



**CARISBROOKE HIGH SCHOOL
MEDICAL CONDITIONS
PROCEDURES**

1. Introduction

- 1.1 The school is an inclusive community that aims to support and welcome students with medical conditions and understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.
- 1.2 The school aims to provide all children with all medical conditions 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 well-being.
- 1.3 Students with medical conditions are encouraged to take control of their condition. Students feel confident in the support they receive from the school to help them do this. The school aims to include all students with medical conditions in all school activities.
- 1.4 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.
- 1.5 The school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on students.
- 1.6 The medical conditions policy is understood and supported by the whole school and local health community. The 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.

2. Communication

- 2.1 The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation
- 2.2 Students are informed and regularly reminded about the medical conditions policy:
 - through the school's student representative body
 - in the school newsletter at several intervals in the school year
 - in personal, social and health education (PSHE) classes
 - through school-wide communication about results of the monitoring and evaluation of the policy
- 2.3 Parents are informed and regularly reminded about the medical conditions policy:
 - by including the policy statement in the school's prospectus and signposting access to the policy
 - at the start of the school year when communication is sent out about Healthcare Plans

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in the school newsletter at several intervals in the school year
when their child is enrolled as a new student
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

2.4 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 at this 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

2.5 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.

3. Understanding

- 3.1 Key staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school are aware of the most common serious medical conditions at this school.
- 3.2 All Staff at the school understand their duty of care to students 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.
- 3.3 Key staff who work with groups of students at the school receive training and know what to do in an emergency for the students in their care with medical conditions. Training is refreshed for all staff at least once a year.
- 3.4 Action for staff to take in an emergency for the common serious conditions at the school is displayed in key prominent locations for all staff including classrooms, kitchens and the staff room.
- 3.5 The school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help.
- 3.6 The school has procedures in place so that a copy of the student's Healthcare Plan is sent to the emergency care setting with the student. 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.

- 3.7 The school has made arrangements with the local hospital to ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency. All staff understand and are trained in the school's general emergency procedures
- 3.8 All staff know what action to take in the event of a medical emergency. This includes:
how to contact emergency services and what information to give
who to contact within the school.
- This information is refreshed for all staff at least once a year.
- 3.9 Action to take in a general medical emergency is displayed in prominent key locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- 3.10 If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the student knows.
- 3.11 Generally, staff should not take students to hospital in their own car. The school has clear guidance from the local authority on when (and if) this is appropriate.

4. Administration – emergency medication

- 4.1 The school has clear guidance on the administration of medication at school. All students at the school with medical conditions have easy access to their emergency medication.
- 4.3 All students 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. All students carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- 4.4 Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- 4.5 Students 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.

5. Administration – general

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

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- 5.2 All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.
- 5.3 There are several members of staff at the school who have been specifically contracted to administer medication.
- 5.4 Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent.
- 5.5 Training is given to all staff members who agree to administer medication to students, where specific training is needed. The local authority provides full indemnity.
- 5.6 All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.
- 5.7 In some circumstances medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult.
- 5.8 Parents at the school 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.
- 5.9 If a student at the school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- 5.10 If a student at the school 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 students 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.
- 5.11 All staff attending off-site visits are aware of any students 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.
- 5.12 If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- 5.13 If a student misuses medication, either their own or another student's, their parents are informed as soon as possible. These students are subject to the school's usual disciplinary procedures. The school has clear guidance on the storage of medication at school

6. Safe storage – emergency medication

- 6.1 Emergency medication is readily available to students 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.
- 6.2 Most students at the school carry their emergency medication on them at all times. Students keep their own emergency medication securely. Students at the school are reminded to carry their emergency medication with them.
- 6.3 Students, 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.

7. Safe storage – non-emergency medication

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

8. Safe storage – general

- 8.1 There is an identified member of staff who ensures the correct storage of medication at school. All controlled drugs are kept in a locked cupboard and only named staff have access, even if students normally administer the medication themselves.
- 8.2 Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- 8.3 The identified member of staff, along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- 8.4 All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the student's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- 8.5 Medication is stored in accordance with instructions, paying particular note to temperature.
- 8.9 Some medication for students at the school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised students or lockable as appropriate.
- 8.10 All medication is sent home with students at the end of the school year. Medication is not stored in summer holidays.

- 8.11 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.

9. Safe disposal

- 9.1 Parents at the school are asked to collect out-of-date medication.
- 9.2 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.
- 9.3 A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.
- 9.4 Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- 9.5 If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the student's parent.
- 9.6 Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

8. Enrolment forms

- 8.1 Parents at the school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year.
- 8.2 Parents of new students starting at other times during the year are also asked to provide this information on enrolment forms.

9. Healthcare Plans

- 9.1 In Drawing up Healthcare Plans the 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 – Form 1.

- 9.2 A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of students with a long-term medical condition.

This is sent:

at the start of the school year
at enrolment
when a diagnosis is first communicated to the school.

- 9.3 If a student has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the student's parents to complete.
- 9.4 The parents, healthcare professional and student with a medical condition, are asked to fill out the student's Healthcare Plan together. Parents then return these completed forms to the school.
- 9.5 The school ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for students with complex healthcare or educational needs.

10. School Healthcare Plan register

- 10.1 Healthcare Plans are used to create a centralised register of students with medical needs. An identified member of staff has responsibility for the register at this school.
- 10.2 The responsible member of staff follows up with the parents any further details on a student's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

11. Ongoing communication and review of Healthcare Plans

- 11.1 Parents at the school 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.
- 11.2 Staff at the school use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a student's condition is accurate and up to date.
- 11.3 Every student with a Healthcare Plan at the school has their plan discussed and reviewed at least once a year.

12. Storage and access to Healthcare Plans

- 12.1 Parents and students at the school are provided with a copy of the student's current agreed Healthcare Plan. Healthcare Plans are kept in a secure central location at school.
- 12.2 Apart from the central copy, specified members of staff (agreed by the student and parents) securely hold copies of students' Healthcare Plans. These copies are updated at the same time as the central copy.
- 12.3 All members of staff who work with groups of students have access to the Healthcare Plans of students in their care.

- 12.4 When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of students in their care.
- 12.5 The school ensures that all staff protect student confidentiality.
- 12.6 The school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.
- 12.7 The school seeks permission from the student and parents before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

13. Use of Healthcare Plans

- 13.1 Healthcare Plans are used by the school to:

inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care

remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times

identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers

ensure that all medication stored at school is within the expiry date

ensure the school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency

remind parents of students with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

14. Consent to administer medicines

- 14.1 If a student requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the student or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for students taking short courses of medication.
- 14.2 All parents of students 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.
- 14.3 If a student requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the student's Healthcare Plan. The school and parents keep a copy of this agreement.

- 14.4 Parents of students with medical conditions at the school are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

15. Residential visits

- 15.1 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 student's current condition and their overall health.
- 15.2 This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours.

See Appendix 1 – Form 3

- 15.3 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 student's Healthcare Plan.
- 15.4 All parents of students 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.
- 15.6 The residential visit form also details what medication and what dose the student 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 student manage their condition while they are away.

See Appendix 1 – Form 3

16. Other record keeping

- 16.1 The school keeps an accurate record of each occasion an individual student is given or supervised taking medication. Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

See Appendix 1 – Form 2

- 16.2 The school holds 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.
- 16.3 All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.

See Appendix 1 – Form 5

- 16.4 The school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.
- 16.5 The school ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

17. Physical environment

- 17.1 The school is committed to providing a physical environment that is accessible to students with medical conditions.
- 17.2 Students with medical conditions are included in the consultation process to ensure the physical environment at the school is accessible.
- 17.3 The school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

18. Social interactions

- 18.1 The school ensures the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- 18.2 The school ensures the needs of students 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.
- 18.3 All staff at the school are aware of the potential social problems that students with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- 18.4 Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst students and to help create a positive social environment.

19. Exercise and physical activity

- 19.1 The school understands the importance of all students taking part in sports, games and activities.
- 19.2 The 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 students.
- 19.3 The school ensures all classroom teachers, PE teachers and sports coaches understand that students should not be forced to take part in an activity if they feel unwell.

- 19.4 Teachers and sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.
- 19.5 The school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.
- 19.6 The school ensures all students have the appropriate medication or food with them during physical activity and that students take them when needed.
- 19.7 The school ensures all students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

20. Education and learning

- 20.1 The school ensures that students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- 20.2 If a student is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at the school understand that this may be due to their medical condition.
- 20.3 Teachers at the school are aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the student, parents and the student's healthcare professional to ensure the effect of the student's condition on their schoolwork is properly considered.
- 20.4 The school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- 20.5 Students at the school learn about what to do in the event of a medical emergency.

21. Residential visits

- 21.1 Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors the school considers include: how all students 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.
- 21.2 The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. The school considers additional medication and facilities that are normally available at school.
- 21.3 Risk assessments are carried out before students start any work experience or off-site educational placement. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from

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the student and their parents before any medical information is shared with an employer or other education provider.

- 21.4 The 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.
- 21.5 The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- 21.6 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.
- 21.7 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.
- 21.8 Written information about how to avoid common triggers for medical conditions has been provided to all school staff.
- 21.9 The school uses Healthcare Plans to identify individual students who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual students remain safe during all lessons and activities throughout the school day.
- 21.10 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 students with medical conditions.
- 21.11 The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to the school's policy and procedures are implemented after each review.
- 21.12 Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy
- 21.13 The school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and students to ensure the policy is planned, implemented and maintained successfully.
- 21.14 The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

22. Responsibility: Employer

- 22.1 The school's employer has a responsibility to:

ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips

ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions

make sure the medical conditions policy is effectively monitored and evaluated and regularly updated report to parents, students, school staff and the local authority about the successes and areas for improvement of the school's medical conditions policy

provide indemnity for staff who volunteer to administer medication to students with medical conditions.

23. Responsibility: Head teacher

23.1 The school's head teacher has a responsibility to:

ensure the school is 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 students, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, 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 students' Healthcare Plans

ensure student 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 students, 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 implementation of the medical conditions policy.

24. Responsibility: All school staff

24.1 All staff at the school have a responsibility to:

be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency

understand the school's medical conditions policy

know which students in their care have a medical condition and be familiar with the content of the student's Healthcare Plan

allow all students 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 students who carry their medication with them have it when they go on a school visit or out of the classroom
be aware of students 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 students (students should not be forced to take part in any activity if they feel unwell)
ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

25. Responsibility: Teaching staff

25.1 Teachers at the school have a responsibility to:

ensure students who have been unwell catch up on missed school work
be aware that medical conditions can affect a student's learning and provide extra help when students need it
liaise with parents, the student's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
use opportunities such as PSHE and other areas of the curriculum to raise student awareness about medical conditions.

26. Responsibility: School nurse or school healthcare professional

26.1 The school nurse at the school has a responsibility to:

- + help update the school's medical conditions policy
- + 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.

27. Responsibility: First aider

27.1 First aiders at the school have a responsibility to:

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

28. Responsibility: Special educational needs coordinators

28.1 Special educational needs coordinators at the school have the responsibility to:

help update the school's medical condition policy
know which students have a medical condition and which have special educational needs because of their condition
ensure students who have been unwell catch up on missed schoolwork
ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or course work.

29. Responsibility: Pastoral support/welfare officers

29.1 The pastoral support/welfare officer at the school has the responsibility to:

help update the school's medical conditions policy
know which students have a medical condition and which have special educational needs because of their condition
ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.

30. Responsibility: Local doctors and specialist healthcare professionals

30.1 Individual doctors and specialist healthcare professionals caring for students who attend this school, have a responsibility to:

complete the student'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 or young person (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 or young person knows how to take their medication effectively
ensure children and young people have regular reviews of their condition and their medication
provide the school with information and advice regarding individual children and young people
with medical conditions (with the consent of the student and their parents)
understand and provide input in to the school's medical conditions policy.

31. Responsibility: Emergency care services

31.1 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.

32. Responsibility: Students

32.1 The students at the school have a responsibility to:

treat other students with and without a medical condition equally
tell their parents, teacher or nearest staff member when they are not feeling well
let a member of staff know if another student is feeling unwell
let any student 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.

33. Responsibility: Parents

33.1 The parents of a child at the school have a responsibility to:

tell the school if their child has a medical condition
ensure the school has a complete and up-to-date Healthcare Plan for their child
inform the school about the medication their child requires during school hours
inform the school of any medication their child requires while taking part in 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.

34. Policy Review

34.1 The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every year. The school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

34.2 New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.

34.3 The views of students with various medical conditions are actively sought and considered central to the evaluation process.