Ashwicken Church of England Primary School
Managing Medicines Policy

Formally adopted by the Governing Board/ Trust of:-	**Ashwicken Primary School**
On:-	**Autumn 22**
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ADMINISTERING MEDICINES
Administration of Medicines Policy
Relating to Health and Safety Policy P624b

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school "day"

Ashwicken C of E Primary School can only accept medicines which have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will always be provided in the original container as dispensed and include the prescriber's instructions for administration and dosage.

Introduction
From time to time the school will be asked by parents to arrange for their children to be given medication during the school day. While the school will normally be willing to co-operate in any matter which will support the child's health and welfare it is necessary to ensure that where such requests are received appropriate arrangements are made to safeguard the interests of both staff and children.

The administration of medication to children is the responsibility of parents. It should be noted that **Ashwicken C of E Primary staff are under no legal duty, nor is it a requirement of their roles, to administer medication to children**.

It has been agreed that at Ashwicken C of E Primary School the administration of medicines will be undertaken voluntarily by staff, who will receive appropriate training. All staff will ensure, as set out in the Asthma policy and Epilepsy awareness guidance and policy that they would act appropriately as an *in loco parentis* adult, in the case of an emergency.

What is meant by Medication?
There is a difference between prescribed and non-prescribed medicine, however it is increasingly common for Doctors and dentists to suggest parents purchase Nurofen/paracetamol based products to support treatments.

- **Prescribed Medication:**
  Any medication requiring a Medical or Dental Practitioner's prescription is defined as a prescribed medication. Examples may include, asthma inhalers, antibiotics, valium, adrenalin, etc.
- **Non-Prescribed Medication:**
  Any medication not requiring a Medical or Dental Practitioner's prescription and which can be purchased over the counter at any pharmacy or supermarket is defined as a non-prescribed medication. Examples may include, analgesics (painkillers), milk of magnesia tablets or liquid, creams and sprays, etc.

When Might it be Required to Administer Medicine?
There are two main sets of circumstances in which requests may be made to school staff to deal with the administration of prescribed medication to children. They are:

- Cases where children recovering from a short-term illness are well enough to return to school/establishment, but are receiving a course of prescribed medication such as antibiotics.

- Cases of chronic illness or long-term complaints such as asthma, or children with Complex Health Needs such as, diabetes, anaphylaxia or epilepsy;

Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return, and it is for parents to seek and obtain such advice as is necessary.

In the case of children with Complex Health Needs school staff may feel reluctant to provide certain treatments, for example, the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheostomies.

There is no requirement for all staff to undertake these responsibilities. However, as the number of such cases will be very small volunteer staff will be trained accordingly, SEN staff appointed to support specific children will be trained as part of their role.

- Early identification and careful planning by the relevant Health Authority will result in detailed discussion with the establishment and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.

- Children requiring on-going support from the school, parents and medical teams are identified with the School Community Nursing Team, care plans will be drawn up with all parties.

Parental Responsibilities
Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be achieved by the child going home during the lunch break or by the parent visiting the establishment. However, this might not be practicable if, for example, the child's home is a considerable distance away. In such a case parents may make a request for prescribed medication to be administered to the child at the school/establishment.

- Where such a request is made by parents, it should be made using form ‘School Administration of Prescribed Medicines’ - **Held in the school office**

- It only takes one parent to agree to or request that medicines are administered. Where parents disagree over medical support the school will continue to administer the medicine in line with consent and instructions unless and until a Court decides otherwise.

- If a parent refuses to complete this form, the headteacher will make it clear to the parent (in writing) that the establishment is not prepared to administer medication.

- The medication, in the smallest practical amount, should be delivered to the school/establishment wherever possible by a parent.

- Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the GP or the Consultant Community Paediatrician.

- Parents should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self-administer the medication under adult supervision.

- In cases where children require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents, in writing, to the manager.

- The renewal of any medication which has passed its expiry date is the responsibility of the parent. Expired medication should be collected by parents within 7 days of the expiry date. The establishment will contact parents/guardians immediately if medication remains uncollected.

Staff Responsibilities
School staff cannot be required to administer medication, but as persons in *loco parentis* they must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.

When a parent requests that prescribed medication be administered to their child the headteacher will deal with the case sympathetically and on its merits. The headteacher will consider all the circumstances of the case and have regard to the best interests of the child and the implications for the staff.

Role of the Headteacher
The headteacher will ensure all parents and staff are aware of the establishment's procedures with respect to the administration of medication and that the appropriate systems for information sharing are followed. It is clear that pupils who are acutely unwell should be kept at home until well enough for school; medication can be administered once the children are well.

The headteacher will agree with the parents exactly what support can be provided in relation to medicine administration. If expectations are unreasonable then advice will be sought from the school nurse or doctor or other medical advisers and the Health, Safety and Wellbeing team.

All requests for administration of medicine by staff in school will need to be agreed by the headteacher or the appointed representative.

Role of Staff
In the case of pupils with Complex Health Needs, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

- All staff who have contact with pupils with a medical or life threatening position will be made aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover will be provided if key members of staff are absent.

- Staff will be offered relevant training and support – recorded on the Staff Training Record (Administration of medicines).

Procedures

Prescribed Medication
A clear copy of the school administration of medicines policy and arrangements for the administration of medication will be shared with parents, including a statement of their responsibilities as detailed above and how to make a request for medication to be given.

Where any doubt exists about whether or not to agree the administration of a particular course of medication, the headteacher should seek advice from the GP or relevant medical professionals –

Where prescribed medication is to be administered at the school, the headteacher will ensure that a named person is responsible for the medication, together with a nominated deputy. These members of staff will be suitably trained to undertake the responsibility. Any training given must be recorded.

Long-term illnesses, such as epilepsy or asthma, will be recorded on the child's record/ their asthma care plan/Health Care Plan; outlining appropriate instructions.

A written record will be kept of the administration of all prescribed medication to children. Such a record should be kept together with the instructions given and checked on every occasion and completed by the member of staff administering the medicine. **The administration of medicines form/books will be used to record medicines administered and will be retained on the premises for 6 years.**

Prescribed medication kept at the school are stored suitably and arrangements made for it to be readily accessible when required, (**In School Office, for medicines not requiring refrigeration, in the school medicines fridge for other medicines. Inhalers and epipens are kept safely within individual classrooms).**

Under no circumstances should medicines be kept in first-aid boxes.

Non-Prescribed Medication

Non-prescribed medication will not be administered by staff in school.

In the event where children are away from home on a residential trip and are prone to suffering from headaches, menstrual pains or toothache, the headteacher or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain. Analgesics will only be given to children under the age of 16 when parents have given prior written permission. In such cases, specific members of staff will be authorised to issue tablets and they will keep a record of issues including name of child, time, dose given and the reason.

Tablets, which will be standard paracetamol for children aged 12 and over, or preparations of paracetamol designed specifically for children for those under 12, will be kept in a secure place during residential visits and not in First Aid boxes.

On no account will aspirin, or preparations containing aspirin, or medicines containing ibuprofen, be given to children unless prescribed by a doctor. This is particularly important where children under 16 years of age are concerned.

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; older children will be encouraged to participate in decisions about their medicines and to take responsibility.

If children can take their medicines themselves, staff may only be needed to supervise. Children who are considered to be mature enough to self manage their condition and make decisions about when to administer their own medicines will be encouraged to do this (eg asthma/diabetes)

Where children might need to use an inhaler, a flexible approach will be adopted. Inhalers are kept within a secure place (red box) and kept within close proximity to the children (taken to school hall, onto playground and field etc.) The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child. –

see School Asthma Policy. Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

Where a number of children may be taking regular medication at any one time, a suitably trained member of staff will be appointed as a drug administration co-ordinator to monitor and record routines – **School Asthma Responsible Named Persons – Mrs Emily Jane Bennett.**

Where children have been prescribed CONTROLLED drugs, staff need to be aware that these need to be stored safely – as set out in a child's health care plan.

Refusing medicines
If a child reuses to take medicine staff will not force them to do so. This refusal will be noted in the records; and parents and others noted in health care plan informed immediately.

Record Keeping:
It is the responsibility of parents to inform the school about the medicines that their child needs to take and provide written details of any changes or the support required. Staff will need to ensure that this complies with the information 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
- Side effects
- Expiry date

This will all be included on form 'School Administration of Prescribed Medicines'.
The form will confirm, with parents, that a member of staff will administer medicine to their child. School will record medicine administered to an individual child.

All information regarding medication should expire at the end of each academic year. If the administration of medication is to continue all relevant information must be confirmed in writing at the start of the new academic year.

Educational Visits and Sporting Activities
Children with medical needs will be encouraged to participate in safely managed visits. The Schools 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 will be taken on visits in the event of the information being needed in an emergency.

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.M ost children with medical conditions can participate in physical activities and extra- curricular sport. There will 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 will be recorded in their individual health care plan.

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.

Home to School Transport
Where pupils have life threatening conditions, specific health care plans will be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans will specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

School will make every effort to provide relevant information to the transport team so that risks to pupils are minimised during home to school transport.

All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.

Dealing with Medicines Safely
Storing Medicines and Access
Large volumes of medicines will not be stored.

- Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines will 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 will be in a separate container.

Children will be informed where their own medicines are stored.

- All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- The school will allow some children to carry their own inhalers i.e. to and from school, through discussion with parents in relation to maturity of the individual child.

Other non-emergency medicines should generally be kept within the school office and are not accessible to children.

A few medicines need to be refrigerated.

- There is restricted access to a refrigerator holding medicines
- the refrigerator for medicines is in the Medical Room

Children need to have immediate access to their medicines if required. The school will 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 will be noted on individual Asthma Plan/Health Care plans – where relevant**

Disposal of Medicines
Staff will not dispose of medicines.

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

Sharps boxes will 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 will be arranged with the local council's environmental services.

Hygiene and Infection Control
All staff will 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.
- Spillage kit is available from the school Office
- Disposal of urine, blood etc can be done through disposal in Disabled toilet; yellow bag if large amounts – small amounts can be disposed of in usual bins
- **See also guidance on Infection control and controlling hazardous substances in First Aid and Incident Policy in line with guidance from Norfolk County Council**

Emergency Procedures
Senior/Middle Managers will be responsible for carrying out emergency procedures in the event of need.

- A member of staff will always accompany a child taken to hospital by ambulance and will stay until the parent arrives
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Staff should never take children to hospital in their own car unless it is clear that any paramedic is unable to attend – or ambulance service is unable to attend.
- As it is safer to call an ambulance, this will be called to transport children to hospital.
- The school may be informed that instead of an ambulance that a local health professional will offer emergency cover.

Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency – these will accompany children to hospital.

In all cases where, following the administration of medication, there are concerns regarding the reaction of the child, medical advice must be sought immediately.

Where a child's case makes it necessary, emergency supplies of drugs will be stored in the establishment, but only on a single dose, named patient, basis. In these cases specific training on how and when to administer will be sought from relevant health professionals.

The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the Consultant Community Paediatrician.

It is stressed that the arrangements described in this document relate only to situation. where there is an explicit request by the parents. **In no circumstances should school staff administer prescribed medication on their own initiative**.

Further Advice and Assistance
Further advice and assistance can be sought from the Children's Services Health and Safety Adviser on 01603 223470 or 01603 223989 or Consultant Community Paediatricians in each locality as appropriate

School Statement Regarding Children with Diabetes – adapted from LA Guidelines
Appendix 1 - Pupils with Diabetes in Norfolk Schools: General Guidelines for Staff

'We believe that all children and young people have the right to be healthy, happy and safe; to be loved, valued and respected; and to have high aspirations for their future.'

It is important that children and young people with diabetes are properly supported in our schools. Over 15,000 children of school age in the UK have diabetes. Life expectancy is improved and the risk of significant long term complications reduced when a strict routine of medical treatment and self care is followed. This guidance gives general information, and details sources of further information.

Pupils with diabetes have rights under the Disability Discrimination legislation. They cannot be treated less favourably than their non-disabled peers in admissions, exclusions and access to education and associated services. For example a child with diabetes cannot be excluded from a school visit or sports activity for a reason directly related to their diabetes, refused admission to a school, or excluded because of their condition.

The Disability Equality duties (require schools to promote equality of opportunity between disabled persons and other persons, promote positive attitudes towards disabled persons, and take steps to take account of disabled persons' disabilities even where that involves treating disabled people more favourably than their non-disabled peers. Your school Disability Equality Scheme (to be published by 4th December 2006 for secondary schools and 3rd December 2007 for primary schools) may well include plans to improve equality for both pupils and staff with diabetes.

For information and advice about individual children, schools should always consult with the family and the diabetes support team. The child's diabetes specialist nurse will be an important contact and can advise the school on specific cases.

What is Diabetes?
Diabetes is a condition in which the amount of glucose in the blood cannot be controlled due to the auto immune destruction of special cells within the pancreas.

All the food we eat is broken down into glucose. Glucose passes via the gut out into the bloodstream. If you do not have diabetes your body will release the hormone insulin in exactly the right amount at the same time as the glucose releases into the bloodstream. If you do have diabetes, both the production of insulin, and the regulation of how much glucose is available in the bloodstream, fails.

The aim of the treatment for diabetes is to keep the blood glucose levels close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia, also known as a hypo).

Most children with diabetes will have Type 1 diabetes. Their pancreas does not produce insulin so they will need insulin injections to regulate their blood sugar levels.

Treating Diabetes
Insulin has to be injected, and most children with diabetes will need several injections every day. While some injections will be given out of school hours, it is likely that pupils will require one or more injections during the school day.

Blood Glucose Monitoring
Most children with diabetes will need to test their blood sugar levels during school time. This is vital to the management of the condition and must be facilitated. Blood glucose testing involves pricking the finger, using a special device, and placing a small drop of blood onto a reagent strip. The level is displayed on a small electronic meter. The procedure takes as little as a minute to complete. Schools will endeavour to provide privacy for the child to carry out this procedure (if the pupil desires it) though that need not be out of the classroom**.**
At present children with diabetes are encouraged to use the for testing and injecting.

Staff should oversee the blood glucose test and help a young child to interpret the reading. If a child has low blood glucose level (hypo) they may also interpret the reading incorrectly, or need assistance inserting the testing strip etc.

There are no exposed sharps that could pose a danger to other pupils in a blood glucose testing kit, though it is important to discuss the safe use and disposal of equipment in the classroom.

Insulin Injections
The Diabetes team is happy to discuss safe procedures if there are concerns. In most cases the equipment will be an insulin 'pen' rather than a syringe. Pupils usually administer the insulin injection themselves, however younger children may need the dose 'double checked' by staff prior to injection.When required - Staff training, support and information is available from the Diabetes or School Nursing Team in your area.

Diet
A balanced diet is just as important for children with diabetes as all other children. A regular intake of starchy carbohydrate foods is important to keep the blood glucose levels within the normal range. Meals and snacks will need to be eaten at regular intervals, usually at normal school break and lunchtimes. However, there may be occasions when a snack or dextrose will need to be taken during lesson times. Pupils should feel that they are able to ask to eat during lesson time if they need to do so, without fear of reprisal.

It is important to know the times the child needs to eat and make sure that they keep to these times. Staff must allow the pupil to attend first sitting of lunch for example. Children should eat all of their lunch to prevent a hypo occurring.

Spare food for the support of the child is kept in the fridge in the Staffroom.

Hypoglycaemia (Hypo)
Hypoglycaemia is the most common short-term complication in diabetes and occurs when blood sugar levels fall too low. Hypos are most likely to happen before meals and during or after exercise.

It is important to understand that a hypo cannot be predicted. It is a physiological response that can happen very suddenly and without warning. It is during a hypoglycaemic episode that adult support is most likely to be required and there is a need for awareness and training for all staff.

This can happen as a result of:
• Too much insulin
• Not enough food to fuel an activity
• Too little food at any stage of the day
• A missed meal, or delayed meal of snack

• Cold weather
• The child vomiting
• Hormonal development (particularly menstruation)
• Growth
• Emotional changes – exam stress, peer pressures etc.

Most children will have warning signs that will alert them, or people around them, to a hypo. However, some children will have no hypo awareness at all and can be completely unaware of their deteriorating state. It is vital to encourage pupils displaying symptoms to test their blood glucose levels.

The warning signs can include:
• Hunger
• Sweating
• Drowsiness
• Glazed eyes
• Pallor
• Trembling or shakiness
• Headache
• Lack of concentration
• Mood changes, especially angry or aggressive behaviour

The symptoms can be different for every child and it important to get information from the child and the parents about each individual.

It is vital that a hypo is treated quickly. If left untreated, the blood sugar level could fall so low that the child can become unconscious. A pupil should never be left alone during a hypo, nor be sent off to get food to treat it. Sending a pupil to the school office alone, for example, is not appropriate. Recovery treatment must be brought to the child.

Most children will know when they are going hypo and will be able to take appropriate action themselves. Pupils with diabetes will usually have a snack in their school bag and an emergency kit box kept in school (in the school office or). The emergency kit box should contain snacks, a sugary drink and dextrose tablets. It is the family's responsibility to keep that box stocked. If the child is becoming very drowsy, providing they are still able to swallow, you can offer a sugary drink (non-diet). If they are reluctant to drink, massage a glucose gel, honey or jam, into the inside of their cheek. The glucose will be absorbed through the lining of the mouth, or swallowed and they will recover.

Having some starchy food on recovery is important to prevent blood glucose levels falling again – food stuffs to support diabetic children are found in the staffroom fridge.
In the unlikely event of a child losing consciousness, do not give them anything by mouth. Place them in the recovery position and call an ambulance informing them that the child has diabetes.

All pupils with diabetes should have a Health Care Plan in place and all staff should be made aware of it.

Physical Activity
Diabetes should not stop children with the condition from enjoying any kind of physical activity or being selected to represent the school and other teams, providing they have made preparations.

If a child does not eat enough before starting an activity, their blood sugar level could fall too low and cause a hypo. The more strenuous and prolonged the activity, the more food will be needed beforehand, and possibly during and afterwards. A snack whilst preparing for the

exercise may be appropriate.

Many pupils with diabetes will have a sports drink prior to activities.

It is important to keep an eye on all children, the child with diabetes should not be singled out for special attention as this can lead to embarrassment.

Other Considerations
If a child is unwell their blood glucose levels may rise. This can cause them to become very thirsty and to need to go to the loo more frequently. If staff notice this they should report it to the parents.

If a child vomits at school contact the parents and support the child to monitor their blood glucose level.

Day visits out of school should not cause any real problems as the routine should be very similar to that at school. The child with diabetes should take their insulin and injection kit with them, in case of any delays over their usual injection time. They should have some starchy food with them to eat after the injection. It is a good idea for parents to provide extra snacks in case of delay in returning home. The usual supply box should also be taken as back up.

On residential visits the child's routine will include insulin injections and blood glucose monitoring. If the pupil is not able to do their own injections then there will need to be a member of staff willing to take responsibility for their medical care. Staff volunteering to administer medicines can receive training and support from Health colleagues.

Overnight assistance may be required to check blood glucose levels do not fall too low, and to assist pupils with snacks during the night should this occur.

If a school visit involves travel outside of the UK it is important to check that travel insurance covers pre-existing conditions, in case of a medical emergency. Diabetes UK produces guides for a number of countries giving information about local foods, translations of useful phrases and diabetes care. It may be useful for the pupil to carry an emergency identity card.

As with all educational visits it is important to discuss planning with the pupil's parents to ensure all Health needs are met.

Staff Administering Medication
Anyone caring for children, including teachers and other school staff have a common law duty of care to act like any reasonably prudent parent. Staff will need to make sure that children are healthy and safe. In some circumstances, (for example, a child with diabetes) the duty of care could extend to administering medication and/or taking action in an emergency. This duty extends to staff leading activities taking place away from the school site such as outings, residential visits or field trips.

There is no legal or contractual duty on staff to administer medication or supervise a child taking it. However, any member of staff who agrees to take responsibility for administering or supervising the administration of medication should have appropriate training and guidance. Staff should be reassured that they would be covered by relevant employer's insurance should the need arise.

The Advisory Service provides regular courses raising awareness of common medical conditions including asthma, epilepsy and diabetes. Medical professionals will support schools in preparing Health Care Plans for individual pupils.

The Special Educational Needs and Disability Act 2001 (SENDA) requires reasonable adjustments to be made to prevent the less favourable treatment of disabled pupils. Diabetes is a disability within the definition of the Act and pupils cannot be discriminated against. The responsible body (the Governing body in maintained schools) would need to justify their reasons if they were to fail to make reasonable adjustments for a pupil with diabetes.

The duties of SENDA are anticipatory and include planning for the admission of a pupil with medical needs. Your school access plan might include the intention to recruit staff with medical experience and/or train staff to meet the needs of prospective pupils with diabetes and other medical conditions. Your Disability Equality Scheme may address specific issues around people with diabetes.

Many schools are ensuring that support staff have specific duties to provide medical assistance as part of their contract. Support staff with medical experience can be a valuable addition to any school, benefiting both disabled and non-disabled pupils.

The employer (generally the Governing Body or the Local Authority) is responsible under the Health and Safety at Work etc Act 1974, for making sure that a school has a Health and Safety Policy. This should include procedures for supporting pupils with medical needs, including managing medication. It is important that all school policies and procedures do not discriminate against disabled pupils.

Further guidance:

* Managing Medicines Guidance in Schools and Early Years Settings'.
* Children with Diabetes at school and other useful information available to download from the Diabetes UK website.
* Your School Nursing Team/Specialist Diabetes Paediatric Team
* J'Anne Robertson, Senior Adviser Inclusion, janne.robertson@norfolk.gov.uk
* Kim Barber, Disability Co-ordinator, kim.barber@norfolk.gov.uk