


St Paul's Church of England Academy



ADMINISTRATION OF MEDICINES POLICY

Staff Member and Governor responsible for the policy	DSL & Safeguarding Governor
Date reviewed and shared with staff	18.01.24
Date to be next reviewed by relevant staff	18.01.25
Signed by Chair of Governors: 	Signed by Head Teacher:

1. Introduction

- 1.1 Under the requirements of the Special Educational Needs and Disability Act, it is the responsibility of the Children's Services Department and schools to enable pupils to be in school wherever possible.
- 1.2 Under Part 3 and 4 of the Disability Discrimination Act (DDA), the school must not discriminate against disabled pupils in relation to their access to education and associated services, including off-site visits, school clubs and activities. Reasonable adjustments must be made for disabled pupils, including those with medical needs at different levels of school and nursery life, by the school and nursery and detailed in our policies and procedures.

2. Responsibilities

- 2.1 **The Children's Services Department** has a responsibility to support schools and nurseries by clarifying their responsibilities for the administering of medication. The Health and Safety team, on behalf of Children's Services Department, will monitor the implementation of this policy through the program of health and safety audits.
- 2.2 **The Director of Transport and Environment** will ensure that:
 - Drivers and escorts are informed of any pupils with medical needs travelling in their vehicle;
 - Drivers and escorts have received training in basic first aid;
 - Drivers and escorts have a copy of the individual health care plan for pupils with life threatening conditions or a medical need that requires an emergency response;
 - Driver and escorts are trained, supported and fully informed of the procedures and protocols to follow in an emergency.
- 2.3 **The Co-Head teachers and Governing Body** will:
 - Review the individual establishment policy on the administration of medicines and supporting pupils with complex medical needs in line with this document;
 - Implement effective management procedures to manage individual children's medical needs and to ensure that there is effective information sharing within the school and with relevant external bodies such as the school nurse service.
 - Nominate sufficient staff within the school to manage medicines as part of their duties;

- Ensure that staff are appropriately trained to support pupils with medical needs;
- Ensure that all staff are informed about the action to be taken in the event of a medical emergency;
- Agree with parents the support that can be provided on an individual basis;
- Ensure that medicines are handled and stored correctly.

Parents or guardians have the prime responsibility for their child's health and should provide schools/settings or settings with information about their child's medical condition. The parent/guardian should obtain additional details from their child's healthcare professional when needed.

All parents, new and existing, should be made aware of the school and nursery procedures. The school policy is that parents should keep children at home when they are acutely unwell and that they should not return until they are able to participate in the full curriculum. Pupils should remain at home for at least 24 hours after they have vomited. Pupils sent home from school would not normally be expected to return the following day. A summary of the policy is included in the school prospectus.

The nursery policy is that if a child has sickness and/or diarrhea that child is to remain at home for 48 hours after symptoms have ceased.

For pupils in years 1-6, unless a duty to administer medications is included in staff job descriptions, this role would be considered voluntary as there is no legal duty that requires staff to administer medication.

For Early Years (Nursery and Reception), staff that hold a full and relevant Administration of Medications qualification, the administration of prescription and non-prescription medication can be administered without a witness. Staff that do not hold this qualification, a witness is required. All medication is recorded.

3. The Administration of Medicines at St Paul's CE Academy

The school (years 1-6) has agreed to administer medicines under the following conditions only:

- Prescription medicines for short-term medical needs
- elective administration of medicines, e.g. pupils with medical conditions that, if not managed would limit their access to

education or those pupils where the school would be considered in breach of disability legislation.

- Only fully qualified Administrators of Medicine should administer medication (with the exception of asthma inhalers or Epipens).

For Early Years (Nursery and Reception) make reference to section 3.6 in this document.

3.1 Non-Prescription Medication

Normally, we would only consider administering non-prescription medication for residential off-site visits or in exceptional other circumstances. Under certain conditions we can administer pain relief not prescribed is necessary. Containers must be clearly labelled with child's name & date and returned to parent within 1 week. Cough and throat lozenges are never given and parents are asked not to send them into school or nursery.

3.2 Short Term Medical Needs

Many pupils may need to take medication during the school day at some time during their time in school, e.g. to finish a course of antibiotics or to apply a lotion. To allow pupils to do this will minimise the time they need to be absent. However, medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day. Ideally, the medication could be prescribed in dose frequencies which enables it to be taken outside the school day.

Where we have parental permission, we put lotions on a child's hand for them to administer themselves, e.g. for eczema at school. Prescribed lotions and creams will be applied by children attending the nursery where developmentally appropriate.

Administration of eye-drops is carried out at our discretion.

3.3 Prescribed Medicines

Medicines should only be brought to school or nursery where it would be detrimental to a child's health if it were not administered during the day. Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber should be accepted. These should include pills or liquid medication and not lotions that have to be applied to the skin, unless your child is attending the nursery.

The medicines should always be provided in the original container and include the prescribed instructions for administration.

The school should never accept medicines that have been taken out of the original container or make changes to dosages on parental instruction.

It would be beneficial, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken out of school hours and parents should be encouraged through the school policy on requesting this.

The Medicines Standard of the National Service Framework for children recommends that a range of options are considered including:

- GPs/dentists considering the use of medicines which only need to be administered once or twice per day (where appropriate) for children and young people so that they can be taken outside school hours.
- GPs/dentists to consider providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one for use in the school, avoiding the need for repackaging or relabeling of medicines by parents.

3.4 Controlled Drugs

First Aiders may administer a controlled drug to a pupil for whom it has been prescribed and the prescribed instructions must be followed:

- A pupil who has been prescribed a controlled drug may legally have it in their possession and hand in to the school office for the school to look after, where it is agreed that it will be administered to the child to whom it has been prescribed.
- Controlled drugs must be kept in a locked non-portable container and only named staff should be given access. A record should be kept for audit and safety purposes. Two members of staff must sign the record.
- When a controlled drug is no longer required, it must be returned to the parent who will arrange safe disposal via the local pharmacy. If this is not possible, the drug should be returned to the dispensing pharmacist.

3.5 Long-Term Medical Needs

It is important for the school and nursery to have sufficient background information about the medical condition of a pupil with long term medical needs. If a pupil's medical needs are not fully supported, this can negatively affect a pupil's academic attainments and/or lead to emotional and behavioural problems. The school, therefore, needs to know about any medical needs before a child starts school or when a pupil develops a condition. A health care plan involving parents and relevant health professionals must be developed (see Appendix B).

This can include:

- details of a pupil's condition;
- special requirements, e.g. dietary needs;
- medication and any side effects;
- what constitutes an emergency;
- what to do and who to contact in an emergency;
- what not to do in an emergency;
- procedures to be followed when transporting the pupil (e.g. off-site visits or home to school transport);
- information sharing and record keeping;
- the role the staff can play.

The school nurse may provide advice on nursing matters to staff at the school. They can also liaise between the school and parents/guardians where health matters need to be discussed.

School nurses also may offer support to children (and their families) suffering from certain conditions within the school.

3.6 Administration of Medications in Early Years

Prescription medicines can be administered under the following conditions:-

- Has to have been prescribed by a doctor or pharmacist,
- Have the medical label on the medication, which includes, child's name, date of prescription, dosage, how frequent this is required,
- Written permission has been obtained and a medicines form has been completed.

Non-prescription medicines can be administered under the following conditions:-

- The medicine is in date,
- In its original packaging,
- In line with instructions on the packaging,
- Written permission has been obtained and a medicines form has been completed,
- Long-term medication will be reviewed by the Nursery Manager and/or the EYFS Lead.

All liquid medicine (prescription or non-prescription) must be administered via a syringe. Information will be obtained about what medications have been administered prior to their nursery or school day. Where possible, medication should be administered prior to coming into the school/nursery.

St Paul's CE Academy staff have a duty of care to safeguard all children. All medications are therefore carefully considered by the Nursery Manager and/or EYFS Lead (and if required by the academy safeguarding team) prior to administration. If we feel at any time that the administration of non-prescription medication is not of benefit to the child during their nursery hours, then we shall withhold from administration and inform parents/carers as soon as possible.

Section 3.6 of this policy has been created in line with the Early Years Foundation Stage Statutory Framework; <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

4. Procedures for Administering Medication

The school and nursery have lockable cabinets and fridges to store medication during the school day. When administering medication the following precautions must be considered:

- a) All medicines that are to be administered in school or nursery must be accompanied by a written and signed form from the parent (obtained from School Office/Nursery). Instructions must match that on the prescribed medication and cannot be altered. This would include specifying the medication involved, circumstances under which it should be administered and the frequency and levels of dosage.
- b) Pupils should never carry medicine to and from school. Medicine must be handed over to the school office by an adult and collected by an adult.
- c) Medication should only be given to the named child. Pupils must not be given medication which has been prescribed for another pupil. Parents are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date. Where there is any doubt about the correct dosage to be administered, the school cannot accept responsibility for the administration.
- d) Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system has been arranged to avoid the risk of double dosing, ie. routine consultation of the Medicine Record Book before any dose is given, etc. It should only be necessary to administer medication twice a day at lunchtime eg. before eating and after. If there is no preference, all medications should be given at 12.00 noon (with the exception of insulin or other specific

medications). If children are attending SPLASH after-school provision, they may be given a dose of medicine as appropriate before 4.00

- e) When administering medication, staff must complete Medical Tracker. The member of staff giving medication should check:
- i. pupil's name;
 - ii. written instructions provided by parents;
 - iii. prescribed dose;
 - iv. expiry date;
 - v. that all pupils who are due to receive medication have received their medication;

The administration of medication usually applies to the use of pills or liquid medicine. Anything outside of this (e.g. Insulin injections) should be agreed with the Headteacher who will ensure that:

- a) Staff are willing to administer the medication
- b) Staff are trained appropriately to administer the medication
- c) There is a properly drawn up Health Plan, signed by the parent
- d) The plan is specific to a member/members of staff, subject to a) and b) and does not mean that other staff would administer the medication in the case of absence of the appropriate staff. In this instance parents would be informed immediately.
- e) Some pupils require types of treatment which school staff may feel reluctant for professional or other reasons to provide, for example, the administration of rectal diazepam, assistance with catheters or the use of equipment for children with tracheotomies. These procedures must be carried out with the approval of the Headteacher and in accordance with instructions issued by the Paediatrician or GP. Training in invasive procedures must be conducted by qualified medical personnel. The school nurse is able to provide advice on nursing matters. A consent form for the administration of rectal diazepam must be completed by the child's Paediatrician.
- f) For the protection of both staff and pupils a second willing member of staff must be present while the more intimate procedures, for example, the administration of rectal diazepam, are being followed. Appropriate personal protective clothing, e.g. gloves, must be worn during the administration of medicines/catheterisation procedure, etc.
- g) It is essential that where pupils have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms can usually be offered by the school doctor or nurse.

- h) The schools has an emergency action plan for external visits. This has implications for school journeys, educational visits and other out of school activities. Planning takes into account access to a telephone in an emergency, which might involve the use of mobile phones, in order to summon medical assistance or an Ambulance. When planning school visits, the administration of medicine will be the responsibility of the Appointed Person/First Aider who accompanies the visit. Parents should be made aware of the change to the normal routine and give their permission.

4.11 Self-Management

It is good practice to allow pupils who can administer their own medication to do this. Staff will then only need to supervise. This decision should be made by the parents in conjunction with the pupil's GP and the school. However, the storage of such medication should remain the responsibility of the school office (with the exception of asthma inhalers and Epipens).

4.12 Refusing Medication

If a pupil refuses to take their medication, they should not be forced to do so and a note made in the record of administration. The parents/guardian should be informed of the refusal on the same day. If the refusal results in an emergency, the school and nursery emergency procedures should be followed. These procedures should be set out in the policy and/or the health care plan for the individual pupil.

4.13 Record Keeping

Parents/guardians are responsible for supplying information about the medication and informing schools about changes to the prescription or the support needed. However, the school should check that this is the same information as that provided by the GP or on the prescribed instructions. **Medicines should always be provided in the original container** and should include the following written information:

- a) name of pupil;
- b) name of medication;
- c) dose;
- d) method of administration;
- e) time and frequency of administration;

- f) any side effects;
- g) Expiry date.

A parental consent form must be obtained before the administration of any medication and this form will record the above details.

Records must be kept of all medicines administered. These are kept in accordance with GDPR.

4.14 Safety Management

Some medicines may be harmful to anyone for whom they are not prescribed. The Co-Head teachers have a duty to ensure that the risks to the health of others are properly controlled and monitored.

The member(s) of staff who should be handed medication and consent forms will primarily be the First Aiders working in the main school/nursery office.

4.15 Storing Medication

- a) The school should not store large amounts of medication. Staff should only store, supervise and administer medicine that has been prescribed for an individual pupil. Medicines should always be provided in the original container and include the prescriber's instructions, including the name of the pupil. If a pupil requires two or more prescribed medicines, each should be in a separate container.
- b) Pupils should know who to contact if they need their medication. The Co-Head teachers are responsible for ensuring that medicines are stored in accordance with the product instructions and safely away from pupils.
- c) All emergency medicines, e.g. asthma inhalers, Epi-pens, should be available and not locked away.
- d) The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. In cases of emergency the key must be readily available to all members of staff to ensure access.
- e) Some medicines need to be refrigerated and may only be kept in the refrigerator in the medical room.
- f) District Pharmacist can advise on the design and positioning of safe storage for medicines. They can also offer advice on suitable temperatures required for

certain items, possible damage by exposure to light and the life span of certain medication.

4.16 Disposal of Medicines

- a) School staff should not dispose of medicines. Parents should collect medicines held at school/nursery at the end of each term. Parents are responsible for disposal of date expired medicines.
- b) Sharps boxes should always be used for the disposal of needles.
- c) Collection and disposal should be arranged with the registered special waste contractor (Initial).

4.17 Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the DCAT Policy on First Aid and the Health and Safety Policy.

4.18 Emergency Procedures

- a) The school has in place, arrangements for dealing with emergency situations. This is included in the school Health and Safety policy. Pupils within the school should know what to do in an emergency e.g. telling a member of staff, and all staff should know who is responsible (including a deputy) for carrying out emergency procedures.
- b) A member of staff should always accompany a pupil to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decision on medical treatment when parents are not available.
- c) Staff should not normally take pupils to hospital in their own car; it is recommended that an ambulance is called.
- d) If it becomes necessary to use a staff car, the driver must hold additional insurance cover and also be accompanied by a second member of staff.
- e) Individual health care plans include instructions as to how to manage a pupil in an emergency, and identify who has the responsibility in an emergency, for example, the role of the MDSA following an incident in the playground.

5. Developing an individual health care plan

The aim of a health care plan is to identify the support that a pupil with medical needs requires. Not all pupils with medical needs will require an individual plan. An agreement with parents may be all that is necessary.

The health care plan clarifies for staff, parents and the pupil, the help that can be provided. It is important for the school to be guided by the pupil's GP or pediatrician. An agreement between the school and parents will be necessary on the review procedures for the plan and it is recommended that this takes place no less than once per year. Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual pupil.

In addition to the school health service, the pupil's GP and other health care professionals (depending on the level of support the pupils needs), those who may need to contribute to a health care plan are:

- i. Co-Head teacher's;
- ii. SENCo
- iii. Parent/guardian;
- iv. Pupil (if appropriate);
- v. Class teacher ;
- vi. Teaching assistant or support staff (if applicable);
- vii. Staff who are trained to administer medicines;
- viii. Staff who are trained in emergency procedures.

Co-ordinating and sharing information on an individual pupil with medical needs, can be difficult. The First Aid Co-ordinator has specific responsibility for this role. This person would be the first point of contact for parents, staff and external agencies.

The health care plan may identify the need for specific staff to have further information about a medical condition or training in administering a particular type of medication or dealing with emergencies. **Medicines may not be administered unless staff have received, appropriate and up to date training.** The timescales between training should be advised by the School Health Service and are recorded.

Training can be co-ordinated through the school health service and schools should contact their school nurse in order to arrange.

6.Off-site Activities and Educational Visits

It is good practice for schools to encourage pupils with medical needs to participate in safely managed visits. The group leader, in liaison with the Co-Head teachers, should consider the reasonable adjustments to be made to enable pupils with medical needs to participate fully and safely on the activity.

It may be decided that further control measures are necessary e.g. additional adult to accompany an individual pupil. Arrangements for taking any necessary medication will need to be considered as well as the storage requirements. All staff supervising off-site activities or educational visits should be aware of any medical needs and the relevant emergency procedures. A copy of the individual health care plan should be taken on visits in the event of the information being needed.

If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils, they should consult with the parents, relevant health professionals and the Outdoor Education Adviser.

7.Sporting Activities

Most pupils with medical conditions can participate in PE or extra curricular activities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE should be included in their individual health care plan and clearance may be obtained from the pupil's GP. Some pupils need to take precautionary measures before or during exercise or may need to have immediate access to their medication. If a pupil suffers a severe adverse medical reaction clearance should be obtained from their GP before resuming the activity.

8.Home to School Transport

Most pupils with medical needs do not require supervision on school transport but escorts will be provided where necessary.

Where home to school transport is being provided, the County Council must take reasonable care to ensure that these pupils are safe during the journey. Where pupils have specific medical needs, the driver and/or escort should know what to do in a medical emergency but should not, generally administer medication.

Where pupils have life threatening conditions or a medical need that requires an emergency response, specific health care plans should be carried on vehicles detailing the symptoms that may be displayed and the action to be taken by the driver and/or

escort. Before sharing any information, parental consent must be obtained. All drivers and escorts will receive basic first aid training as well as an awareness session on complex medical needs and the procedures to be followed in an emergency. Some pupils are at risk of severe allergic reactions. This risk can be minimised by not allowing anyone to eat on vehicles. It is recommended that all escorts are trained in the use of an adrenaline pen for emergencies, where appropriate.

6. Confidentiality

All medical information should be treated as confidential by the Co-Head teachers and school staff. The Co-Head teachers should agree with the parent and pupil who else should have access to records, etc about a pupil. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

7. Indemnity

Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy and guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

8. Employees

A member of staff may suffer a long-term medical condition. Once this condition has been identified and the school has been informed, steps will need to be taken by the school to reach an agreement with the member of staff on the action to be taken in an emergency.

Anyone working in the school voluntarily (e.g. parent helpers/work experience etc) with a known medical condition must inform the school as a risk assessment may need to be written.

9. Staff who administer medication

- a) All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.
- b) There are currently no members of staff at this school who have been specifically contracted to administer medication.
- c) Members of staff who take on the voluntary role of administering medicine should be fully trained in the Administration of Medicines.
- d) Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.
- e) The local authority provides full indemnity for those who have been trained.
- f) All school staff have been informed 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. (eg. an Epipen).

Links to:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

Guidance to the Policy on the Administration of Medicines (ESCC)

1. Introduction

- 1.1 This guidance has been produced to help schools and early years settings develop an effective management system to support individual pupils with medical needs who require access to their medicines whilst in school, in accordance with the Medicine Standards of the National Service Framework for children.
- 1.2 This document has been developed in conjunction with the Department for Education & Skills Best Practice Guide - Managing Medicines in Schools and Early Years Settings.

2. General

- 2.1 Most pupils will at some time have a medical condition that may affect their participation in school activities. This is most likely to be short term, e.g. completion of a course of antibiotics. Some pupils, however, have medical conditions that, if not managed, could limit their access to education. These pupils are regarded as having medical needs. Many children with medical needs are able to attend school regularly and, with support from schools, can take part in most school activities. Close supervision by staff may be needed in some activities to ensure that these pupils and others are not put at risk.
- 2.2 Parents or guardians have the prime responsibility for their child's health and should provide schools or settings with information about their child's medical condition. The parent/guardian should obtain additional details from their child's General Practitioner (GP) or Paediatrician when needed.
- 2.3 The school/setting must take into account their responsibilities under the Disability Discrimination Act and a pupil's right of admission when deciding on their policy. ***However, unless a duty to administer medications is included in their job descriptions, this role would be considered voluntary as there is no legal duty that requires staff to administer medication.***
- 2.4 It is recommended by the DfES that schools ensure that they have sufficient members of support staff, with appropriate training, to manage medicines as part of their duties and that these duties are included in job descriptions. This is necessary to ensure that there are no errors in the administration, handling and storage of medicines and to ensure that the schools and County Council can demonstrate that they have taken all reasonable steps to administer medicines in a safe and proper manner.
- 2.5 Some pupils who have complex medical needs will require more support than regular medicines. It is important to seek medical advice and training regarding the pupils' individual needs.

- 2.6 Those schools/settings with pupils who have medical needs will find it useful to develop individual health care plans to identify the necessary safety measures that need to be put in place to fully support the pupil. An example of a health care plan is attached as Appendix B.
- 2.7 There must be an assessment of the risks to the health and safety of staff and others with control measures put in place to minimise and manage any identified risks.
- 2.8 Some pupils, depending on age and ability may be capable of taking their own medicine, or deciding when they need to do so. The progress towards such independence must be agreed in consultation with parents, the pupil and the GP or Pediatrician. Initially it may also involve a greater degree of vigilance and supervision as part of the school.
- 2.9 Where schools/settings are administering medicines, they are strongly advised to conform to these guidelines. The school nurse, doctor and specialist voluntary bodies may also be able to provide additional background information for schools. The individual child and family have a right to confidentiality and as with any other medical condition; privacy and the need for prompt and effective care are to be balanced with sensitivity. Ideally, the Headteacher should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil.
- 2.10 Headteachers/Governing Bodies/Managers should develop their own policies, in line with this document, to cover the needs of their individual school or setting. Schools must ensure that their policy is communicated to parents/guardians.

3. Legislation

- 3.1 Schools and early year's settings are required to make reasonable adjustments for disabled pupils including those with medical needs and for the individual disabled pupil in their policies and procedures.
- 3.2 There are three key pieces of legislation that schools will need to consider when deciding on their individual school policy. Headteachers and governing bodies may need to demonstrate their compliance with this legislation following any challenges of discrimination that may be made.
- 3.3 The SEN and Disability Act 2001
The Act states that children with special educational needs should have their needs met and that this will normally be in mainstream schools or settings. Unless a parent indicates that they do not want their child educated in a mainstream school the local authority must ensure that the child is educated in a mainstream, school unless it is incompatible with the efficient education of other children and reasonable adjustments cannot be made.

3.4 The Disability Discrimination Act 1995

The Disability Discrimination Act 1995 (DDA) defines a disabled person as: "someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities". This definition covers pupils with physical (including sensory), intellectual or mental impairments. The definition is broad and might include children with a learning disability, sensory impairment, severe dyslexia, diabetes or epilepsy, pupils who are incontinent, or who have AIDS, severe disfigurements or progressive conditions like Muscular Dystrophy.

It is unlawful for any school to discriminate against disabled pupils (current or prospective) in relation to all education and associated services for pupils and prospective pupils - in essence, all aspects of school life, including extra-curricular activities and school trips. A disabled pupil can be discriminated against in two ways:

- If a school treats a disabled pupil or prospective pupil less favorably than another because of his or her disability without justification, they may be breaking the law.
- Schools can also be found to have discriminated where they have failed to take "reasonable steps" which leads to disabled pupils and prospective pupils being placed at a "substantial disadvantage" compared to non-disabled pupils.

The key tests are that policies, procedures and practices do not lead directly to less favorable treatment or substantial disadvantage and that they provide the school with the flexibility required to respond to individual needs as they arise.

3.5 The Disability Equality Duty

In December 2006 The Disability Discrimination Act (DDA) 1995 was amended to place a duty on all public bodies including local councils and schools to promote disability equality. This is a positive duty which builds in disability equality at the beginning of the process, rather than make adjustments at the end. This duty changes the emphasis of the legal framework which previously relied on individual disabled people complaining about discrimination to one in which the public sector becomes a proactive agent of change.

All public bodies have to have due regard for the need to eliminate unlawful discrimination and promote equal opportunities for disabled people. They will also need to consider the elimination of harassment of disabled people, promotion of positive attitudes and the need to encourage the participation of disabled people in public life.

Health Care Plan

Name of Child:

Date of Birth:

Address

.....

Medical Diagnosis or Condition:

Date:

Class/Form:

Review Date:

Contact Information

Family Contact 1

Family Contact 2

Name: Name:.....

Phone: Work: Phone: Work:.....
Home: Home:

Relationship:..... Relationship:.....

Clinic/Hospital Contact

GP

Name: Name:

Tel No: Tel No:

Describe medical needs or condition and give details of pupil's individual symptoms:

.....

.....

.....
Daily care requirements (e.g., before sport/at lunchtime):

.....
.....

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

.....
.....
.....

Follow-up Care:

.....
.....
.....

Who is responsible in an emergency: (state if differ on off-site activities):

.....
.....
.....

Procedures to be followed when transporting the pupil (e.g. home to school transport, off-site visits):

.....
.....

Form copied to:

.....

Signed
(headteacher/manager)

Signed (parent).....

Date:

Date: