

Supporting Students with Medical Conditions Policy



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Responsible Officer: Executive SENCo

Vision and Ethos



The vision statement of the Trust demonstrates its Christian ethos and faith foundation.

The Trust believes in the transformational power of education for each individual and that this is enhanced through collaborative working between the academies.

We believe:

- that a Christian ethos underpins and informs all that we do
- that the focus of the Trust is to promote collaboration between schools within a strategic locality in order to secure mutual improvement
- that through managed collaboration between academies there will be increased and improved opportunities for the development of all staff, students/children, parents and community
- in the development of a broad and balanced curriculum that supports young people's personal development and preparation for life
- that the family of academies within the Trust, working together, will secure continuity and progression for all
- that there should be high expectation for all children/students and young people whatever their circumstances or starting point and addressing disadvantage
- that, through its structures and work, the Trust can create and support effective Governance for all members
- that, through the Trust's work across its academies, expertise and capacity will be developed so that they can be supported with their development needs and economies of scale achieved

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Where the word 'Trust' is used in this document it refers to Archway Learning Trust.

Where the term 'Governing Body' is used it refers to the Academy Advisory Board (AAB) of an individual academy within the Trust.

Where the word 'parent' is used it includes all those with parental responsibility, including parents and those who care for the child.

Where appropriate the AABs of individual academies will publish details of their procedures and practices to implement Trust policies.

This policy applies to all academies in the Trust.

Related Policies and Procedures

- Accessibility Plan
- Complaints Policy
- Equality and Diversity Policy
- Inclusion and Disability Policy
- Safeguarding Policy

1. Policy Statement

- 1.1. The Trust is proud of its diversity. It places great emphasis on its unique and varied community of learners. Everyone, regardless of faith, ability, gender, ethnicity, background or circumstance is valued and nurtured and is expected to become an independent learner and fulfil their potential through high attainment and achievement.
- 1.2. The Trust's mission reflects the belief that an exceptional education for all is rich and empowering beyond the narrow confines of formal examination success.
- 1.3. Section 100 of the Children and Families Act 2014 places a duty on the Board of Trustees to make arrangements for supporting students with medical conditions across the Trust.

2. Scope and Principles

- 2.1. The purpose of this policy is to ensure that:
 - all academies across the Trust operate within the legal guidelines laid down to cover all aspects of student care and medical treatment;
 - staff who make decisions about students' medication do so on the basis of protocols and clearly defined procedures and policies;
 - all activities around any students' medical needs reflect best practice.
- 2.2. Our policy is to ensure that all students with medical conditions are properly supported in all the academies across our Trust so that they can have full access to education, including trips and physical education. They should play a full and active role in academy life, remain healthy and safe and achieve their academic potential. It is our aim to ensure that parents/carers feel confident in our ability to provide effective support for students with medical conditions in our academies.
- 2.3. This Policy aims to develop a framework and give guidance regarding the handling and administration of medication. It cannot however be expected to cover every eventuality or problems staff will face when handling medication. There will always be a need for staff to seek external advice from medical practitioners.
- 2.4. The Trust aims to ensure that each student's medication needs are fully met through:
 - the safe secure storage of medications;
 - the safe administration of medications;
 - the provision of appropriate medication; and
 - the provision of suitably trained staff.

3. Appendices

- 3.1. The Appendices attached provide detailed guidance for all staff, students and parents to follow.

Appendix 1: General principles

1. All staff at the Trust should treat all medical information as confidential.
2. On the student's admission to an academy within the Trust, the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements and any other relevant information. This information should be renewed annually.
3. Parents/carers should be encouraged to ask the student's doctor to prescribe medication which can be administered outside normal academy hours wherever possible, for example, asthma preventer inhalers, anticonvulsant medication and antibiotics.
4. Medicines should only be administered at the academy when it would be detrimental to a student's health or attendance not to do so.
5. There must be adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication.
6. There must be adequate access to, and privacy for, the use of medication.
7. If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/or a healthcare professional.
8. The names and contact details of the school nurse should be known by the appropriate staff.
9. No student under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student to involve their parents while respecting their right to confidentiality.
10. A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence.
11. Some students with medical conditions may be disabled and where this is the case we will link our responsibilities to the Equality Act 2010. Some may have additional needs, a statement or an Education, Health and Care Plan which will advise how best to meet their needs.
12. It is the responsibility of parents/carers to inform the academy about their student's medical needs. It is expected that there would be a simple agreement between parents/carers and the academy in relation to administering medicines or providing health care. A template for this is used and is available on request.
13. Parents/carers will be asked to complete an Administration of Medicines/Treatment Form which is available from the academy office. Once completed these forms will be kept in a designated area at the academy. Parents/carers must inform the academy if there are any changes necessary. All forms used by the academy are in line with the templates provided by the Department for Education.

14. If a student is on constant, repeat prescription it is the responsibility of the parent/carer to ensure that there is always a stock at the academy to avoid the danger of running out. Parents/carers should also ensure that medication is in date. Parents would usually dispose of out of date medication.
15. An individual health care plan will be written in conjunction with parents and will be reviewed annually unless there are changes. (see attachment – model health care plan). Emergency plans will be written when appropriate.
16. The academies within the Trust will not administer medicines which are not prescribed by a medical professional (this includes Calpol, Paracetamol, headache tablets, cough sweets or any medicines containing Ibuprofen), unless there are exceptional circumstances which have been discussed and agreed with parents/carers.
17. All medicines are stored securely within a lockable cupboard in specific named areas of the academy. Those medicines needing cold storage will be stored in a designated fridge.
18. The academy will consider what reasonable adjustments need to be made to enable students with medical needs to participate fully and safely on visits. This will be done in consultation with parents/carers. Appropriate risk assessments in line with local and national guidelines will be made.
19. When appropriate, students will be encouraged to be in control of managing their health needs. If a student refuses to take medicine staff will not force them to do so. Parents/carers will be contacted immediately to confirm alternative options. If a student is accessing organised home to academy transport, the academy and parent/carers will ensure that escorts and drivers are aware of their medical needs.
20. The academy will ensure that students will drink, eat or take toilet breaks whenever they need to in order to manage their medical condition effectively.
21. The academy will make reasonable adjustments to rewarding good attendance if the medical condition means that the student has to attend regular medical appointments. Any long term absence in relation to the medical condition will be managed effectively alongside parents/carers and support put in place if deemed appropriate to limit the impact on the student's educational attainment and emotional wellbeing.

Appendix 2: Roles and Responsibilities

1. **The Board of Trustees** will ensure that the Trust develops a policy for supporting students with medical conditions, that it is fully implemented and that it is reviewed regularly and is readily accessible to parents and Trust staff. In developing their policy, the Trust may wish to seek advice from any relevant healthcare professionals.
2. **The Board of Trustees** will ensure that their arrangements give parents and students confidence in the Trust's ability to provide effective support for medical conditions at the academies within the Trust. The arrangements 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. The implementation of the Policy will be delegated to the Academy Advisory Board (AAB) of each Academy. The AABs will ensure that staff are properly trained

to provide the support that students need. They will also support all staff involved by agreeing to them accessing training and by ensuring that they feel secure and comfortable that they are adhering to national and local guidance.

3. The respective **Principals / Heads of School** with support from the Senior Leadership Team and SENCos are responsible for ensuring that the day to day implementation of the policy is carried out in a smooth way and is embedded in practice.
4. Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the Board of Trustees *must* comply with its duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For students with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) Code of Practice. For students who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those students.
5. Students with medical conditions are entitled to a full education and have the same rights of admission to the academy as other students. This means that no student with a medical condition should be denied admission or prevented from taking up a place in an academy within the Trust because arrangements for their medical condition have not been made.
6. In line with their safeguarding duties, the AABs must ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a student into the academy at times where it would be detrimental to the health of that student or others to do so.
7. The AABs will ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and the AABs should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.
8. Supporting a student with a medical condition is not the sole responsibility of one person. The academy's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between Trust staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and students will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively. Some of the most important roles and responsibilities are listed below.
9. **Trust staff** – any member of Trust or academy staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. Trust and academy staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions. Any member of Trust or academy staff should

know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

10. **School nurse** – every academy has access to the school nursing service. They are responsible for notifying the academy when a student has been identified as having a medical condition which will require support at the academy. Wherever possible, they should do this before the student starts at the academy. They would not usually have an extensive role in ensuring that academies are taking appropriate steps to support students with medical conditions, but may support staff on implementing a student’s individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the student and associated staff training needs. Community nursing teams will also be a valuable potential resource for an academy seeking advice and support in relation to students with a medical condition.
11. **Other healthcare professionals, including GPs and paediatricians** – should notify the school nurse when a student has been identified as having a medical condition that will require support at the academy. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support at the academy for students with particular conditions (e.g. asthma, diabetes, epilepsy).
12. **Students** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions.
13. **Parents** – should provide the academy with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the academy that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child’s individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
14. **Local authorities** – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as the Board of Trustees and clinical commissioning groups and NHS England, with a view to improving the wellbeing of students with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for academy staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with academies to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a student will be away from school for 15 days or more (whether consecutive or cumulative across the school year).
15. **Providers of health services** – should co-operate with academies that are supporting students with a medical condition, including appropriate communication, liaison with school

nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to academies, and their staff, to support students with medical conditions.

16. **Ofsted** – their inspection framework places a clear emphasis on meeting the needs of disabled children and students with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

Appendix 3: Staff training and awareness

1. The Principal / Head of School at each academy will ensure that all staff are provided with training in relation to different conditions and that specific staff will be provided with bespoke training for individual students needing high level care. A record of relevant training will be kept by the Trust HR Team. Individual staffing needs and professional development in relation to supporting children with medical conditions will also be integrated in the appraisal system.
2. Each academy will work alongside the school nursing services as much as possible. All staff working at the academy will be made aware of those students with a medical condition. Class teachers are issued with lists informing them of any medical issues via Year Leaders. Staff are able to access information electronically through secure sites as well as having access to files and documents. All students with medical needs are listed on the academy's Inclusion Education Register.
3. Liaison with pre-school services and providers, primary and secondary schools/academies as appropriate, will ensure that transition arrangements are robust as a student moves settings. This will allow for adequate preparation and understanding by staff in the setting the student is moving to. The relevant healthcare professional should normally lead on identifying and agreeing with the academy the type and level of training required, and how this can be obtained. The academy may choose to arrange training for specific staff and should ensure this remains up-to-date.
4. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the academy to decide, having taken into consideration the training requirements as specified in students' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
5. Training must be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

6. The academy will also set out arrangements for whole academy awareness training so that all staff are aware of the Trust's policy for supporting students with medical conditions and their role in implementing that policy when and where necessary. Induction arrangements for new staff must include access to the Supporting Students with Medical Conditions Policy.
7. The family of a child will often be key in providing relevant information to academy staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Appendix 4: The student's role in managing their own medical needs

1. The age at which students are ready to take care of and be responsible for their own medication varies.
2. The academy will always strive to include students who are competent to manage their own health needs and medicines. After discussion with parents, students who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Following risk assessment they may either keep medication securely on themselves, or in lockable facilities. The risk assessment takes into account the safety of other students. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. Decisions about the level of supervision required and the custody of medication will be documented and receive parental consent. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
3. With the exception of emergency medication, Controlled Drugs should be kept in lockable, non-portable, facilities. Where agreed, a student may be allowed supervised access to their own supply in order to self-medicate.

Appendix 5: Managing medicines on school premises

1. Medicines should only be administered at the academy when it would be detrimental to a student's health or attendance not to do so.
2. No student under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student to involve their parents while respecting their right to confidentiality.
3. A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be consulted.
4. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

5. Academies should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to academies inside an insulin pen or a pump, rather than in its original container.
6. All medicines should be stored safely. 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. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be kept in a locked storage unit.
7. In case of a medication error it is essential to notify the student's parent of the error and record the incident in the appropriate book. Immediately phone 999 if the student has collapsed or is not breathing and follow the advice given.

Appendix 6: Disposal/return Of medication

1. Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal. Medications should be returned to the student's parent/carer:
 - when the course of treatment is complete;
 - when labels become detached or unreadable;
 - when instructions are changed;
 - when the expiry date has been reached;
 - at the end of each term (or half term if necessary).

Appendix 7: Record keeping

1. A parental consent form must be completed each time there is a request for medication to be administered. All relevant information must be supplied including:
 - student's name;
 - student's date of birth name, strength and quantity of medication provided;
 - clear concise dosage instructions;
 - reason for the request;
 - emergency contact names and telephone numbers;
 - parent/carer signature.
2. If staff take responsibility for the administration of a medication a record should be kept which includes:
 - the name of the student;
 - student's date of birth;
 - the name and strength of the medication;
 - dose given;
 - the date and time of administration;
 - the person responsible for the administration;
 - quantity of medication received or returned.

3. Reasons for any non-administration of medication should be recorded and the parent/carer informed as soon as possible “wasted” doses (e.g. tablet dropped on floor) should also be recorded.
4. When a student is self-administering there should be a written request which states whether or not the self-administration needs to be supervised. If it is supervised a record should be kept as above.
5. Changes to instructions will only be accepted when received in writing.
6. A fresh supply of correctly labelled medication should be obtained as soon as possible. All actions should be documented.

Appendix 8: Emergency procedures

1. All staff should know who is responsible for carrying out emergency procedures in the event of need. There is specific guidance on:
 - calling for an ambulance;
 - where emergency medication is stored;
 - who should administer the medication;
 - who should stay with the student;
 - supervision of other students nearby;
 - supporting students witnessing the event.
2. In the event of a medical emergency the member of staff present should summon the assistance of one of the first aiders. Should an ambulance be required this will be done by the receptionist in the Main / Student Reception. A list of staff who are qualified to administer first aid is available on the Honeycomb intranet.
3. In the event of an ambulance being called the member of staff should remain with the student until the parent/carer arrives. The member of staff who is the ‘on-call’ for that period or a member of SLT should be called to supervise other students nearby and, if necessary, to support students witnessing the event.
4. Emergency medication must always be readily available and never locked away. If a student has an alert card, a copy should be kept with the medication and should include precise details of the action to be taken in an emergency.
5. Whenever an ambulance is called an Injured Person Form should be completed after the event. This form should be sent to the Resources Director.
6. Staff who agree to administer emergency medication, such as an Epipen, must have had training from an appropriate health care professional (e.g. school nurse, nurse specialist, nurse educator or nurse adviser). Training should be updated annually and records of all training sent to the HR team.
7. Epipens are kept in a secure location. Parents/carers are asked to provide a spare Epipen to be kept in main reception. There must be clear, dated instructions, specifying dose, when to

give and further action to be taken. Staff who are willing to administer emergency allergy medication are listed on the Honeycomb intranet. Where appropriate, EpiPens should be taken on educational visits.

8. Students who have diabetes must have an emergency supplies kit available at all times. This kit should include quick acting glucose in the form of glucose sweets or drinks. Most students with diabetes will also have a concentrated glucose gel preparation. The kit should also contain a form of longer acting carbohydrates such as biscuits. Parents must inform the academy of actions to be taken in the case of an emergency relating to specific conditions (for example hyper- or hypo- glycaemia). Guidance is provided annually by diabetic nurse team who completes the IHCPs for those students with Type 1 diabetes.
9. Students who have asthma must have a reliever inhaler available at all times. Students should carry their own reliever inhaler and ideally keep a spare reliever inhaler in the academy.
10. In extreme emergencies e.g. an anaphylactic reaction or diabetic coma, certain medicines can be administered or supplied without the direction of a medical practitioner for the purpose of saving life. All staff will be made aware of how to contact persons trained to administer medication in an emergency. Where possible, all staff will be trained (and will have given their permission) to administer emergency medicine for the purpose of saving life. All staff will be aware of how to contact the emergency services and they will have access to information about the student's condition.

Appendix 9: Allergies

1. Information and photographs of those young people who suffer from an allergy is available to all staff. The academy will ensure that a list of all those able to administer adrenaline via an EpiPen when necessary is available on Honeycomb.

Appendix 10: Treatment of ADHD

1. When medication is prescribed for ADHD it is usually as part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural conditions. For some students with ADHD dose of medication may be required during the academy day to control the student's symptoms for the remainder of the day and thus allow effective learning to take place. Medication for ADHD is treated in exactly the same way and with the same safeguards as any other medication.

Appendix 11: Pain relief

1. Sometimes students may ask for pain relief (analgesics) e.g. paracetamol. Generally, academy staff should not give non-prescribed medication to students. This is because they may not know whether the student has taken a previous dose or whether the medication may interact with other medication being taken.

Appendix 12: Day trips, residential visits and sporting activities

1. The academy will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits; this may include a carrying a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included.
2. If medication is required during an academy trip it should be carried by the student if this is normal practice e.g. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication, or the parent/carer if present. If a student requires a travel sickness remedy, parents/carers should provide written consent and a suitable medication in its original container.
3. If trips outside of the UK are being considered, parents may need to seek advice from the student's clinician or pharmacist on the timings of medication, especially those such as medication for epilepsy. Information on the carriage of medication including specific advice about the carriage of Controlled Drugs can be obtained from the Home Office and the Embassy of the country to be visited.
4. It is essential to inform all members of staff who may have responsibility for the student during the day about the need for medication and what to do should a medical emergency arise. The accessibility of medication, particularly for use in an emergency, may need to be reviewed if the staff running the activity are different from the normal academy staff responsible for the supervision or administration of medication e.g. in breakfast/after school clubs or during sports events.

Appendix 13: Misuse Of Medication

1. Misuse of a Controlled Drug, such as passing it to another student, is an offence. The academy will take reasonable measure to ensure that students who self-manage their medication or carry emergency medication with them are aware of the dangers of medication misuse and its implications.

Appendix 14: Staff medication

1. Any staff requiring medication during the working hours should ensure that their medication is safely and securely stored, such that students have no access to it. Staff must not under any circumstances give their medication to a student.
2. Visitors to the academy are required to provide emergency contact details and are encouraged to alert the academy of their potential medical needs, if they are visiting the academy for longer than one day (for example PGCE trainees in placement). These records are disposed of after visitors have left the academy.

Appendix 15: Individual health care plans

1. Where a student has special educational needs (SEN) but does not have a statement or EHC plan, their special educational needs are mentioned in their individual healthcare plan. For students with SEN, this guidance should be read in conjunction with the SEN code of practice.
2. All students with medical needs which may require emergency treatment will have an Individual Health Care Plan developed in partnership with parents, academy staff, school nurses and other medical advisers that explains what must happen in case of emergency.
3. The following information needs to be considered when drawing up IHCPs:
 - 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 to be used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors and 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 period or additional support in catching up with lessons and 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, and expectations of their role.
 - Confirmation of proficiency to provide support for the student's medical condition from a Health Care Professional. In addition to this, consideration should be given to cover arrangements for when designated staff are unavailable.
 - Who in the academy needs to be aware of the student's condition and the support required.
 - Transition arrangements (between schools).
 - Separate arrangements or procedures required for academy trips and activities outside of the normal academy day that will ensure the student can participate e.g. risk assessment.
 - When a student who accesses medication or who has other medical needs goes off site, e.g. on an Academy trip, a copy of the care plan should be held by a supervising member of staff on the trip. This will help to ensure that accurate information is available for medics and others in the event of an emergency.

Appendix 16: Academy health care plan register

1. Healthcare Plans are used to create a centralised register of students with medical needs. The pastoral lead manager has responsibility for the register at the academy.
2. Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms or needs or their medication and treatments change.
3. Staff use opportunities such as teacher – parent meetings to check that information held by the academy on a student's condition is accurate and up to date.

4. Every student with a Healthcare Plan at the academy has their plan discussed and reviewed at least once a year.
5. Healthcare Plans are filed in pastoral/SEN student files and a copy on the student's SIMS record so all members of staff have access to them.

Appendix 17: Intimate care – toileting plans

1. A student may need assistance toileting during the school day. A toileting plan will be created for that student to go alongside their medical care plan (see Appendix).
2. Identified staff will assist with the intimate care of students. Staff will ensure that:
 - each child is treated with dignity and respect;
 - each child will be given the opportunity to change in private and carry out this process themselves;
 - appropriate care and support is given to the child;
 - appropriate provision and equipment is available (shower, waste bin, wipes, gloves and spare uniform);
 - records are kept and parents/carers kept updated – i.e. If more uniform is needed / is occurring more often than what is deemed normal;
 - they know what to do in an emergency, who to contact and contingency arrangements.

Appendix 18: Unacceptable practice and complaints

1. The following items are not generally accepted practice with regard to children with medical conditions. Although staff should use their discretion and judge each case on its merits with reference to the child's medical care plan, it is not generally acceptable practice to:
 - prevent children from easily accessing their inhalers or medication and administering their medication when and where necessary;
 - assume that every child with the same condition requires the same treatment;
 - ignore the views of the child or their parent/carer; or ignore medical evidence or opinion (although this may be challenged);
 - send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their medical care plans;
 - send a child who has become ill to Student Services unaccompanied or with someone unsuitable;
 - penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
 - prevent pupils from drinking, eating, taking toilet or rest breaks whenever they need to in order to manage their medical condition effectively;
 - require parents/carers to attend school to administer medication or provide medical support to their child (i.e. toileting issues). No parent/carer should have to give up working because the academy is unable to support their child's medical needs;
 - prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parent/carers to accompany the child.

Appendix 19: Complaints

1. The Trust's Complaints Policy is available on the Trust and academy websites, or from reception at each site.

Appendix 20: Storage & disposal of medication

1. *Storage.* The academy should have the following systems and processes in place:
2. Medication, when not in use, will be stored in a safe and secure place. Storage facilities are locked outside of school hours. The keys to secure storage facilities are kept in a secure place in Student Reception or the Learning Support Main Office. Together with the medication, all students' IHCPs (Individual Health Care Plans) are kept in a folder in Student Reception and Staff Public on the hard drive.
3. Some medications may need to be refrigerated. There is a designated refrigerator for this purpose. Any medication in the refrigerator must be identified and placed in a closed plastic container with the lid clearly marked 'Medication'.
4. Medication stored at the academy will be checked once every half term to ensure that medication has not reached its expiry date. Medication which is no longer required should be disposed of.
5. *Disposal.* Parents/carers are responsible for ensuring that any medication no longer required is returned to the pharmacy for safe disposal.
6. Medication should be returned to the student's parent/carer:
 - When the course of treatment is complete.
 - If the labels become detached or unreadable.
 - When instructions are changed.
 - When the expiry date has been reached.
 - There will be a check of the medication storage areas once every half term. Any medication which is no longer required and which has not been collected by parents/carers will be disposed of safely via a community pharmacy.
 - A record will be kept of all medication returned or disposed of, even empty bottles.
 - No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.
 - The parent/carer is responsible for ensuring that, where necessary, their child's sharps box is always available for the disposal of needles or glass ampoules.

Appendix 21: Parental responsibilities

1. It is the parent's/carer's responsibility to provide the academy with the medication required. The medication should be dispensed, in the original container and must be clearly labelled with:
 - Name of student.
 - Name of medication.

- Strength of medication.
 - How much to give i.e. dose.
 - When it should be given.
 - Length of treatment/stop date, where appropriate.
 - Any other instructions.
 - Expiry date (where there is no expiry date the medication should have been dispensed within the last 6 months).
2. The label 'To be taken as directed' does not provide sufficient information. Precise information must be supplied.
- Liquid medicine should be accompanied by a 5ml medicine spoon or an oral syringe.
 - If the medication and/or dosage need to be changed or discontinued the academy must be informed in writing by the parent/carer.
 - It is the parents'/carers' responsibility to ensure that all medication is replenished when needed.
 - Parents/carers must ensure that their child understands their responsibility if they carry their own medication, for example, an inhaler for asthma.

Appendix 22: Administration of medication

1. Staff agreeing to administer medication should have received training appropriate to the tasks they are asked to perform. Facilities are available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use.
2. Where possible, medication administration takes place in the same room as where the medication is kept. All the necessary paperwork are assembled and available at the time of administering medication. This includes the written consent and medication administration records.
3. In addition to the above:
 - medication should only be administered to one child at a time;
 - the member of staff administering the medication must be able to positively identify the student at the time of medication. A recent photograph of the student should be placed on the record of medication administered form to enable a comparison to be made.
4. Before administering medication the member of staff should check:
 - the student's identity;
 - that there is written consent from a parent/carer;
 - that the medication name and strength and dose match the details on the consent form;
 - that the medication to be given is in date;
 - that the student has not already been given the medication.
5. If there are any concerns about giving medication to a student, then the member of staff must not administer the medication, but should check with the parent/carer and document any action taken.

6. When a medication cannot be administered in the form in which it is supplied e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the parent/carer, following advice from a healthcare professional.
7. Immediately after administering or supervising the administration of medication, written records should be completed and signed.
8. If a student refuses to take a medication they should not be forced to do so. Refusal should be documented and parents should be informed as soon as possible on the same day. If a refusal could result, or results in an emergency then the academy's emergency procedures must be followed.
9. All students with life threatening conditions will have IHCPs written by their lead clinician which will include a photograph. This information will be kept as a paper copy with the medication at Student Reception. Additional copies are kept in the student's file in their Year leader's office. This information can also be found electronically on Staff public. IHCPs of students with long term medical conditions can be located in the same areas.
10. Long term care plans (IHCPs) of students that are SEN but not statemented will need to have SEN information on the IHCP and a section that indicates the impact on the student's education.

Appendix 23: Asthma

1. Trust academies:
 - welcome students with asthma and recognise their needs;
 - will encourage and support students who have asthma to participate fully in all aspects of academy life;
 - work towards ensuring the academy environment is favourable towards students with asthma;
 - expect and encourage parents/carers to give appropriate information to the academy regarding their child's asthma and to provide a prescribed reliever inhaler.
2. On admission to the academy all parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family GP and any relevant hospital details.
3. *Safety and storage of asthma inhalers*
 - Reliever inhalers should be carried by the student. Parents/carers should provide a spare inhaler to be kept in Student Reception.
 - Parents/carers should be informed that it is their responsibility to ensure medication is in date and replenished as necessary.
 - Parents/carers will be notified if the spare reliever inhaler has been used during the Academy day.
4. *Exercise and Activity*

- Students with asthma are encouraged to participate fully in all PE lessons and sports activities. Some students with asthma may need to use the reliever inhaler before exercising.
- Students should have their reliever inhalers readily available at all times including all off site activities.

5. *Asthma attack*

- It is important that all staff know how to deal with a student experiencing an asthma attack. First aiders across the Trust will be given asthma awareness training and receive annual updates so that they recognise and know how to manage a student experiencing an asthma attack and what to do in the event of an ambulance being called.
- In the event of an asthma attack staff should follow the procedure outlined in 'The Asthma Attack Flowchart'. This flow chart should be visibly displayed in the staffroom, designated medical rooms, sports hall, fitness room, staff work rooms and science prep rooms.

Asthma Attack Flowchart

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

In the event of an asthma attack:

- Stay calm and reassure the student
- Encourage the child to sit up and slightly forward
- Encourage the child to breathe slowly
- Make sure any tight clothing is loosened
- Help the child to take their Reliever inhaler
- If not available, use the emergency inhaler
- Remain with the child while the inhaler is brought to them
- Stay with the child until they are feeling better

Inhaler administration:

- Help the child to take their Reliever inhaler. If not available, use the emergency inhaler
- Remain with the child while the inhaler is brought to them.
- Immediately help the child to take 2 separate puffs
- If there is no immediate improvement continue to give 2 puffs at a time every 2 minutes, up to a maximum of 10 puffs.

ALWAYS CALL FOR A FIRST AIDER AND THEN AN AMBULANCE IF ANY OF THE FOLLOWING OCCURS

- The child is distressed and gasping or struggling to breathe
- The child has difficulty in speaking more than a few words at a time.
- The child is pale, sweaty and may be blue around the lips.
- The child is showing signs of fatigue or exhaustion
- The child is exhibiting a reduced level of consciousness
- You are concerned about the child's condition at any time
- The child has collapsed

Whilst the ambulance is on its way, the child should continue to take puffs of their Reliever inhaler as needed until their symptoms resolve.

Contact parents/carers, once the emergency situation is under control and the ambulance has been called.

Allergic Reaction Flowchart

ALLERGIC REACTION HAS OCCURRED
DO NOT MOVE CHILD UNLESS COMPLETELY UNAVOIDABLE

Minor reaction – very common

Face – swollen lips and eyelids
Skin – flushed, itchy, rash, wheals
Gut – abdominal pain, nausea

Contact parents
If parents are unavailable and if you have any concerns about the student's condition, dial 999 and request an ambulance

Supervise closely

Severe reaction – very rare

Swollen tongue
Swollen throat
Swollen airways
Change in colour / feeling clammy
Floppiness, feeling faint, collapse

Dial 999, and request an ambulance

May need to administer Epipen if named in student's Health Care Plan