judy Wheeler - headteacher
Issued	9 th May 2016
Assistants	All key stage one staff and admin staff have willingly agreed to support Joe
Names of 2 persons to support during evacuation process	Jane Smith – Monday to Friday Sue Brown – Monday – Friday am Tuesday, Wednesday and Thursday pm Mandy Jones – Friday pm Emily Hughes – Monday pm
Egress route	The support assistant will push the wheelchair and follow the rest of the class out of the fire exit in the link corridor to the muster point (checking no children are left behind).
Review date	Monday 16 th May (new cast fitted)
Changes to provision	In the classroom Joe will use his walking frame Everywhere else he will be in his wheelchair which will always be pushed by an adult in the employ of the school (or a student teacher) 2 children will walk ahead to ensure the route is clear Toileting: Joe will use the disabled toilet – see additional plans submitted to individual adults supporting Joe After School Club: Joe will wait in Oak until collected by a member of the EnergyKidz team.
Parental consent and comments	Signed:..... Relationship to child:..... Date.....