



North Wootton Academy  
Priory Lane North Wootton  
Kings Lynn  
Norfolk PE30 3PT

<b>Name of policy:</b>	<b>Managing Medical Condition and Medicines Policy</b>
<b>Lead member of staff with responsibility for this policy:</b>	Mr James Grimsby
<b>Date of governors meeting when policy agreed:</b>	September 2022
<b>Type of governors meeting:</b>	Academy Council
<b>Date of implementation:</b>	June 1 <sup>st</sup> 2024 (Mid-policy review)
<b>Details of dissemination:</b>	<p>The policy is available for all staff, visitors, pupils and parents. This policy should be read with:</p> <ul style="list-style-type: none"><li>- First Aid Policy</li><li>- Drug and Misuse Policy</li><li>- Attendance</li><li>- Safeguarding</li><li>- Flexi-Learning</li><li>- Remote Learning</li></ul>

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**North Wootton Academy Managing Medical Conditions and Medicines Policy and Procedure**

<b>Frequency for review:</b>	Two yearly
<b>Next due for review:</b>	June 1 <sup>st</sup> 2026
<b>Changes</b>	A section added around home learning

## **Definitions of medical conditions**

Pupils' medical needs may be broadly summarised as being of two types:

- **Short-term** affecting their participation at school because they are on a course of medication.
- **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical needs are protected from discrimination under the Equality Act 2010. The Equality Act defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their abilities to carry out normal day to day activities.

Schools/settings must not discriminate against disabled pupils in relation to their access to education and associated services and should make reasonable adjustments for disabled children, including those with medical needs, at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

## **The statutory duty of the governing body**

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions which North Wootton Academy aims to achieve through the following:

- ensuring that arrangements are in place to support pupils with medical conditions so that can access and enjoy the same opportunities at school as any other child;
- taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening.
- ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions. The school ensures that staff understand how medical conditions impact on a child's ability to learn. The school ensures that staff are properly trained to provide the support that pupils need,
- ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, the school ensures that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so, or may look to use a part-time timetable to ensure that the pupil is safe and their needs are met

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- ensuring that the arrangements put in place are sufficient to meet statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions
- ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided
- ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines
- ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records
- ensuring that the policy sets out what should happen in an emergency situation
- ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so
- ensuring that the policy is explicit about what practice is not acceptable
- ensuring that the appropriate level of insurance is in place and appropriate to the level of risk
- ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions

### **Policy Implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the principal, James Grimsby; he will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available off and on-site with an appropriate level of training. The principal should make sure that all parents and staff are aware of the policy and procedures for dealing with medical needs. They should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell as well as covering the approach to taking medicines at school.

For a child with medical needs, the principal will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from

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the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the Health Safety and Well-being team.

The SENDCO and Operations Manager, will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. They will also be responsible, in conjunction with parents/carers and professionals, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

For children being admitted to North Wootton Academy for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving mid-term, every effort will be made to ensure that arrangements are put in place within two weeks. However, should this not be safe to do so, the school may request a part-time or phased entry to ensure that the pupil and those around them remain safe. This will be agreed with the parents ahead of any entry to school and reviewed at least weekly.

This will be dependent upon staff being properly trained and supervised to support pupils' medical conditions and be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities unless evidence from a clinician such as a GP states that this is not possible.

North Wootton Academy does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the SENDCO, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers.

### **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. Not all children who have medical needs will require an individual plan.

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.

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Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the child's GP or other health care professionals, those who may need to contribute to a health care plan include: the principal/head of setting; the parent or carer; the child (if appropriate); class teacher (primary schools)/form tutor/head of year (secondary schools); care assistant or support staff; staff trained to administer medicines.

The school will use <https://www.justonenorfolk.nhs.uk/> as a resource.

It is helpful to develop a written health care plan for such children involving the parents and relevant health professionals. This can include:

- details of a child's condition
- special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### Home Learning

In rare circumstances, the school may support a limited period of home learning for those with a medical issue whereby they cannot attend school for a limited period. This is likely to involve providing links to Oak Academy.

This would be agreed at the discretion of the Principal and may require medical evidence to support this.

### Roles and Responsibilities

In addition to the identified roles in the implementation section of this policy, there are a number of key contributors to establishing a clear and unambiguous Individual Healthcare Plan:

- It is key that school staff are clear and confident upon how to best meet the needs of a pupil and therefore, any starting point for outlining this within an Individual Healthcare Plan will be the **Community Nursing Team** who, when possible, can provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.
- Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school.

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- **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.
- **Parents/carers** 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.
- **Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- **Staff** with children with medical needs in their class should be informed about the nature of the condition and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. The Staff Training Record (Administration of Medicines) provides confirmation that any necessary training has been completed.

The **Ofsted** 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 it is being implemented effectively.

### Educational Visits and Sporting Activities

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside 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 visits should always be aware of any medical needs and relevant emergency procedures. **Copies of health care plans** should be taken on visits in the event of the information being needed in an emergency.

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If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service or the child's GP.

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan, if they have one. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### Managing Medicines

This guidance is a significantly shortened version of the 2007 DfES document 'Managing Medicines in Schools and Early Years Settings'.

**There is no legal duty that requires staff to administer medicines.** North Wootton Academy have developed roles for support staff that build the administration of medicines into their job role, although none have this formally written into their contract of employment and therefore it is key to have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

Staff managing the administration of medicines and those who administer medicines must receive appropriate training and support from health professionals. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

Some children with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child's individual needs.

### Parental Consent

It only requires one parent to agree to or request that medicines are administered. Where parents disagree over medical support the school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Parents should be given the opportunity to provide the school with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the principal, reach agreement on the school's role in supporting their child's medical needs. Ideally, the principal should always seek parental agreement before passing on information about their child's health to other staff.



### Principal's Consent

The principal will sign consent for any medication given in school. In order for this to occur the following should be adhered to:

- Parents are generally encouraged to schedule their child's medication so that they do not need a dose during the school day. **Where this is not possible, we will administer one dose (most likely at lunchtime) to ensure that schedules can be maintained. In rare circumstances where prescription note more frequent doses or if the child is staying beyond school hours i.e. extended care, the school may agree to give an additional dose at their discretion.**
- Medications must be brought into schools in their original container, as dispensed by a pharmacist, labelled with your child's name. They must include instructions for administration, dosage and storage, as well as possible side effects. In rare cases, schools will accept written instructions from a parent, but often, they will only administer medications if they come with the original patient information leaflet or written instructions from a doctor or pharmacist.
- The exception to this is insulin, which can be brought into school inside an insulin injector pen or pump, rather than its original packaging.
- Parents must provide written consent for your child to be given the medication via a form available at the office. You will need to complete this form every time your child brings a new type of medication to school; it's also likely to be reviewed annually.
- All medications must be in date and all medicine will be checked annually by the office as well as when being administered.
- The smallest possible amount of medication should be brought into school. The exception to this is liquid medication, which can only be accurately and safely dispensed from the original container.
- Medication will be kept in a secure place such as a locked cabinet or a sealed box in a fridge, according to storage instructions. Children must know where their medication is, and who to ask when they need it. However, medications that children may need to access quickly in an emergency should not be locked away. This includes asthma reliever inhalers and AAls. These storage requirements apply not just on school premises, but also on trips and residential visits.
- If a sharps box is required for the disposal of injectors, parents should obtain it on prescription and pass it on to the school, unless specific arrangements have been made within the school for the safe removal of these items.
- You must collect any leftover medication that your child no longer needs, or medicines that have passed their expiry date, from the school. This should be done routinely at the end of every term.
- **Schools/settings should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.**

### Prescribed Medicines and Controlled Drugs

Schools will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

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The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and this guidance document.

A child who has been prescribed a controlled drug may legally have it in their possession but school would look to control the access by holding this centrally wherever possible.

The school will keep controlled drugs in a locked non-portable container and only named staff should have access. A record will be kept for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

### Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and agreed by the Principal. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded on the Parental/Principal Agreement for school to administer medicine (form F624b).

Liquid paracetamol is the only non-prescribed medicine that can be administered in school and only on receipt of written permission from the parent/principal consent. This can only be administered for a maximum of 3 days and not repeated within a 2-week period without doctor instruction.

Where a non-prescribed medicine is administered to a child it must be recorded on the Record of Medicine Administered to an Individual Child (form F624c) and the parents informed. If a child suffers regularly from acute pain the parents should be encouraged to refer the matter to the child's GP.

### Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- The child's name;
- prescribed dose;
- expiry date;
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should 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

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administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

Schools staff will complete and sign a Record of Medicine Administered to an Individual Child each time they give medicine to a child.

### **School Staff Giving Medicines**

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur.

Medicine is only administered by office staff and 1:1 Teaching assistants who are assigned to children with specific needs. Both are witnessed by a second adult who counter sign.

### **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. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older 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. Health professionals need to assess, with parents and children, the appropriate time to make this transition. However, there may be circumstances where it is not appropriate for a child of any age to self-manage.

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in the child's health care plan. Parents should be informed of the refusal on the same day.

### **Record Keeping**

Parents should tell the school/setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

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; expiry date.

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Parents should be given a Parental/principal Agreement for School/Setting to Administer Medicine to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.

Schools/settings must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Record of Medicine Administered to an Individual Child must be used.

### **Dealing with Medicines Safely**

#### **Storing Medicines and Access**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. It is essential that Epi-Pens are kept within the first aid box within the classroom or taken out to PE/Lunch by the staff. Asthma Inhalers are kept in the office and a member of the office staff will supervise/administer the inhaler.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Children need to have immediate access to their medicines when required. The school/setting may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

The school will not hold any medicine of its own with the exception of a school inhaler in line with recent guidance.

#### **Sun Cream**

Schools are expected to “take a sensible approach to this issue” in line with the NICE guidelines. The school has adopted a Sun Policy in line with ‘Sun Safe School’s’ guidance. In which sunscreen can be kept within the class if labelled and parents have given written consent in line with any other topical medicine. The ideal is that each pupil would apply their own sunscreen but parents may give consent for teachers to apply in Reception class due to their age, but this must be to be arms and face only with at least two adults present to ensure this is in line with the school’s intimate care policy; the school feels that this is a ‘sensible approach’.

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### **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. The office will inform parents when medicines become out of date as they are checked regularly by the office.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the district council's environmental services.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and 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.

### **Emergency Procedures**

The principal will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a school should make arrangements with a local health professional for emergency cover.

### **Unacceptable Practice**

Although staff at North Wootton Academy Staff should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- 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/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

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- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet 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. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Liability and Indemnity**

We are a member of The Department of Education Risk Protection Arrangement

Public Liability cover - Unlimited

Employers Liability - Unlimited

### **Complaints**

Should parents/carers be unhappy with any aspect of their child's care, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the principal. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Complaints Procedure.

### **Training**

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs appropriate training should be arranged in collaboration with local health services.

In addition, staff supporting children with medical needs should attend the in-service training course 'Raising Awareness of Chronic Medical Conditions: Asthma, Diabetes and Epilepsy'.

### **Confidentiality**

The principal and staff should always treat medical information confidentially. The principal should agree with the child where appropriate, or otherwise the parent, who else should have access to

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records and other information about a child. 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.

### **Managing Common Conditions**

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

Staff supporting children with medical needs should attend the in-service training course 'Raising Awareness of Chronic Medical Conditions: Asthma, Diabetes and Epilepsy'.