



Supporting Pupils at School with Medical Conditions Policy

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June 2021 (by Nicky Chakravorty, Head of Care)

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Agreed by governors:

Signed: _____

Policy for Supporting pupils at school with medical conditions

Policy statement

This policy is governed by the statutory guidance and has statutory advice set out in the document 'Supporting Pupils at School with Medical Conditions'-DFE April 2014.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Key points for Greenmead Primary School:

The governing body will ensure that all pupils with medical conditions in our school are supported to enable them to have full access to all aspects of the education provided and the same opportunities as other pupils, including access to school trips and physical education.

All pupils with medical conditions, in terms of either physical or mental health, will be properly supported so that they can play a full and active role at school, reach their optimum health level and achieve their academic potential.

The school will consult and work in partnership with health and social care professionals, pupils and *parents to ensure the needs of pupils with medical conditions are effectively met.

The school will ensure that there is a focus on the needs of each individual pupil and how their medical condition impacts on their school life.

The school will ensure staff are provided with appropriate training to provide support pupils require, including training in what to do in an emergency. Staff will also be made aware of what medical interventions need to be performed by a School Nurse or other medical professionals

All staff have a clear understanding that medical conditions should not be a barrier to learning and that they have a duty of care to pupils.

The named persons with overall responsibility for pupils with medical needs are the Headteacher, Head of Care and the School Nursing Team.

If a parent is unhappy with the care/support their child is receiving from school for their medical needs then this either needs to be raised with the Headteacher, Head of Care or School Nurse where it will be dealt with appropriately. Please refer to the complaints procedure on the school website for further information.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

Parents* of pupils with medical conditions are often concerned that their child's health will deteriorate or not be effectively managed when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that pupil's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that the school will provide effective support for their child's medical condition and that the pupils feel safe.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Pupils may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.

Long-term absences due to health problems affect pupil's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that pupils with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Policy implementation:

1. Consultation and Communication

This policy has been developed in consultation with key stakeholders within the school (Headteacher, Teachers, School Governors, School Nurse, Head of Care) and within local health and social care agencies, as well as pupils and parents.

The DfE guidance 2014 lists the following unacceptable practices. This policy is designed to ensure that these issues are avoided and that there is an ongoing dialogue between school, pupils and parents so that all pupils and parents feel confident in the processes in place in the school.

The school recognizes the importance of providing feedback to those involved in the development process and is committed to acknowledging input from others and taking account of suggestions or advice received.

In order to ensure full implementation of this policy, pupils, parents, staff and relevant health and social care partners will be informed about it, copies will be provided as appropriate, access to the policy signposted and regular reminders will be put in place.

A copy will also be available on the school website.

In addition a staff training programme will be provided, which will take account of the need for specialist training (when required) for some key members of the staff team, as well as generic training for all staff. In addition, all new staff, including supply and temporary staff, will be informed of the policy and their responsibilities.

2. Staff Awareness, Training and Support

All staff in the school are made aware of any pupils with additional medical needs and the systems in place to support them. This information is regularly updated.

All staff understand their duty of care to pupils at all times and in the event of an emergency.

Action required in an emergency for common serious conditions is displayed in prominent locations for staff (medical room in the classroom and care plan folders).

All staff supporting pupils with medical needs will receive relevant training. Training provided will be planned in conjunction with school teams and relevant external medical professionals. Training for staff will be at a level which ensures staff members are competent and have confidence in their ability to support pupils effectively and to fulfill the requirements set out in their care plans.

Training will be refreshed on an annual basis or as required. A record will be kept by the school and the school nursing team detailing training provided and who attended. The record will be reviewed **half-termly** to ensure staff are suitably trained.

If there is a need for a pupil to be taken to hospital the parent will be informed, a member of staff (wherever possible someone familiar to the pupil) will always accompany the pupil and stay with them until a parent or responsible family member arrives. The school will ensure a copy of the pupil's **relevant care plans and emergency contact details** is taken to the hospital with them.

The LA arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey. ALL Greenmead children require supervision whilst on transport, so the LA should provide appropriately trained supervisors if they consider them necessary. Training of bus escorts not employed by the school are not the schools responsibility, Where escorts for home to school transport **are** employed by the school they will be given the same training as school staff, know what to do in a medical emergency and be made aware of any pupils in their care who have specific needs.

All staff accompanying children on off-site visits will be made aware of pupils with medical conditions involved in the trip, as part of the trips risk assessment.

Agency Staff

Medical Professional Agency Staff including Nurses and Health Care Assistants

Where there are gaps or breaks in the provision of nursing staff from an NHS provider, the school may engage with an agency to provide the relevant staff.

The agency is responsible for vetting the medical qualifications of any candidates it sends to work at the school and to make sure their competencies in different medical procedures are current. Appropriate evidence of medical qualifications should be sent in the CV and vetting information provided by the agency to Greenmead.

While in school the agency nursing staff are line managed by the Head of Care. However neither the Head of Care nor any of the Senior Leaders are trained medical professionals so it is not appropriate for them to provide agency nursing staff with clinical supervision. If a concern is raised regarding a member of agency staffs clinical ability, this in turn will be raised by their agency whom will look at evidence and accounts provided by the school and decide on action to be taken. If there has been a loss of faith in the candidate's abilities, the school may choose to end the nurse's role at the school, regardless of the outcome of the investigation by the nursing agency. If there has been an incident that has impacted a pupil or staff member this will be followed up with a safeguarding investigation completed by a DSL.

Private and Agency Non NHS Medical Intervention Trainers

Due to changes in provision and staff turnover, NHS bodies do not always have the correct medical professionals that are able to train Greenmead staff in a timely way. Therefore there may be occasions where the school will need to engage agency/private trainers in order to appropriately train staff for medical procedures. Where private providers are engaged they will be asked to provide information to show they are appropriately qualified to provide the requested training. They will also provide documentation to show those they have trained are now qualified to carry out the procedure they were trained for.

Agency Teachers, Agency Teaching Assistant and Agency Play Workers

We regularly use agency staff in our school, some long term and some short term. Short term staff will not be trained to perform medical tasks.

If required, it is the decision of the Headteacher to decide which long term agency staff can be trained ensuring that the following is in place;

- Clear vetting and DBS records: that the **agency member of staff** has up to date and correctly completed and **documented checks** that enables them to be placed at the school.
- A risk assessment has been undertaken and appropriately reviewed to show that areas of risk of agency staff member performing each medical task has been taken into account and actioned.

- The candidate's agency are aware and have given written and documented permission for the candidate to perform each **category of medical intervention** that may be additional to their original duties, as the candidate or agency could argue that they are entitled to higher wage/payment for performing additional activities.
- The school must monitor that training in all tasks is adequate and check that all training is documented appropriately. Documentation should also be shared with the candidate's agency so they have evidence of training as they are also the candidate's employer.
- If training comes from the NHS or another non-school body (as we currently do) the school must check themselves that training and training documentation is adequate (or preferably more than adequate) and not rely on NHS verbal approval as the agency candidate would be considered a school employee by the council.
- It is also important that the agency candidate has demonstrated personal capabilities to show that they would be suitable to be trained in **medical procedures**. For example someone who is struggling with IT training for class use may not be appropriate to work with electronic medical measuring equipment.

The school does not regularly train agency class staff in medical procedures, however this may be needed at times of high staff turnover or prolonged staff absence.

3. Notification that a pupil has a medical condition; process for ensuring support is put in place and individual healthcare plans

Notification may come through a statement of SEN, an Education, Health and Care (EHC) plan, from a medical practitioner or from the parent / carer of the child.

When a pupil is starting at our school at the usual transition points, and has an identified medical condition, we will ensure that arrangements are in place in time for the start of the relevant school term.

The usual process for supporting a pupil with medical needs will be by establishing a **general care plan and separate care plans for specific medical needs**. **Care plans** help to ensure that pupils with medical needs are effectively supported. **Care plans** provide clarity about what needs to be done, when and by whom. The plans are helpful in the majority of cases and especially for long-term and complex medical conditions. The level of detail within the **care plans** will depend on the complexity of the child's **medical needs** and the degree of support needed. The school recognizes that different children with the same health condition may require very different support.

Care plans may be initiated by the School Nurse or healthcare professional involved in providing care to the pupil. The pupil's care plans will be linked to their statement or EHC plan.

Care Plans may include the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs, including how absences will be managed.
- Who will provide this support, their training needs and cover arrangements in their absence.
- Who in the school needs to be aware of the child's condition and the support required?
- Written permission for medication to be administered by a member of staff, or self-administered by individual pupils during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including who to contact and contingency arrangements.

Responsibility for the wellbeing of the pupil will not be left to one person; a team of people will be identified to ensure that the pupil's health, safety and emotional well-being are supported. Close liaison between the school and the relevant healthcare providers will be developed to ensure that the needs of the pupil are fully catered for and reasonable adjustments made to ensure inclusion.

A flow chart setting out the process for identifying and agreeing the support a pupil needs is at Appendix B.

Pupil specific care plans are used by the school to ensure that pupils with medical conditions are effectively supported to access the curriculum and wider school life.

They are developed in the context of assessing and managing risks to the pupil's education, health and social well-being and to minimize time out of school / learning.

4. Record keeping, Healthcare Plan register and reviews

The School Nurse and **Head of Care** will ensure that robust records are kept relating to pupils with medical conditions including:

- Their Individual Care Plans, key staff involved and the review processes.
- Administration of medication.
- Training.
- Emergency procedures.
- Parental permission forms.

Parents are asked if their child has any health conditions or health issues and if so these should be recorded appropriately when the pupil is admitted to the school. Parents are expected to update the school if their child's medical needs change. Care plans, staff training and all information needed must be **documented and present in** school **before** the child starts to attend for safeguarding reasons.

All members of staff who work with groups of pupils have access to the Care Plans of pupils in their care.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Care Plans of pupils in their care.

All pupil care plans will be reviewed annually as a minimum by the School Nursing Team or as and when a child's needs change.

Staff at the school will also use opportunities such as teacher-parent consultations and home school diaries to ensure information held is accurate and updated where needed.

Parents will always be provided with a copy of the pupil's current plan.

5. Consent to administer medicines, storage and administration of medication at school

All non-emergency medication is stored in a locked cupboard including food thickeners.

Medicines will only be administered at the school when it would be detrimental to a child's health or school attendance not to do so

If a pupil requires regular prescribed medication at school, parents are asked to provide a sign consent form giving the pupil or staff permission to administer medication on a regular/daily basis, if required. Written consent is also needed for pupils taking short courses of medication.

The school understands the importance of medication being taken as prescribed.

No child under 16 will be given prescription or non-prescription medicines without their parent's written consent.

Only prescribed medicines that are in-date, labelled with the child's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage are acceptable. The prescription must be written by a UK GMC registered Doctor for the school to be allowed to give the medication to a pupil. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

All medicines including food thickener will be stored safely and in accordance with instructions, taking account of temperature requirements.

A separate, dedicated refrigerator is available for any medication requiring cold storage (below 15 degrees centigrade). The refrigerator is kept locked at all times. The refrigerator is never used to store food or drink.

We will ensure that children know where their medicines are at all times and that staff are able to access them immediately. Staff will always know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.

All emergency medications will be kept in the pupil's individual secure red bag which will be given to a pupil with emergency medications once they start attending Greenmead Primary school. This means that emergency medications can be kept safely but also that all staff members know where emergency medications are kept so that they are easily accessible.

Oxygen can be kept and used in school, if pupils have been prescribed it by their Doctor or a Respiratory Physiotherapist and it is in a pupil specific care plan. Training will be given to staff on how to deliver oxygen safely to a pupil. Oxygen is treated in school as a medication. The emergency services are aware that it is on site and if new canisters are delivered to the site they will be regularly updated. The schools insurance company are aware that oxygen is stored on site.

If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Parents will be informed when a child has been unwell and /or medication has been required / administered. Parents will be asked before pain relief medication is given to a pupil such as paracetamol or ibuprofen. The time that it is given will always be recorded on both schools medication charts as well as in the pupils home/school diary.

Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should **notify the school immediately.**

If a pupil refuses their medication, this will be recorded and the parent notified. If necessary advice will be sought from the relevant health professional.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

The School Nursing Team will ensure the correct storage of medication at school. They will check for expiry dates three times a year.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year, and whenever required.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

Rectal Diazepam, Buccal Midazolam & Rectal Paraldehyde

Pupils who are required to have Rectal Diazepam, Buccal Midazolam or Rectal Paraldehyde (or any other emergency medication for epileptic seizures) will have an Epilepsy Care Plan drawn up by the relevant health care professional or School Nurse in consultation with input from parents/carers.

Staff will be trained by professional medical/nursing staff in recognising seizures and how to give specific emergency medication before undertaking any emergency medical procedure for epilepsy.

Staff administering this medication must use the pupil's Epilepsy Care Plan for guidance, which will always be with their emergency medication pack.

A record of any emergency medication given must always be recorded on the pupil's medication chart.

Although the School Nursing team will check termly that emergency medications are still in date it is the parents / carers responsibility to send emergency medication into school daily and replace them when in need of new ones or when medications expire. Class staff will check daily that those children whom require emergency medication have brought it to school with them.

6. Residential visits and School Trips

Parents are sent a school trips form to be completed and returned to school shortly before their child leaves for a residential school trip. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors so that they can fully support the child's medical needs. This also includes information about medication not normally taken during school hours.

All school trip forms are taken by the relevant staff member on visits and for all out-of-Supporting pupils with medical conditions policy

school hours activities where medication is required. These are accompanied by a copy of the pupil's Care Plans.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medications.

If the form includes current issues of medication - a discussion is held with the parent about how the medical condition will be managed whilst on the trip.

Full health and safety risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors we consider include: how all pupils will be able to access the activities proposed how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

7. Health and safety, including common triggers that can make medical conditions worse or can bring on an emergency

The school has a list of common triggers for the common medical conditions at this school. The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

Care Plans are used to identify individual pupils who are sensitive to particular triggers. The school has these details noted in the child's health care plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

All medical emergencies and significant incidents are reviewed to ascertain whether and /or how they could have been avoided. Appropriate changes to policy and procedures are implemented after each review.

Roles and responsibilities

This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employer, healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

The **Governors** will ensure that arrangements are in place to support pupils with medical conditions and that they are enabled to access the fullest possible participation in all aspects of school life. Governors will ensure all staff have received the appropriate level

of training and are competent to support pupils. Governors will receive annual updates as to the effective working of the policy, and will review this carefully and ensure implementation of any changes or recommendations arising from the review.

The **Headteacher, Head of Care and School Nursing Team** have lead responsibility for the implementation and review of the policy and will ensure that:

- The school is inclusive and welcoming.
- The policy is in line with national guidance and expectations, is put into action and maintained
- Liaise with other interested and relevant parties (including parents and pupils, school health, community and acute health services, the local authority services etc).
- Ensure information held by the school is accurate and up to date and good. communication and information sharing systems are in place
- Ensure pupil confidentiality is respected.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all staff are aware of the policy, including supply teachers and new staff.
- Delegate tasks appropriately to named members of staff.
- Monitor and review the policy at least once a year, with input from relevant staff and external stakeholders and update it as and when necessary.
- Report back to governors and to all key stakeholders about the implementation of the medical conditions policy.

All staff at the school have a responsibility to;

- Be aware of and understand the school's medical conditions policy.
- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan.
- Allow all pupils to have immediate access to their emergency medication when necessary.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in, and understand the impact a medical condition may have on a pupil and make any reasonable adjustments to accommodate this (eg that pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed, and are not

forced to take part in an activity if they are unwell).

Specific responsibilities of key staff:

- The **Head of Care** will keep an overview of any pupils whose medical needs impact on their learning, will advise staff working directly with them and ensure appropriate strategies are put in place to support them.
- **Staff with first aid training** will give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school and when necessary ensure that an ambulance or other professional medical help is called.
- **Staff, with support from the School Nursing team** will ensure all medication is correctly stored and labeled, regularly reviewed, in date and that parents provide new medication as needed.

School Nursing Team will be involved in the healthcare planning for pupils with medical needs as appropriate. This may include:

- Informing the school of pupils in need of a health care plan.
- Initiating healthcare plans when relevant.
- Contributing to healthcare plans and their review.
- Ensuring parental consent is obtained and recorded.
- Help in providing regular training for school staff in managing the most common medical conditions at school as well as the more specific training such as administering EpiPen's, Buccal Midazolam, inhalers and oxygen.
- Advising on training on less common conditions, including providing information about where the school can access other specialist training.
- Collating relevant health information to support pupil, family and school to inform the healthcare plan.
- Supporting pupils and parents as appropriate.

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

- Complete the pupil's Healthcare Plans provided by parents.
- Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- Ensure the Parents/child or young person knows how to take their medication effectively
- Ensure children and young people have regular reviews of their condition and their medication.
- Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil/parents).

Acute health care service personnel have a responsibility to:

- Have an agreed system for receiving information held by the school about children

and young people's medical conditions, to ensure best possible care.

- Understand and provide input in to the school's medical conditions policy.

The parents* of a child at this school have a responsibility to:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Healthcare Plan for their child and this is signed and dated by the parent.
- Inform the school about the medication their child requires during school hours.
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when, and how much (along with providing a Doctors letter regarding the medication changes if possible).
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name and from a UK Doctor.
- Provide the school with appropriate spare medication labelled with their child's name
- Ensure that their child's medication is within expiry dates.
- Keep their child at home if they are not well enough to attend school.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- Ensure school has a copy of every clinic letter that you attend.
- Ensure school have a copy where possible of clinic appointments to confirm school absences for medical reasons.
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- Ensure that school receives written letters for medical appointments.

* The term 'parent' implies any person or body with parental responsibility such as foster parent/carer, guardian or local authority.

Unacceptable practices

"Unacceptable practice:

- To prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- To assume that every child with the same condition requires the same treatment;
- To ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- To 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;

- If the child becomes ill, to send them to the school office or medical room unaccompanied or with someone unsuitable;
- To penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- To prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- To require parents, 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
- To prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child. “

Policy review

This policy is regularly reviewed and updated, taking account of guidance issued by the government. The school will seek feedback from all stakeholders both within the school and other partners. The views of parents/carers will be actively sought and are central to the evaluation and review process.

Appendix A

Communication plan to ensure full implementation of this policy

- a. Parents are informed and regularly reminded about the medical conditions policy:
 - By including the policy statement in the school's prospectus and signposting access to the policy at the start of the school year when communication is sent out about Healthcare Plans.
 - When their child is enrolled as a new pupil via the school's website, where it is available all year round.
 - Through school-wide communication about results of the monitoring and evaluation of the policy.
- b. School staff are informed and regularly reminded about the medical conditions policy:
 - Through copies handed out at the first staff meeting of the school year and before Healthcare Plans are distributed to parents.
 - At scheduled medical conditions training.
 - Through school-wide communication about results of the monitoring and evaluation of the policy.
 - All supply and temporary staff are informed of the policy and their responsibilities.
- c. Relevant local health staff are informed and regularly reminded about the school's medical conditions policy:
 - CCG and school / community nurse.
- d. Governors agree the policy and regularly review it (at least every 2 years)

Appendix B

