



# SUPPORTING STUDENTS WITHIN THE ACADEMY WITH MEDICAL CONDITIONS

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<b>Name of the Chair of Governors</b>	John Copping

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## 1. INTRODUCTION

From 1 September 2014 The Children and Families Act 2014 places a statutory duty on Governing Boards of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their academy with medical conditions.

The aim of the new legislation is to ensure that all children with medical conditions, in terms of both physical and mental health are properly supported in academy so they can play a full and active role in academy life, remain healthy and achieve their academic potential.

Some children with medical conditions may be disabled. Where this is the case governing Boards must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN). For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice 2014.

The Head of Academy and all academy staff should treat medical information including information about prescribed medicines confidentially. The Head of Academy should agree with the parent or otherwise the student (where appropriate) who else should have access to records and other information about the student.

Throughout the document we have used the term 'parent/carer' to indicate a person with legal parental responsibilities.

## 2. ROLES AND RESPONSIBILITIES

### GOVERNING BOARD RESPONSIBILITIES

The following are the **statutory** requirements that Governing Boards must have regard to when making their own arrangements to support students with medical conditions.

**The Governing Board must ensure that arrangements are in place to support students with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at the academy as any other student.**

**In making their arrangements, Governing Boards should take into account that many of the medical conditions that require support at the academy will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing Boards should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their academy life.**

**The Governing Board should ensure that their arrangements give parents and students confidence in the academy's ability to provide effective support for medical conditions in the academy. The arrangements should show an understanding of how medical conditions impact on a student's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that students need.**

**Governing Boards must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.**

**Governing Boards should ensure that this policy for supporting students with medical conditions is reviewed regularly and is readily accessible to parents and staff.**

**Governing Boards should ensure that the arrangements they set up include details on how the academy's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation**

**Governing Boards should ensure that the academy's policy sets out the procedures to be followed whenever an academy is notified that a student has a medical condition.**

**Governing Boards should ensure that the academy's policy sets out how complaints may be made and will be handled concerning the support provided to students with medical conditions.**

**Governing Boards should ensure that the academy's policy is explicit about what practice is not acceptable.**

**Governing Boards should ensure that the academy's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at academy with medical conditions.**

**The Governing Board should ensure that plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They should be developed with the student's best interests in mind and ensure that the academy assesses and manages risks to the student's education, health and social well-being and minimises disruption.**

**When deciding what information should be recorded on individual healthcare plans, the Governing Board should consider the following:**

- **the medical condition, its triggers, signs, symptoms and treatments;**
- **the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;**
- **specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;**
- **the level of support needed, (some students will be able to take responsibility for their own health needs), including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;**
- **who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;**
- **who in the academy needs to be aware of the student's condition and the support required;**
- **arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the student during academy hours;**
- **separate arrangements or procedures required for academy trips or other academy activities outside of the normal academy 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 student's condition; and**

- **what to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.**

**The Governing Board should ensure that the academy’s policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students at academy with medical conditions**

**Governing Boards should ensure that the academy’s policy covers arrangements for children who are competent to manage their own health needs and medicines.**

**The Governing Board should ensure that the academy’s policy is clear about the procedures to be followed for managing medicines.**

**Governing Boards should ensure that written records are kept of all medicines administered to students.**

**Governing Boards should ensure that the academy’s policy sets out what should happen in an emergency situation.**

**Governing Boards should ensure that the academy’s policy sets out clearly how staff will be supported in carrying out their role to support students with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.**

**The academy’s policy should be clear that any member of academy staff providing support to a student with medical needs should have received suitable training.**

**Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).**

**Governing Boards should ensure that their arrangements are clear and unambiguous about the need to support actively students with medical conditions to participate in academy trips and visits, or in sporting activities, and not prevent them from doing so.**

**Governing Boards should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.**

## **PRINCIPAL’S RESPONSIBILITIES**

The Principal should ensure that their academy’s policy is developed and effectively implemented with partners.

This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.

Principals should ensure that all staff who need to know are aware of the student’s condition They should ensure sufficient trained numbers of staff are available to implement and deliver against individual health care plans, including in contingency and emergency situations.

This may require recruiting member of staff for this purpose.

Principals have overall responsibility for the development of individual health care plans.

They should also make sure that staff are appropriately insured and are aware that they are insured to support students in this way.

They should contact the nursing service in the case of any child who has a medical condition that may require support at academy, but who has not yet been brought to the attention of the other appropriate services.

## **ACADEMY STAFF RESPONSIBILITIES**

Any member of academy staff may be asked to provide support students with medical conditions, including the administration of medicine, **although they cannot be required to do so.**

Although administering medicines is not part of teacher's professional duties, they should take into account the needs of students with medical conditions that they teach.

Academy staff should receive sufficient and suitable training and achieve the necessary level of competence before they take on responsibility to support children with medical conditions.

Any member of academy staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

## **EDUCATION/SCHOOL NURSING SERVICE RESPONSIBILITIES**

- Notifying the academy when a student is identified as having a medical condition that will require support
- Providing general advice and signposting to appropriate local support for individual children and associated staff training needs
- Providing specific support in relation to staff training in relation to management and use of Adrenaline/ Epinephrine pens for management of allergy / anaphylaxis.

## **HEALTH CARE PROVIDERS / PROFESSIONALS e.g. Paediatricians, GPs, specialist nurses etc.**

- Should notify the academy when a student has been identified that will require support at academy
- Provide advice and support on developing health care plans
- Provide support for individual children with particular conditions e.g. diabetes, epilepsy including training of relevant staff

## **PARENTS' RESPONSIBILITIES**

- Provide sufficient and up to date information to the academy about their child's medical needs
- Input into the development and review of their child's individual health care plan
- Provide any medicines and equipment in line with local arrangements
- Complete any required paperwork / consent required by the academy.

### **LOCAL AUTHORITIES RESPONSIBILITIES**

- Commissioning of an education/school nursing services for maintained schools and academies
- For those students who because of their health needs would not receive a suitable education in mainstream school because of their health needs, the local authority has a duty to make other arrangements
- Provide support and advice
- Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and bodies involved in supporting a student with a medical condition.

### **CLINICAL COMMISSIONING GROUP RESPONSIBILITIES**

- Commissioning of healthcare services, they should ensure services are responsive to children's needs and health care service are able to co-operate with the academy supporting children with medical conditions.
- Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and bodies involved in supporting a student with a medical condition.

## **3. DEVELOPING AND IMPLEMENTING AN ACADEMY POLICY FOR SUPPORTING STUDENTS AT THE ACADEMY WITH MEDICAL CONDITIONS**

Policies should:

- Identify a named person (the Principal or nominated deputy) who will have overall responsibility for policy implementation and monitoring i.e. Policy Lead.
- Identify an appropriate number of authorised and trained staff to be responsible for the receipt of and administration of medicine. Including cover arrangements and briefing for supply staff.
- Detail how all relevant (need to know) staff will be made aware of student's medical condition.
- Detail staff training in managing medicines safely and for supporting an identified individual student.
- Provide to parents a Home Academy Agreement. A full copy of the policy should be provided on request to parents and provided to parents of all students for whom an individual health care plan is developed.
- Detail how medicines will be stored, administration recorded and how this will be monitored. This should include the recording of any non-administration of a regular medication (in such instances the parent must be notified on the day).
- Incorporate risk assessments arrangements for educational visits, holiday trips and other academy activities outside of the normal timetable including procedures for managing prescription medicines on trips and outings.
- Detail procedures to be followed when the academy is notified that a student has a medical condition. If required Individual Health Care Plans should be in place before the start of the new academy term and if this is not possible e.g. new diagnosis, every effort should be made to ensure that arrangements are put in place within 2 weeks.

- Procedures should also be in place to cover any transitional arrangements between schools and academy, the process to be followed upon reintegration or when student's needs change, and arrangements for any staff training or support.
- Arrangements for monitoring and reviewing individual health care plans
- Detail procedures to be followed when the academy is notified that a student needs the academy to administer medicines on a short term basis e.g. antibiotics course.
- Be clear that medicines will only be administered where it is provided in its original container/outer packaging and where it has a pharmacy label showing the student's name, dosage instructions and the product is in date. The exception to this is insulin which must still be in date but will generally be provided to the academy inside an insulin pen or pump, rather than in its original container. Only medicines which have been prescribed for a named student will be administered in the academy.
- Detail parent's responsibilities in relation to the police
- Detail the requirement for prior written agreement from parents for any medicines to be given to the student.
- Detail the procedure for requesting students to carry their medicines themselves.
- Include details of the academy emergency procedures

A template policy is provided in Appendix 2.

#### **4. INDIVIDUAL HEALTHCARE PLANS**

Individual Healthcare Plans can help to ensure that the academy effectively supports students at the academy with medical conditions. They provide clarity about what needs to be done, and by whom.

They will often be essential such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are complex and long term.

However, not all students will require one. The academy, a health care professional and parent should agree, based on evidence, when a health care plan would be inappropriate or disproportionate. If consensus cannot be agreed the Principal is best placed to take a final view.

**Individual health care plans (and their review) may be initiated in consultation with the parent, by a member of the academy staff or a health care professional involved in providing care to the student.**

**Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the academy**

Plans should be drawn up in partnership between the academy, parents and a relevant health care professional, eg, academy specialist or children's community nurse, who can best advise on the particular needs of the student. Students should also be involved whenever appropriate. Partners should agree with who will lead writing the plan but responsibility for ensuring it is finalised and implemented rests with the academy.

Staff may need to be guided by the child's GP or paediatrician. Locally a number of tailored plans are already used and provided by health care professional e.g. asthma management plan and diabetes care plan and these can be referenced to in the individual healthcare plan and appended.

Staff should agree with parents how often they should jointly review the individual healthcare plan. This should be carried out at least once a year, but much depends on the nature of the student's particular needs in which case the plan may need to be reviewed more frequently. The academy should have a centralised register of individual health care plans and an identified member of staff should have responsibility for this register.

The student (where relevant), parents, specialist nurse and academy should hold a copy of the individual health care plan. Other academy staff should be made aware and have access to the individual health care plan for children in their care.

A template individual healthcare plan is provided in Appendix 3.

## **5. STAFF INDEMNITY**

The Governing Board and Northern Education Trust fully indemnifies its employees against claims for alleged negligence, providing they are acting within the scope of their employment. For the purposes of indemnity the administration of medication falls within this definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the academy and not the employee will meet the cost of damages should a claim for alleged negligence succeed. It is very rare for academy staff to be sued for negligence and instead the action will usually be between the parent/guardian and the employer.

## **6. STAFF TRAINING**

For children with more complex needs an individual plan will need to be developed by the relevant health care professional. Examples of more complex needs include e.g. use of Adrenaline / Epinephrine pens for severe allergy / anaphylaxis, insulin devices for diabetics, management of percutaneous endoscopic gastrostomy (PEG) feeding tubes / tracheostomy tubes and use of buccal / intranasal Midazolam for seizures. A record of the plan and details of any activity to support the plan (e.g. staff awareness sessions) should be documented in the student's individual health care plan. Any such complex issues must involve a health care professional in the briefing / training of relevant staff and the preparation of written guidance.

### **Wider Staff Awareness Training**

All staff should know what action to take in an emergency and receive updates at least yearly. Staff with students with medical needs in their class or group should be aware of and have access to a copy of the student's individual health care plan.

Arrangements for backup cover should be laid down and implemented when the responsible member of staff is absent or unavailable.

Advice and training should be available to other staff who are responsible for students such as holiday scheme staff.

## **7. STORAGE OF MEDICINES IN THE ACADEMY**

Prescribed medicines which are kept at the academy must be in a suitable dedicated locked storage cupboard or fridge(ideally a medicines cabinet). Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

A few medicines such as asthma inhalers, diabetic devices and Adrenaline/Epinephrine pens must be readily available to students and must not be locked away but must still be stored safely in such cases. Students are permitted to carry their own inhalers /diabetes devices/ adrenaline pens when appropriate. The student's parents should decide when they are old

enough to do this and should submit this request in the relevant section of the Administration of Prescribed Medicines in the Consent Form. Students should only be allowed to carry their own medicines if they are competent to self-administer the medicine without need for any supervision.

Large volumes of medicines should not be stored in the academy. Staff should only store, supervise and administer medicine that has been prescribed for an individual student. Student and staff should be aware how to access any medicine

It is recommended that medicines are routinely returned to parents at the end of each term and received back into academy at the start of each of term.

Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed. For medicines that require refrigerated storage this should be in a dedicated domestic fridge.

Where a student needs two or more prescribed medicines each should be in separate container. Staff must not transfer medicine from its original container. The Principal is responsible for making sure that all medication is safely stored.

There should be a policy which covers the issue and security of keys to medication storage cupboards, ensuring only authorised staff have access to medication.

Some drugs administered may be classified as controlled drugs e.g Methylphenidate, Midazolam. Controlled drugs should be handled in the same way as any drug **except** that they are not suitable to be carried by the student and should be stored in a locked non-portable device. The exception to this is Midazolam which is used in the emergency treatment of epilepsy and this should be readily available at all times.

## **8. DISPOSAL OF MEDICINES / MEDICAL SUPPLIES**

Academy staff should not dispose of medicines by for example flushing tablets or medicine down the toilet. Expired / no longer required medicines should be collected from academy by parents within fourteen days of the expiry date / no longer being required. If parents do not collect the expired / no longer required medicines within the specified time frame the academy should arrange for these medicines to be returned to their local community pharmacy. This should be recorded on the student's medication sheet – it is advised that this is documented and undertaken by two members of staff.

### **Interpretation Expiry dates**

<i>Expression</i>	<i>Interpretation</i>
Use by May 2017	Do not use after 30 April 2017
Use by 20 May 2017	Do not use after 20 May 2017
Use before May 2017	Do not use after 30 April 2017
Use before 20 May 2017	Do not use after 19 May 2017
Expires 31 May 2017	Do not use after 31 May 2017
Expires May 2017	Do not use after 31 May 2017

Expiry dates of all medicines held in the academy should be checked before every administration. A check of expiry dates should be undertaken of all medicines held in the academy on a half termly basis.

The renewal of any medicine which has passed its expiry date is the responsibility of the parent. Ideally parents should be reminded at least 14 days in advance of medicines expiring that they need to arrange a replacement supply.

Sharps boxes should always be used for the disposal of needles and should be provided by parents. They may also be obtained directly from the Yorkshire Purchasing Organisation catalogue.

Where appropriate there will be a procedure in place for the management of needle stick injuries.

## **9. ADMINISTRATION OF MEDICINES IN THE ACADEMY**

Medicines should only be administered in the academy when it would be detrimental to student's health or academy attendance not to do so.

No child under 16 should be given prescription or non-prescription medicines without their parents written consent. It is recommended only prescribed medicines should be administered in the academy. A template Administration of Prescribed Medicines Consent form is provided in Appendix 4.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours.

Staff should only administer medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Only staff who have been authorised to administer medicines by the Principal should do so.

Where students self-administer a medicine that may put others at risk e.g. self-injecting insulin, then arrangements should be put in place for them to do this in a safe location in accordance with a risk assessment drawn up in consultation with the parents/ health care professional.

Facilities should be available to allow staff to wash their hands before and after administering medicines and to clean any equipment after use.

Ideally medication administration should take place in the same room that the medicine is stored. All necessary paperwork should be assembled and available at the time of administration of medicine. This will include the Administration of Medicines Consent form and the Academy Record of Medication.

Medication should only be administered to one student at a time.

It is expected that the student should be known to the person administering the medicine. There should be a mechanism in place which enables the member of staff administering the medicine to positively identify the student at the time e.g. by confirming name / date of birth and / or comparing with recent photo attached to Academy Record of Medication (parental consent will be required for photos to attach to medication records)

Before administering the medicine academy staff should check:

- the student's identity
- that there is written consent from parent / carer
- that the medication name, strength and dose instructions match the details on the consent form
- that the name on the label matches the student's identity
- that the medication is in date
- that the student has not already been given the medicine

Immediately after administering or supervising the administration of medicine written records should be completed and signed.

Where a student refuses to take their medication:

- staff should not force them to take it;
- the academy should inform the child's parents as a matter of urgency;
- staff should consider asking parents to come to academy to administer the medicine;
- where such action is considered necessary to protect the health of the student the academy should call the emergency services;
- Records of refused/non administration or doses should be made in the student's medicines administration record.

Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medicine should be received as soon as possible.

Wasted doses e.g. tablet dropped on floor should be recorded and disposed of as per guidance on disposal of medicines. Such doses should not be administered.

Liquid medicines should be administered with a suitable graduated medicines spoon or syringe.

If the normal routine for administering medicines breaks down e.g. no trained staff member's available, immediate contact with parents should be made to agree alternative arrangements.

## **10. RECORD AND AUDIT TRAIL OF MEDICINES IN THE ACADEMY**

Each student who receives prescribed medicine at academy must have an individual Academy Record of Medication form completed for each medication they are to receive.

A member of staff authorised by the Principal should be responsible for recording information about the medicine and about its use.

The prescribers written instructions and the Academy Record of Medication should be checked on every occasion when the medication is administered and the Academy Record of Medication completed by the member of staff administering the medicine. The Academy Record of Medication should be retained on the premises for a period of five years.

The following information should be recorded on the academy record of administration:

- details of the prescribed medicine that has been received by the academy;
- the date and time of administration of medicine and the dose given;
- details of any reactions or side effects to medication;
- the amount of medicine left in stock
- all movements of prescribed medicine within the academy and outside the academy on educational visits for example;
- when the medication is handed back to the parent at the end of the course of treatment.

If a parent has requested a student self-administers their medicine with supervision a record of this should be made on Academy Record of Medication.

Changes to instructions should only be accepted when made in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.

A template Academy Record of Medication Administered is provided in Appendix 5.

## **11. HYGIENE AND INFECTION CONTROL**

All staff should be familiar with normal precautions for avoiding and controlling infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings and equipment.

Where specialist or enhanced hygiene arrangements are required these should be covered by an appropriate risk assessment written in consultation with parents / health care professional.

## **12. INTIMATE OR INVASIVE TREATMENT**

Intimate or invasive treatment by academy staff should be avoided wherever possible. Any such requests will require careful assessment. Some academy staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents/guardians and Principals must respect such concerns and undue pressure should not be put on staff to assist in treatment unless they are entirely willing.

The Principal should arrange appropriate training for academy staff providing medical assistance. The academy should arrange for two adults of the same gender as the student to be present for the administration of the treatment.

Where intimate or invasive treatment is required, it should be subject to an individual risk assessment which should include reference to two people to minimise any risk claim. Localised arrangements should be put in place.

**Unless otherwise required within an Individual Health Care Plan, this guidance is not intended for simple soiling accidents or nappy changing which should be accommodated within routine procedures.**

## **13. EMERGENCY PROCEDURES**

In the event of an emergency staff should contact the emergency services using the 999 system.

If an academy has within an individual health care plan agreed and put arrangements in place to deliver any emergency treatment this should be undertaken by authorised individuals. Qualified first aiders in the academy may also be able to offer support.

A member of staff should always accompany a student to hospital and stay with them until the child's parents arrive. Health care professionals are responsible for any urgent decisions on medical treatment when parents are not available.

Where students are taken off site on educational visits or work experience then the arrangements for the provision of medication must be considered in consultation with parents and risk assessments and arrangements put in place for each individual student.

Emergency medication should always be readily accessible and never locked away.

Secondary students may carry adrenaline (also known as epinephrine) auto-injectors e.g. EpiPen, Jext, (if requested by the parent) with a spare device stored in academy. It is advised the device is carried in a plastic container and that written instructions for use and after care are included with both devices.

Students who are known to have asthma must have a reliever inhaler available to them at all times in the academy. If students are carrying their own inhalers ideally a spare inhaler should be held by the academy.

#### **14. OUT OF ACADEMY ACTIVITIES / EXTENDED ACADEMY DAY**

It is best practice to carry out a risk assessment so that the planning arrangements take into account of any steps needed to ensure that students with medical conditions are included, unless evidence from a clinician such as a GP states that this is not possible.

Staff organising extended activities should meet with parent, student and health care professionals where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This should be recorded in student's individual health care plan, or risk assessment which should accompany them on the activity. If medication is required during an academy trip it should be carried by the student if this is the normal practice e.g. asthma inhalers. If not it should be carried by an authorised member of staff who would be responsible for administering it or the parent / carer if present. If residential trips are planned outside the UK specific advice may be required depending on country visited, mode of transport and medicine involved. We will consult with our travel insurer to check if any additional declarations are required to be made in order to maintain access to healthcare within the European Economic Area, its member states or beyond.

#### **15. PAIN RELIEF**

Sometimes students may be asked for pain relief at academy e.g. Paracetamol. It is not recommended that academy staff give non-prescribed medication to students. This is because they do not know what previous doses the child has taken or if it may interact with other medicines they may have taken.

#### **16. TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

When medication is prescribed for ADHD it is usually part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural problems.

Methylphenidate (Ritalin, Equasym and Medikinet) and dexamphetamine are used in the treatment of ADHD and a lunch time dose is usually needed. In some cases once symptoms are stabilised a longer acting version of Methylphenidate is used (Concerta XL, Equasym XL and Medikinet XL). These are legally categorised as controlled drugs and should be treated in the same way as other medicines. However, they should not be carried by the student and should be kept securely in a locked cabinet.

#### **17. MANAGEMENT OF DIABETES**

Students who have diabetes must have emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most students will also have a concentrated glucose gel preparation e.g. Gluogel. These are used to treat low blood glucose levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.

Students with diabetes will generally need to undertake blood glucose monitoring at lunchtime, before PE and if they are feeling 'hypo'. A clean private area with washing facilities should be made available for them to undertake this.

Children's Diabetes Nurses will provide advice and support for staff who are supporting children with diabetes.

## **18. COMPLAINTS**

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the academy's complaint procedure.

## 19. USEFUL CONTACTS

Service	Contact	Tel No	email	Address
Child and Mental Health Services (CAMHS)		01642 368400		
Community Transport Manager	Elizabeth Bird	01642 527116	<a href="mailto:Elizabeth.Bird@stockton.gov.uk">Elizabeth.Bird@stockton.gov.uk</a>	Kingsway House Billingham
Early Years and Complex Needs Manager	Jane Harvey	01642 527191	<a href="mailto:Jane.Harvey@stockton.gov.uk">Jane.Harvey@stockton.gov.uk</a>	Queensway House, Billingham
Education Development Adviser (SEN)	Joanne Mills	01642 526423	<a href="mailto:Joanne.Mills@stockton.gov.uk">Joanne.Mills@stockton.gov.uk</a>	Education Improvement Service Stockton-on-Tees Borough Council The Education Centre Junction Road Norton, TS20 1PR.
Education Improvement Service	Nigel Chilton Principal Adviser Inclusion	01642 527153	<a href="mailto:Nigel.Chilton@stockton.gov.uk">Nigel.Chilton@stockton.gov.uk</a>	Education Improvement Service Stockton-on-Tees Borough Council The Education Centre Junction Road Norton, TS20 1PR.
Health and Safety Manager	Derek MacDonald	01642 528195	<a href="mailto:Derek.Macdonald@stockton.gov.uk">Derek.Macdonald@stockton.gov.uk</a>	Bayheath House Prince Regent Street Stockton-on-Tees TS18 1DF
Human Resources	Jude Telford Jess Worthington			Northern Education Trust
Joint Commissioning Manager (Children) North of England Commissioning Support	Emma Thomas	Mobile: 07747457985	<a href="mailto:emma.thomas1@nhs.net">emma.thomas1@nhs.net</a>	<a href="http://www.necsu.nhs.uk">www.necsu.nhs.uk</a>

<b>Service</b>	<b>Contact</b>	<b>Tel No</b>	<b>Email</b>	<b>Address</b>
Pharmaceutical Adviser	Jo Linton	01642 746870	<a href="mailto:jolinton@nhs.net">jolinton@nhs.net</a>	Tees Valley Public Health Shared Service Redheugh House Stockton TS176SJ
Public Health	Sarah Bowman	01642 524296	<a href="mailto:sarah.bowman2@stockton.gov.uk">sarah.bowman2@stockton.gov.uk</a>	Consultant in Public Health Stockton-on-Tees Borough Council Bayheath House Prince Regent Street Stockton-on-Tees TS18 1DF
Risk Management & Insurance	Hayley Robson	01642 526787	<a href="mailto:Hayley.Robson@stockton.gov.uk">Hayley.Robson@stockton.gov.uk</a>	Municipal Buildings Church Road Stockton
Senior Nurse – Looked After Children - Stockton	Lynda Styles	01642 524911	<a href="mailto:Lynda.Styles@stockton.gov.uk">Lynda.Styles@stockton.gov.uk</a>	52-54 Hartington Rd. Stockton on Tees TS18 1HE
School Nursing Service	Debbie Horrocks	01642 606591	<a href="mailto:debbiehorrocks@nhs.net">debbiehorrocks@nhs.net</a>	North Tees and Hartlepool Foundation Trust Academy Nurse - Integrated Care Services Academy Health, Ragworth Neighbourhood Centre St John's Way Stockton on Tees TS19 0FB

## APPENDIX 1

### Template letter

#### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Dear Parent

Thank you for informing us of your child's medical condition. I enclose a copy of the academy's policy for supporting students at the academy with medical conditions for your information. A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each student needs and how this will be provided.

Individual healthcare plans are developed in partnership between the academy, parents, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in academy life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Principal

## APPENDIX 2

### Supporting Students with Medical Conditions Policy Template

#### ***Specimen Policy Statement***

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health are properly supported while at the academy so they can play a full and active role in academy life, remain healthy and achieve their academic potential.

Relevant (need to know) staff will be aware of individual children's medical conditions and the plan that is in place to support them including what to do in an emergency.

The academy understands the importance of medication and care being managed as directed by health care professionals and parents. Only *prescribed* medication will be administered.

Staff involved in the administration of medicines and provision of support to students with medical conditions will be suitably trained.

The named member of academy staff responsible for this medical conditions policy and its implementation is \_\_\_\_\_.

#### ***On Admission to Academy***

All parents / carers will be asked to complete an admissions form advising of any medical conditions for which their child may require support at academy.

#### ***Individual Health Care Plans***

Individual healthcare plans and their review may be initiated in consultation with the parent, by a member of academy staff or a healthcare professional involved in providing care to the student.

Individual health care plans will be drawn up in partnership between the academy, parents, and a relevant healthcare professional, e.g. academy, specialist or children's community nurse who can best advise on the particular needs of the child.

Students may also be involved whenever appropriate. The aim is to capture the steps which we will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the academy.

For the start of the new academy year, or on receipt of a new diagnosis of a medical condition, every effort should be made to ensure that suitable arrangements are put in place within two weeks. We do not need to wait for a formal diagnosis before providing support to students. In cases where a medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based upon the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

Relevant (need to know) members staff will be made aware of individual health care plans

A central register of individual health care plans will be held by the academy and they shall be reviewed at least annually and more frequently if required.

A copy of the current individual health care plan will be held by the parent / carer / academy and where relevant, a health care professional. The individual health care plans will accompany the student on any out of academy activities.

### ***Administration and Storage of Medication in Academy***

Only medicines which have been prescribed for a student will be administered in the academy. Parents should ensure that, wherever possible, medication is prescribed so that it can be taken outside the academy day.

Should medication be required to be administered at the academy, parents / carers must complete an ***Administration of Prescribed Medicines Consent Form***. Medication cannot be administered without signed consent.

The completed Administration of Prescribed Medicines Consent Form and the prescribed medication should be handed by the parent/carer to a designated member of staff.

Medicines will only be administered if they are provided in its original container complete with a pharmacy label showing the child's name, dosage instructions and any relevant storage instructions. The product must be in date. The exception to this is insulin which must still be in date but will generally be provided inside an insulin pen or pump, rather than in its original container.

The academy will make sure all medication is stored safely and that students with medical conditions know how to access them. In the case of emergency medicines they will have access to them immediately.

Parents are asked to collect all medications / equipment at the end of the academy term, and to provide new and in date medication at the start of each new term.

Parents must let the academy know immediately if their child's healthcare needs change.

Parents/ carers are responsible for replenishing supplies of medicines and collecting no longer required / out of date medicines from academy.

Children where competent can administer their own medicine. Parents will be requested to notify the academy when this is the case (and request if this is to be supervised or not). Parents / carers will also be required to request in writing if they wish their child to carry their own medication with them in academy.

The academy will keep an accurate record of all medication they administer or supervise administering, including the dose, time, date and staff involved. If a medication is not administered the parent / carer will be notified.

### ***Disposal of Medication***

If parents do not collect out of date / no longer required medicines within 14 days of being requested to do so the medicine will be returned by the academy to a pharmacy for destruction.

### ***Out of Academy Activities / Extended Academy Day***

The academy will meet with parents, student and health care professionals where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed to support a student with a medical condition to participate. This should be recorded in child's individual health care plan which should accompany them on the activity.

Risk assessments are carried out on all on all out of academy activities taking into account the needs of students with medical needs. The academy will make sure a trained member of staff is available to accompany a student with a medical condition on an offsite visit.

### APPENDIX 3

#### Form 1 – Individual Healthcare Plan

For students with medical conditions at academy  
(NB prescribed medicine in academy consent form must also be completed)

Name of academy	
Student name	√ M <input type="checkbox"/> F <input type="checkbox"/>
Group / class / form	
Date of birth	
Student address	
Medical diagnosis or condition	
Date	
Review date	

#### Family Contact Information

Name 1	
Phone no. (work)	
(home )	
(mobile)	
Relationship to child	
Name 2	
Phone no. (work)	
(home )	
(mobile)	
Relationship to child	

#### Clinic / Hospital Contact

Name	
Address	
Phone no.	

#### G.P.

Name	
Practice address	
Phone no.	

Who is responsible for providing support in academy	
---	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medicines, dose, method of administration, when to be taken, side effects, contra-indications, administered by /self-administered with/without supervision

Daily care requirements

Specific support for the students educational, social and emotional needs

Arrangements for academy visits / trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed / undertaken – who, what, when

Form copied to

**APPENDIX 4****Form 2 – Parental agreement for the academy to administer medicine**

The academy will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of academy	
Name of child	
Date of birth	
Group / class / form	
Medical condition or illness	

**Medicine**

Name / type of medicine (as described on the container)	
Expiry date	
Dosage and method of administration	
Timing	
Special precautions / other instructions	
Are there any side effects that the academy / setting needs to know about?	
Self-administration – y/n	
Procedures to be taken in an emergency	

**Nb. Medicines must be brought in the original container as dispensed by the pharmacy**

**Contact details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I Understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the academy policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Signature(s)

Date

THE GRANGEFIELD ACADEMY  
RECORD OF MEDICATION ADMINISTERED

*Medication should be returned to parents at the end of each term and received back at the start of each term*

<b>Name of Student</b>		<b>Year Group</b>	
<b>Name of Medicine</b>			
<b>Medicine Received</b>			
<b>Date Medicine Received</b>		<b>Strength of Medicine</b>	
<b>Dose and Frequency Required</b>		<b>Expiry Date</b>	
<b>Staff Name</b>		<b>Staff Signature</b>	
<b>Checked by (staff name)</b>		<b>Checked by (staff signature)</b>	

<b>Medicine Returned</b>			
<b>Quantity Returned</b>		<b>Date Returned</b>	
<b>Returned to (name and relationship to student)</b>		<b>Returned to (signature)</b>	

<b>Medicine Disposed (if required)</b>			
<small>(All expired/no longer required medication should be collected by parents/carers within 14 days. If not arrangements need to be made for medication to be returned to a local community pharmacy – 2 members of staff)</small>			
<b>Quantity Disposed</b>		<b>Date Disposed</b>	
<b>Disposed by (staff name)</b>		<b>Disposed by (staff signature)</b>	
<b>Checked by (staff name)</b>		<b>Checked by (staff signature)</b>	

Parental agreement form completed

Copy of agreement form attached

Medication labelled



**APPENDIX 6**

**Insurance Indemnity Treatment Table**

The treatment table details the procedures where cover is provided.  
 Procedures not covered by this table would need to be referred to the Academy insurers for consideration.  
 Cover would not apply to Health Care Professionals.

<b>Procedure / activity / use of</b>	<b>Cover Available</b>
Acupuncture	No
Anal plugs	No
Apnea monitoring	Yes, in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring
Bathing	Yes, following training and in accordance with written instructions
Blood samples	Yes, but only by Glucometer following written guidelines
Buccal Midazolam	Yes, following written guidelines
Bladder washout	No
Catheters	Yes, following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes
Colostomy / Stoma care	Yes, following written guidelines in respect of both cleaning and changing bags.
Chest drainage exercise	Yes, following written health care plan provided under the direction of a medical practitioner.
Dressings	Yes, following written health care plans for both application and replacement of dressings
Defibrillators / first aid only	Yes, following written instructions and appropriate training
Denture Cleansing	Yes, following appropriate training
Ear syringe	No
Ear / nose drops	Yes, following written guidance
Enema suppositories	No
Eye care	Yes, following written guidelines for persons unable to close eyes.
First aid	Yes, should be qualified first aiders and applies during the course of the business for the benefit of employees and others.
Gastronomy tube – peg feeding	Yes, cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion
Hearing aids	Yes, for assistance in fitting / replacement of hearing aids following written guidelines
Inhalers and nebulisers	Yes, for both mechanical and held following written instructions
Injections	Yes, but only for the administering of pre-packaged dose on a regular basis pre-prescribed by a medical practitioner and written guidelines
Medipens	Yes, following written guidelines with a pre-assembled epipen
Mouth toilet	Yes
Naso-gastric tube feeding	Yes, following written guidelines but cover is only available for feeding and cleaning the tube. There is no cover available for tube insertion or re-insertion which should be carried out by a medical practitioner.

## Insurance Indemnity Treatment Table

Procedure / activity / use of	Cover Available
Occupational therapy	No
Oral medication	Yes, subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible, Parent / Carer should provide the medication prior to the child leaving home. A written consent form will be required from the Parent / Carer. Similar consideration should be given when asked to administer 'over the counter' medicines.
Oxygen - administration of	Yes, but only in respect of assisting user following written guidelines, ie, applying the mask.
Pessaries	No
Reiki	Yes
Physiotherapy	No
Pressure bandages	Yes, following written guidelines
Rectal midazolam in pre-packaged dose.	Yes, following written guidelines and two members of staff must be present.
Rectal diazepam in pre-packaged dose	Yes, following written guidelines and two members of staff must be present
Rectal Paraldehyde	No
Splints	Yes, as directed by a medical practitioner.
Suction machine	No
Syringe drivers – programming of	No
Suppositories	No, other than rectal diazepam and midazolam
Swabs – external	Yes, following written guidelines
Swabs – internal	No, other than oral following written guidelines
Toe nail cutting	Yes, following written guidelines.
Tracheostomy	No, cover is only available for cleaning around the edge of the tube only following written guidelines.
Ventilators	Yes, following written guidelines