

**TRINITY ACADEMY NEWCASTLE TRUST**

**Supporting pupils at the Trust with medical conditions.**

**Approved by the Board of Trustees – July 2025**

**Next Review Date – July 2026**

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## **APPENDICES**

- 1 Medication Record
- 2 Health Care Plan
- 3 Contacting Emergency Services
- 4 Common Conditions  
Practical Advice regarding Asthma, Epilepsy, Diabetes and Anaphylaxis
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## **LEARNERS WITH MEDICAL NEEDS**

Learners with medical needs have the same rights of admission to a school as other learners. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some learners however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example learners with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as learners diagnosed as having ADHD or ADD, severe allergies that may need an adrenaline injection. Learners with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these learners, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support learners with medical needs and ensure that they and others are not put at unnecessary risk.

## **POLICY STATEMENT**

This policy relates to requests made of Trinity Academy Newcastle Trust (The Trust) from parents or carers to provide additional support, whether administering prescribed medication and/or medical techniques, to their learners during trust time.

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school

### **At The Trust:**

- We accept that learners with medical needs have the same rights of admission to Academy as other learners.
- The Trust endeavours to welcome and accommodate all learners with health and/or medication needs providing it can do so safely within its resources and that such needs do not present an unreasonable risk for the learner in the trust.
- We will endeavour to ensure that all learners regardless of medical need, either short or long-term, will be educated alongside their peers.
- We recognise the importance of prescription medication for some learners either to preserve or maintain health or improve social and behavioural functioning and ability to learn.
- We firmly believe however that parents and carers have primary responsibility for the administration of medication to their children and therefore, circumstances permitting require that all medicine/s where possible are taken outside normal Trust times.

- The Trust does not advocate the use of medication to singularly control and regulate a learner's behaviour. We do recognise however that for some learner's the use of medication can, under close medical supervision, have beneficial effects in terms of them accessing and realising their right to an education.

The management and administration of prescribed medicines on site must be executed in strict accordance with this policy to ensure that the health and safety of all learners and staff is safeguarded at all times.

#### **AIMS:**

- To provide a safe and secure environment for learners and staff;
- To establish a safe and reliable system for managing medicines in the Trust;
- To ensure that prescribed medicines are administered safely and correctly to learners;
- To clearly identify the protocols relating to the management of and administering of medicines in the Trust;
- To provide clear information to all staff, parents/carers and students relating to the management of medicines;
- To ensure that all Trust practices conform to legislation, government and LA guidance.

#### **OBJECTIVES:**

- To enhance communication between Trust staff;
- To work in partnership with learners and parents/carers;
- To establish effective links and regular liaison with other professionals and external agencies where appropriate;
- To establish systems wherein learners with long-term health and/or medication needs can be best supported;
- To ensure that all learners in the Trust have access to a Health Care Plan if needed;
- To maximise the learners access to the Trust's curriculum and community;
- To identify key roles and responsibilities within the Trust;
- To identify clear conveyance, acceptance, storage, administration and disposal protocols with relevant recording procedures;
- To clarify the Trust's response to particular scenario's e.g. Learners refusing medication, the unavailability of medication to students and medication missed at home;
- To ensure that training is made available to relevant staff as and when required.

#### **POLICY ACCESS & DISSEMINATION OF INFORMATION**

- All staff will have direct access to this policy; a copy will be available in the Head of School's office and the Pastoral Managers office. It is also available from the shared 'information drive' under policy document.
- Parents and carers making a request for Trust's to administer medication to the learner will be offered a copy at a health care planning meeting.
- Academy staff will be made aware of any specific medical needs of learners they work with and what to do in an emergency by the Head of School, Pastoral Manager or member of the Pastoral staff with the consent of parents/carers strictly on a 'need to know basis'.
- The Head of School or Pastoral Manager will make sure that supply staff are aware of the specific medical needs of students they work with.

#### **FURTHER GUIDANCE**

This policy is informed by the following legislation and guidance:

- The Medicines Act (1968)
- The Misuse of Drugs Act (1971)
- The Health and Safety at Work Act (1974)
- The Children Act (1989)
- The Management of Health and Safety at Work Regulations (1999)
- The Control of Substances Hazardous to Health Regulations (2002)
- Part 4 of the Disability Discrimination Act (1995), as amended by the Special Educational Needs and Disability Act (2001 SEN)
- Special Educational Needs and Disability ACT (2014 EHCP)
- Work Related Learning and the Law (2004) DfES
- Supporting pupils at Academy with medical conditions (2014) DfES
- Section 100 Children and Families Act 2014
- Supporting pupils at school with medical conditions (DfE 00393-2014)

This policy should be read in conjunction with the following related Trust policies and guidance:

- Safeguarding Learners Policy
- Health & Safety Policy
- First-Aid Policy
- Risk Assessment Policy
- Policy and Guidance for Safe Working Practice for the Protection of Children and Staff within Trinity Academy - (Intimate Care and Personal Hygiene)
- Managing medicines in school

### **NON-PRESCRIBED MEDICATION**

In guidance of the British Medical Association (BMA) (December 2018) “*Non-prescription /over the counter (OTC) medication does not need a GP signature/authorisation in order for the school/nursery/childminder to give it.*

*The 'The Statutory Framework for the early years foundation stage', which governs the standards of institutions looking after and educating children, used to include a paragraph under specific legal requirements - medicines that stated:*

*'Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.'*

*This has now been amended to read 'Prescription medicines should only be taken'...*

*The previous working resulted in some parents making unnecessary appointments to seek a prescription for an OTC medicine so that it can be taken in nurseries or schools. We would like to remind practices that the MHRA licenses medicines and classifies them when appropriate as OTC (P or GSL), based on their safety profiles. This is to enable access to those medicines without recourse to a GP, and the classification applies to both inside and outside the educational environment.*

*It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery/school”.*

Non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupils health or school attendance not to do so and
- Where we have parent/carers written consent

The one and only exception to this rule would apply in an emergency when a learner is off-site or away on a residential trip without access to medical assistance. Section 3(5) of the Learners Act (1989) provides scope for Trust staff to do what is reasonable for safeguarding learners; it also provides a degree of protection to staff deemed to have acted reasonably.

Parents or carers will sign the academies 'Managing Student Medication' document to authorise the issuing of medication within school. All medication will be stored for the students in a locked cabinet and can only administered to that student.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

**The Trust does not permit learners to bring non-prescribed medicines (Those bought over the counter) on site.**

### **PRESCRIBED MEDICATION**

At our Trust it is only medicines that are considered to be essential, those prescribed, that are administered in the Trust by its staff. Essential medicines are considered those that if not permitted to be administered during the Trust day would be detrimental to a learner's health and well- being or detrimental to their ability to best access teaching and learning.

Essential medicines will only administered by the Trust if agreed by the Head of School and upon receipt of a satisfactorily completed Learner Health Care Plan (see appendix 2)

### **ROLES & RESPONSIBILITIES Parents or carers:**

- Have primary responsibility for the learner's health.
- Are responsible for ensuring that their child is well enough to attend Academy
- Should contact the Trust should their child refuse/miss medication prior to attending so
- that appropriate action can be implemented.
- Should, whenever possible, arrange with their doctor or other prescriber for medication to be administered outside of Trust hours
- Should provide the Trust with details of their child's medical condition, medication and where the learner may need extra support or emergency attention.
- Should meet and liaise with either the Head of School, Pastoral Manager or the Trust's
- Health Advisor to agree the Trust's role in helping to meet their child's medical needs, in accordance with this policy.
- Are responsible for supplying written information about any medication their child needs to take in the Trust and letting the Trust know in writing of any changes to the prescription, its administration or to the support required.
- Are responsible for delivering supplies of medication to Trust and collecting and disposing of any unused medication at the end of each term.

- Should, where possible, arrange for a sufficient supply of medication to be brought to Trust to minimise the need for Trust to continually request for replenishment of medication supplies.

#### **The Head of School and/or Pastoral Manager:**

- Are responsible for the implementation, monitoring and reviewing of this policy.
- Will identify named staff to administer medication and medical techniques as the need arises and ensure that they receive proper support and training.
- Will make day to day decisions about the administration of medication.
- Will ensure that appropriate systems for information sharing are in place and followed and that all relevant persons e.g.) catering staff in the case of food sensitivities/allergies are suitably informed.
- Will obtain agreement from parents or carers to share information about their learner's medical condition/health with other members of staff on a 'need-to-know' basis and only when it is considered in the best interests of the learner to do so.
- Will ensure that staff and parent/carers are aware of the Trust's policy and procedures.
- The Head of School alone can agree to a request for medication to be taken in Trust and agree the content of Health Care Plans.
- While the Head of School and Pastoral Manager are responsible for the administration of medication and completion of related records for all medication administered on site, this role may be delegate to a senior named member of the Pastoral team.
- Will ensure that medication is locked safely away at all times.
- Will ensure that medication left in Trust at the end of each term is appropriately disposed of.
- Will inform parents or carers of any concerns they may have about a learner's medical condition/health or medication regime
- Will agree with parents or carers what support the Academy is able to provide their child.
- Will liaise with the Trust Health Advisor.
- Will monitor the medical/health regime prescribed for individual learners, liaise and feedback to prescribing agents.
- Will ensure the appropriate member of staff will liaise with the Consultant in Communicable Disease Control following the outbreak of an infectious disease.
- The Head of School is responsible for ensuring that The Trust has written confirmation of insurance cover for staff who administer medication

In cases where concerns are felt about meeting a learner's medical needs or where the expectations of parents/carers appear unreasonable, advice will be sought from the Academy Health Advisor.

#### **Trust staff:**

- Have a duty of care to all learners.
- Should ensure that that they have read and fully understand the Trust's policy on



managing medicines.

- Need to make sure that they receive sufficient information, support and training, where necessary, when working with learners with particular health conditions/needs.
- Should be aware of any possible side effects of medication for learners, what to do if they occur and how to respond in an emergency.
- Should fulfil a monitoring role with respect of learners medical/health regime and report any signs of adverse impact upon their education and/or management.
- Should bring the attention of the Head of School or Pastoral Manager any concerns they may have about a learner's medical condition/health or medication regime.
- Should they agree to administer medication to learners on off-site events then they are responsible for completing a learner's medication record.

#### **The Trust Health Advisor:**

- Will assist the Head of School or Pastoral Manager in the drawing up of Health Care Plans for learners, when needed, with medical/medication needs.
- Can supplement the information provided by parents/carers, GPs and other prescribing agents.
- Will advise on training for Trust staff who volunteer to administer medication or supervise medical techniques.

#### **REQUEST FOR TRUST TO ADMINISTER PRESCRIBED MEDICATION Initial request**

Parents or carers will be referred to the Pastoral Manager who will discuss the circumstances of the request. They will begin to establish the facts regarding both the necessity and appropriateness for the Trust to accommodate the request.

(It is very helpful to the Trust, where clinically appropriate, if medicines are prescribed in doses, which enable it to be taken outside of the Trust's hours. The Pastoral Manager will encourage parent/carers during this and any subsequent discussions to ask the prescriber about this. For example, antibiotics may be prescribed three times daily as opposed to four times. Slow-release forms of Methylphenidate (Ritalin) are available which would likewise negate the necessity for medication to be taken during The Trust's hours).

If convinced that it is appropriate for the Trust to provide this service for a parent/carer the Pastoral Manager will consult the Head of School for their approval. Medicines should only be administered at the Trust when it would be detrimental to a learner's health or school attendance not to do so.

#### **Short-term medication**

If the request is for a learner to be given medication over a short period of time (1 – 10 days) then a full Health Care Plan will need completing. The Pastoral Manager will meet with parents or carers to complete the Health Care Plan before the person making the request signs it.

The Health Care Plan if needed, will then be passed to the Head of School for approval and authorisation via their signature.

### **Long-term medication**

Parents or carers will be required to meet with the Pastoral Manager to fully complete a Health Care Plan (Appendix 2)

The documented request will be passed to the Head of School for approval and authorisation.

### **Agreement to administer**

Once the Head of School is satisfied that the necessary forms are fully completed and has agreed to a request the Pastoral manager will notify parents or carers of the decision. They will set up a Medication Record for the lesson (see Appendix 1) and make arrangements for medication to be brought to the Trust.

### **Accepting medication**

Prescribed medication must be brought directly to the Trust by parents or carers. Parents or carers may however make arrangements for another responsible adult to deliver medication to the Trust on their behalf. In such cases they are required to let the Trust know in advance and identify the person to the Trust staff.

For learners with asthma we request that parents or carers provide the Trust with an additional/spare inhaler. Learner's inhalers, unless otherwise agreed, will be available to them in the pastoral/ medical office. An additional inhaler ensures that a learner's immediate access to their inhaler is safeguarded in the event of the other becoming spent or being misplaced.

Essential medication to be taken orally should be supplied with an individual measure spoon or cup. Eye-drops and eardrops similarly, should be supplied with the appropriate dropper.

**Learners are never to carry/deliver prescribed medication to the Trust under any circumstances (the only exception being relief inhalers).**

The Head of School, Pastoral Manager, or named Pastoral staff member are responsible for the receipt of medication into the Trust. They are responsible for ensuring that all medicines received are provided in the original container and/or packaging as dispensed by a pharmacist and include the prescriber's instructions. In all cases they will check that the written details include:

- name of learner
- name of medication
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

If all the above conditions are satisfied then medication will be accepted into the Trust. The Head of School, Pastoral Manager or named Pastoral staff member will verify the amount of medication supplied on the learner's medication record and sign for receipt of this. This process will be witnessed by the parent/carer or responsible named adult, after which they will be asked to countersign the record to verify the amount recorded as being received. In

the event that the parent, carer or responsible named adult is not available to verify medication a second member of The Trust staff will verify and sign the appropriate record.

### **Storage of medication**

Once the receipt of medication into The Trust is documented and signed for it is immediately transferred to an individually named zipped carry-bag by the Head of School or Pastoral Manager. The zipped carry-bag is then locked away and held in lockable, safe storage on respective sites.

Safe storage facilities are kept locked at all times other than when medication is being taken from or transferred to it. The named member of Pastoral responsible for dispensing medication holds the keys to any safe storage facility (a second key is held securely on site by an appropriate member of staff). It is only the dispensing member of Pastoral staff (or a senior member of staff) that are permitted to open the safe storage and administer medication directly from it.

Inhalers issued on prescription and used routinely for the prevention and treatment of asthma are usually held centrally at places agreed upon by learners and staff. Learners, upon request, can immediately access inhalers unless of course they have Head of School consent to carry their own inhalers about their person.

A refrigerator is available on each Academy site for the storage of essential medicines requiring refrigeration.

## **ADMINISTERING PRESCRIBED MEDICATION**

### **Administering Process**

At the designated time that a learner is required to take their medication they are required to make their way to the Pastoral Managers office\medical office. Either the Pastoral Manager\pastoral person or the Head of School will dispense medication from here, directly from safe and lockable storage, the exception being when a learner is engaged in activities off-site. (see Educational Visits & Residential Trips)

Medication for learners is dispensed from the storage, directly from the individual learner zipped carry-bag. The Head of School, Pastoral Manager or named Pastoral member of staff will then check the following information prior to administering the medication:

- the learner's name
- the prescribed dose
- the expiry date
- the prescriber instructions

To safeguard hygiene and infection control all medicines will be administered directly from their original packaging e.g. either straight from a 'blister pack; into a learner's hand or alternatively by giving the 'blister pack' to the student so that they themselves remove the medicine.

Due care and attention will be taken to safeguard the privacy and dignity of all learners in receipt of medication. Every effort should be made to ensure that medication is administered out of sight of staff and peers and the concept of privacy promoted to learners.

Once administered the Head of School, Pastoral Manager or named Pastoral member of staff will then make an entry in the learners Medication Record (Appendix 1). They will note the following:

- Date
- Dosage
- Amount given
- Time
- Amount left
- Name of person administering
- Any issues/comments

Should a mistake be made during an entry on the Medication Record it will neither be crossed out nor erased with Tippex. The following procedure will be followed:

\*asterix the line with the mistake on it and proceed to

\*asterix the line below and enter 'this should read.....'

If the correction cannot be entered immediately on the line below then the record of correction should enter at the bottom of the page.

Ensuring that Medication Records are completed in this way will minimise the chances or discrepancies, avoid accusations of theft that could lead to allegations of unlawful possession.

### **Monitoring Supplies and Expiry Dates**

The Head of School or Pastoral Manager or named Pastoral member of staff, will endeavour to monitor individual supplies of essential medicines and inhalers and request replenishment from parents or carers when necessary. However they are unable to fully accept responsibility for reminding parents/carers when supplies of such are falling low. This is particularly the case for learners whose medication requirements are longer term and form part of a daily regime.

### **Self-Management/Administration**

The Trust recognises the importance of encouraging self-responsibility in its learners. However we feel that quality care often requires the balancing of apparently contradictory positions. The needs, desires and rights of individuals to carry or hold essential medicines about their person conflicts with expectations of safety. The Trust has therefore adopted the position that consideration for the safety of all will take precedence over the individual's rights considering the dangers inherent in the misuse of prescribed medication.

No learners will be permitted to carry or hold essential medicines about the person, with the exception of relief (blue) inhalers. The need or desire to self-administer essential medicine under adult supervision would however be considered by The Trust as part of the health care planning process. Similarly, requests for a learner to carry their own inhaler would be considered at this time.

With respect of the above the Trust recognises the importance of working in partnership with the learner, parents or carers and the Academy Health Advisor.

### **Medication-End of Term Arrangements**

At the end of each academic year the medication safe will be emptied of medicines, with the exception of additional inhalers. Parents or carers will be contacted by telephone and reminded of their responsibility to visit The Trust to collect any unused medication. When medication is returned to parents, this will be recorded on the learner's medication record.

### **Disposing of Unused Medication**

Any medicines not collected by parents / carers will be taken to the local chemist for disposal by a member of the Pastoral team. A signature will be obtained from the chemist to verify that all medication has been handed over for safe disposal (Appendix 6).

## **DIFFICULTIES ADMINISTERING MEDICINES**

Some medicine e.g. Methylphenidate Hydrochloride (commonly referred to as Ritalin) are prescribed to support learners in the management and modification of their behaviour and to enhance their access to teaching and learning. The medicines are often as essential as are other medicines prescribed to promote or maintain good physical health.

If such essential medicines are not readily available for learners it can lead to an exacerbation of behavioural and emotional difficulties, cause them distress and potentially lead to more serious consequences for them and others should negative behaviours escalate.

Should a learner not have access to his/her essential medicine through no fault of the Trust or have missed an important dosage prior to the Trust then the Head of School reserves the right to initiate the appropriate action to ensure that a Trust's best interests are safeguarded. Specific responses to the above scenarios will be discussed on an individualised basis and feature as part of the learner's Health Care Plan.

### **Refusal to Take Medication**

Should a learner refuse to take essential medication the Trust they will not be forced to do so. Academy will promptly inform their parents or carers as a matter of urgency.

Appropriate recording of any refusal will be made, identifying the action taken by whom and at what time.

## **EDUCATIONAL VISITS & SPORTING ACTIVITIES**

At The Trust we recognise that learners with medical conditions and/or medication needs should be encouraged and supported to participate in safely managed visits off-site and physical activities and extra-curricular sport.

Staff supervising any such excursions off-site should always make sure they are aware of any medical needs a learner/s may have and any relevant emergency procedures.

Should additional safety measures be required to facilitate a particular individuals participation in an off-site visit then these should be recorded in the learners Care, Education and Management Plan and/Health care Plan.

Any particular restrictions on a learner's ability to participate in physical activity will be recorded in the students Health Care Plan. Similarly, staff should be aware of issues of privacy and dignity for learners with particular needs.

The requirement for additional support for learners with medical and/or medication needs should not singularly exclude them from educational, social and sporting visits and activities off-site.

### **Accompanying learners off-site**

It is the responsibility of staff organising off-site visits and activities to be familiar with each learners M-Plan and the Health Care Plan (if in place), for learners with medical conditions and/or medication needs.

They are then required to see either the Pastoral Manager\person or the Head of School to make arrangements for accessing any necessary aids and/or medication required for learners going off-site.

Medication, as required, will be given in sealed envelope or zipped carry-bag, upon which the Pastoral Manager or the Head of School will write the learners name, medication type, dosage & times to be administered.

Upon return from off-site visits and activities organising staff are required to complete the learner medication record.

### **RESIDENTIAL TRIPS**

We endeavour to ensure that learners are not precluded from consideration for participation on the Trust residential trips on the basis of having particular health and/or care needs provided any risk can be safely managed. Any restrictions should be included in a learners' health care plan at the time of admission. Any subsequent decision to prohibit a student from attending a residential trip on the basis of health and/or care needs should be discussed with all relevant parties and recorded as appropriate.

**Staff are required to take a copy of the Health Care Plan, (if in place), for each of the students they plan to accompany on a residential visit – and to safeguard the confidential therein for the time away.**

It is the responsibility of staff organising residential trips to be familiar with each students M-Plan and where appropriate the Health Care Plans for those learners with particular needs whether, medical, medication or intimate care related invited to attend a residential visit. Similarly they should be familiar with any relevant emergency procedures and contacts.

They are then required to see the Pastoral manager to request query arrangements for accessing the additional aids and/or medication required for learners invited on the planned trip. A request to the Pastoral Manager for medication should be made at least two weeks in

advance of any planned residential trip. (Prior notice will enable sufficient time for the Pastoral Manager to request additional resources/medication from parent/carers if necessary).

The Pastoral Manager will request the exact amount of aids and/or medication for the time of the residential trip. On the day of the trip the pastoral manager will provide the party leader with the necessary supplies and where appropriate the relevant recording proformas. During the time of the residential trip the party leader is responsible for the safe storage of supplies, and the administering and recording of any medication.

Upon return to the Trust the party leader will report any observations, issues or concerns re-the health and/care regime of any individuals concerned. Relevant records will be filed as appropriate.

**Staff at the Trust have been made aware that they have neither a legal or contractual duty to administer medicine/s, nor to supervise learners taking this. Any involvement with the administration of medicine/s is undertaken on a voluntary basis.**

### **OFF-SITE EDUCATION OR WORK EXPERIENCE**

The Trust recognises its responsibility for ensuring that, under an employer's overall policy, that work experience placements are suitable for learners with a particular medical condition. They are also responsible for learners with medical needs who, as part of key stage 4 provision, are educated off-site through another provider or further education college. The Trust will need to consider whether it is necessary to carry out a risk assessment before a young person is educated off-site or has work experience.

The Trust retains the primary duty of care for learners whether they are receiving off-site education within college or work place environments. The Trust is responsible for assessing the general suitability of all off-site provision. This includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when learners below the minimum Trust leaving age are on site.

Academy will refer to DfES guidance 'Work Related Learning and the Law, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding. Generally the Trust should undertake an overall risk assessment of the whole activity and The Trust or placement organisers should visit the workplace to assess its general suitability. Responsibility for risk assessments remain with the employer or the college. Where learners have special medical needs the trust will need to ensure that such risk assessments take into account these needs. Parents and students must give their permission before relevant medical information is shared on a confidential basis with employers.

### **EMERGENCY PROCEDURES**

All staff will be made aware of what they are required to do in an emergency and who is responsible for carrying out emergency procedures. Staff responsible for the care of learners particularly vulnerable to health concerns will receive additional support and training where necessary. All staff will know how to call the emergency services. All learners will be made aware of their responsibility to each other in an emergency. At a minimum they will be expected to inform a member of staff.

Local Authority advice to staff would be not to take learners to hospital in their own car in an emergency. This can hinder emergency treatment. An ambulance should always be called. (See appendix 3 – contacting emergency services) A copy of this form should be placed close to all telephones with external lines around the Trust site.

A member of staff should always accompany a learner taken to hospital by ambulance, and should stay with them until the parents or carers arrive. Staff are not responsible for any decisions about medical treatment in the absence of parents or carers.

Health Care Plans, if needed, should include instructions as to how to manage a learner in an emergency, identify who is responsible in an emergency e.g.: in particular locations or differing times of the day as determined by the complexity of a learner's health and medical needs. When in more remote geographical areas on educational visits or residential trips party leader may wish to make arrangements with a local health professional for emergency cover purposes.

#### **Maintaining staff awareness of high risk learners:**

Pertinent information, together with a photograph, may be discreetly located in the staff room for the purpose of identifying those learners who:

- Are at high risk of experiencing a medical emergency
- Have serious allergies
- Have serious food sensitivities

Such a measure would only be taken following a senior management team meeting and only if it is proven to be in a learner's best interests. Every effort shall be made by staff to ensure that the learners' confidentiality is effectively safeguarded. Learners are not permitted in the staff room and the room should be locked when not in use.

#### **HOME/TRUST TRANSPORT**

Trust staff should alert the local authority transport section if it is felt that a learner requires or may require specific support or supervision arrangements on home/Trust transport owing to health/medical needs. Trusts should not request drivers or escorts to convey supplies of medication between home and the Trust.

#### **PRIVACY & CONFIDENTIALITY**

The Head of School and all staff have responsibility for safeguarding the confidentiality of information regarding the health and medical treatment of learners and their right to privacy.

Medical information should be treated in confidence, with regard to the Caldicott Report (1996), the Human Rights Act (1998) and the Data Protection Act (1998). For particular adults to have access to medical/health information and/or records then agreement from parents or carers is required in writing.

Who should have access to such information will be discussed and agreed with parents or carers at the care planning stage. The only exception to this principle might arise in an emergency situation where unauthorised disclosure may be required to ensure that a learner receives appropriate and informed medical assistance.



We endeavour to assure parents/carers that their child's medical/health information will, only be shared with other persons on a 'need to know' basis to safeguard their child's best interests.

Trust staff will with parent/carer consent secured, liaise as and when necessary, with other health professionals and associated professionals to ensure that there is an adequate and accurate flow of information regarding students with particular medical/ health needs and to ensure that appropriate monitoring and evaluation takes place.

If relevant information is withheld from the Trust staff they will not generally be held responsible should they act incorrectly giving medical assistance – but act otherwise in good faith. The Head of School or Pastoral Manager may choose to consult the Trust Health Advisor and/or the LEA should they feel that parents or carers are reluctant to fully share relevant information. Any suspected withholding of information from parents or carers should be recorded on the learner Health Care Plan when needed.

Staff administering medication to learners will take all reasonable steps to ensure that the privacy and confidentiality of the learner concerned is promoted and safeguarded.

### **STAFF TRAINING**

At policy implementation all staff will receive inset training re-policy content and any implications for them. In addition, more specific training will be made available to key staff as and when they may assume particular responsibilities of care for individuals with particular health/medical needs.

### **HEALTH CARE PLANS**

The Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. All students as part of their admissions must complete a Health Care form detailing all medical conditions (see appendix 2).

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head of School will make the final decision. Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Head of School / role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments

- The pupil'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 pupil'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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## **RECORDS**

Each learner has their own medication record set up once a request to administer medication in the Trust has been agreed by the Head of School. These records are filed in a ring-binder along with the learners Health Care Plan and retained in the Pastoral Managers office. When not in use this file is locked in the safe along with the essential medicines. Medication records are maintained for each learner in receipt of medication whilst in the Trust. These records are held in the 'Learner Medication File'.

It is the responsibility of the Head of School or Pastoral Manager to ensure these records are completed daily and signed, as described earlier. These records will contain all information pertaining to the following:

- Medication received into the Trust
- Medication administered in the Trust
- Medication returned to parents/carers for safe disposal
- Medication collected by the Drugs Liaison for safe disposal staff.

Records of short-term (acute) treatments/interventions for learners will be maintained during the course of such treatments and then filed.

All medication records and Health Care Plans will be archived once a learner has left the Trust and kept for a minimum of 16 years before being suitably disposed of.

## NOTES FOR STAFF

Where pertinent to role, staff should take every opportunity to discuss with relevant medical staff the impact of health conditions, treatment issues and/or medication on learners with particular health care concerns. They should also seek out knowledge of the main essential medicines used in the Trust and the contraindications.

It is very important that staff recognise the most common side effects of medication administered in the Trust. Information sheets produced by pharmaceutical companies are good sources of information. Please refer to **appendices 4 and 5** for additional information about common conditions, treatment and care. Advice further to that provided should be sought from the Head of School, Pastoral Manager or the Trust Health Advisor.

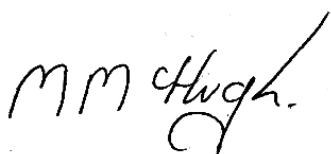
It should be noted by all staff that Ritalin (Methylphenidate Hydrochloride) and similar pharmaceutical products, medicines prescribed for a number of our learners, can cause significant weight loss due to appetite suppression. Wherever possible staff should endeavour to be flexible regarding the eating habits of these learners, encourage them to eat more and accommodate times of hunger at different times of the day.

These types of medicines have a controlled drug status and are categorised as Schedule 2 substances under the Misuse of Drugs Regulations, (1985) as amended in (2001). It is therefore imperative that the procedures and protocols contained within this policy are strictly adhered to.

## FUTURE POLICY DEVELOPMENT

- Continue to work collaboratively with learners and parent/carers in terms of maintaining awareness and acceptance of the importance for strict protocols and procedures when dealing with both prescribed and non-prescribed medicines.
- Continue to work closely with learners, parent/carers and prescribing agents to promote the use of medicines that require minimal administration, and where appropriate, can to be taken outside of the Trust hours.
- Establish with prescribing agents, clearer protocols for The Trust being formally notified of changes to learner's medication and/or medication regimes – before Academy initiate any such changes.

**Signed on behalf of the Board:**



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**Michael McHugh (Chairperson of the Board)**

**Date: July 2025**

## Appendix 1

### ADMINISTERING MEDICATION RECORD:

Name..... Medication..... Dosage.....

Name	Medication	Dose given	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Remark & Total Left
Notes/ Comments/ Reactions									

### RECEIVING, RETURNING AND DISPOSAL OF MEDICATION RECORD:

Date:	Received from:	Parent/carer Signature:	Amount:	Sign. H'teacher:	Returned to parent/carer:	Collected by DLO for disposal:	Total

## Appendix 2

### HEALTH CARE PLAN

<b>Student name:</b>						<b>D.O.B</b>	
<b>Medical diagnosis/ Condition:</b>							
<b>Symptoms:</b>							
<b>Medication (mg):</b>							
<b>Medication taken at home:</b>	<b>Dose:</b>	<b>Time:</b>	<b>Dose:</b>	<b>Time:</b>	<b>Dose:</b>	<b>Time:</b>	
<b>Medication to be taken at Academy:</b>	<b>Dose:</b>	<b>Time:</b>	<b>Dose:</b>	<b>Time:</b>	<b>Dose:</b>	<b>Time:</b>	
<b>Any side effects:</b>							

### CONTACT DETAILS-1

<b>Name:</b>				<b>Relationship:</b>	
<b>Address:</b>					
<b>Home tel:</b>		<b>Work tel:</b>		<b>Mobile:</b>	

### CONTACT DETAILS-2

<b>Name:</b>				<b>Relationship:</b>	
<b>Address:</b>					
<b>Home tel:</b>		<b>Work tel:</b>		<b>Mobile:</b>	

### G.P. CONTACT

<b>Name:</b>				<b>Tel:</b>	
<b>Practice:</b>					

### CLINIC/HOSPITAL CONTACT

<b>Name:</b>				<b>Tel:</b>	
<b>Clinic/hospital:</b>					

### SPECIFIC HEALTH CARE PLAN DETAILS

<b>Additional care requirements: e.g. (before sport/lunchtime)</b>
<b>What would constitute a medical emergency for the student?</b>
<b>Action to be taken should an emergency situation occur?</b>

<b>Who is responsible in an emergency?</b>
<b>Follow-up care?</b>
<b>Who else needs to know?</b>

### SELF-MANAGEMENT/ADMINISTRATION

<b>Students carrying/administering their own medication e.g. (inhalers)</b>

### HEALTH QUESTIONNAIRE

Does your child currently experience any particular health difficulties? If yes, then could you please give details and identify any medical professionals currently involved below.

<b>EYESIGHT:</b>		YES		NO	
<b>HEARING:</b>		YES		NO	
<b>SPEECH:</b>		YES		NO	
<b>WEIGHT/DIET:</b>		YES		NO	
<b>BEDWETTING/SOILING:</b>		YES		NO	
<b>RECURRENT INFECTIONS:</b>		YES		NO	
<b>FITS OR CONVULSIONS:</b>		YES		NO	
<b>ALLERGIES:</b>		YES		NO	
<b>FOOD SENSITIVITIES:</b>		YES		NO	
<b>HEADACHES/MIGRAINE:</b>		YES		NO	

SLEEP DIFFICULTIES:		YES		NO	
SKIN/HAIR:		YES		NO	
DENTAL ISSUES:		YES		NO	

If there is anything in particular concerning you about your child's health would you like to discuss this with the Academy health advisor?				
	YES		NO	
Please give some details of your concerns below:				
<b>Additional Information:</b>				

### PARENTAL/CARER AGREEMENT

I understand that I must deliver any medication personally to the Head teacher in the original packaging as produced by the pharmacy, which clearly states correct name, dosage etc.

I accept that this is a service the Academy is not obliged to undertake.

It has been explained to me that should Academy experience any difficulties administering essential medicines to my child then it may be necessary for me to attend Academy to discuss this and I may be required to take my child home.

I understand that I must notify the Academy of any changes to my child's health, medication regime or support needs in writing.

I give my consent to Academy to discuss any confidential matters regarding my child's health needs with other professionals-should it be considered in the best interests of my child.

I give my permission for my child's height, weight, vision and hearing to be monitored and tested by health care staff whilst at Academy.

**EXCEPTIONAL CIRCUMSTANCES**

I request that my child be responsible for carrying and/or administering their own medication in Academy. (Request applies to inhalers only) Delete if not applicable to this plan.

<b>Signature:</b>		<b>Date:</b>	
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**HEAD OF SCHOOL AGREEMENT TO PLAN:**

I agree to the student named on this plan receiving the named medication and/or the additional support identified. This arrangement will continue until either the course of medication ends, the parent/carer or prescriber instructs me to end it or the students support needs change.

<b>Signature:</b>		<b>Date:</b>	
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## Appendix 3

### CONTACTING EMERGENCY SERVICES

- Dial 999, ask for ambulance and be ready with the following information
- Speak clearly and slowly and be ready to repeat information if asked

#### Request for an Ambulance:

1. Your telephone number:.....
2. Give your location as follows: *(insert Academy/setting address)*  
.....  
.....
3. State that the postcode is:.....
4. Give exact location in the Academy/setting: *(insert brief description)*
5. Give your name:
6. Give name of child and a brief description of child's symptoms:
7. Inform Ambulance Control of the best entrance and state that the crew will be met  
and  
to:..... taken  
.....

## Appendix 4

### Introduction

131. The medical conditions in children that most commonly cause concern in Academies and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This chapter provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.

132. Further information, including advice specifically for Academies and settings, is available from leading charities listed in Annex D.

133. From April 2004 training for first-aiders in early years settings must include recognizing and responding appropriately to the emergency needs of babies and children with chronic medical conditions.

### ASTHMA

#### What is Asthma?

134. Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

135. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

136. However in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary Academy staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma Academy cards provided by parents, and regular training and support for staff. Children with significant asthma should have an individual health care plan.

#### Medicine and Control

137. There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the Academy day.

**Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of Academy hours.

138. Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

139. Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

140. For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the Academy or setting.

141. The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

142. When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

143. It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma Academy Card (available from Asthma UK) is a useful way to store written information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor.

144. A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the Academy or setting. Children should have a reliever inhaler with them when they are in Academy or in a setting.

145. Children with asthma should participate in all aspects of the Academy or setting 'day' including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather. 26 27

146. Reluctance to participate in physical activities should be discussed with parents, staff and the child. However children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

147. Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child's parents or attendance officers as appropriate.

148. All Academics and settings should have an asthma policy that is an integral part of the whole Academy or setting policy on medicines and medical needs. The asthma section should include key information and set out specific actions to be taken (a model policy is available from Asthma UK). The Academy environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

149. All staff, particularly PE teachers, should have training or be provided with information about asthma once a year. This should support them to feel confident about recognizing worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

## **EPILEPSY**

### **What is Epilepsy?**

150. Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream Academy. Most children with diagnosed epilepsy never have a seizure during the Academy day. Epilepsy is a very individual condition.

151. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to Academics, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a Academy or setting, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual 'feelings' reported by the child prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

152. What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

153. In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and

the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

154. After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

155. Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

### **Medicine and Control**

156. Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during Academy hours.

157. Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

158. Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan. During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered. 28 29

159. An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

160. Such information should be an integral part of the Academy or setting's emergency procedures as discussed at paragraphs 115-117 but also relate specifically to the child's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

161. Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why.

162. Training in the administration of rectal diazepam is needed and will be available from local health services. Staying with the child afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal diazepam. Instructions for use **must** come from the prescribing doctor.

163. Children and young people requiring rectal diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If arrangements can be made for two adults, at least one of the same gender as the child, to be present for such treatment, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the child as far as possible, even in emergencies. The criteria under the national standards for under 8s day care requires the registered person to ensure the privacy of children when intimate care is being provided.

## **DIABETES**

### **What is Diabetes?**

164. Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

165. About one in 550 Academy-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

166. Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

### **Medicine and Control**

167. The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during Academy hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at Academy supervision may be required, and also a suitable, private place to carry it out.

168. Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

169. Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the Academy lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

170. When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

171. Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Academys may need to make special arrangements for pupils with diabetes if the Academy has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand. 30 31

172. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

173. Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

174. If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

175. An ambulance should be called if:

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

176. Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

177. Such information should be an integral part of the Academy or setting's emergency procedures as discussed at paragraphs 115-117 but also relate specifically to the child's individual health care plan.

## **ANAPHYLAXIS**

### **What is anaphylaxis?**

178. Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

179. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

180. The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

181. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

### **Medicine and Control**

182. The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

183. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

184. Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

185. The decision on how many adrenaline devices the Academy or setting should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved.

186. Where children are considered to be sufficiently responsible to carry their emergency treatment on their person<sup>24</sup>, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large Academics or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

187. Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly



mild. The plan will need to be agreed by the child's parents, the Academy and the treating doctor.

188. Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures 32 33

189. Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices.

190. Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in Academy. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. A 'kitchen code of practice' could be put in place.

191. Parents often ask for the head to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children should be taken.

192. Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

193. Anaphylaxis is manageable. With sound precautionary measures and support from the staff, Academy life may continue as normal for all concerned.

## **Appendix 5**

### **USEFUL CONTACTS:**

#### **Allergy UK**

Allergy Help Line: (01322) 619864

Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

#### **The Anaphylaxis Campaign**

Helpline: (01252) 542029

Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinAcademys.co.uk](http://www.allergyinAcademys.co.uk)

#### **Association for Spina Bifida and Hydrocephalus**

Tel: (01733) 555988 (9am to 5pm)

Website: [www.asbah.org](http://www.asbah.org)

#### **Asthma UK** (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

#### **Council for Disabled Children**

Tel: (020) 7843 1900

Website: [www.ncb.org.uk/cdc/](http://www.ncb.org.uk/cdc/)

#### **Contact a Family**

Helpline: 0808 808 3555

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

#### **Cystic Fibrosis Trust**

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

#### **Diabetes UK**

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

#### **Department for Education and Skills**

Tel: 0870 000 2288

Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

#### **Department of Health**

Tel: (020) 7210 4850

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

#### **Disability Rights Commission (DRC)**

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: [www.drc-gb.org](http://www.drc-gb.org)

**Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: [www.hse.gov.uk](http://www.hse.gov.uk)

**Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

**Hyperactive Children's Support Group**

Tel: (01243) 551313

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

**MENCAP**

Telephone: (020) 7454 0454

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

**National Eczema Society**

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: [www.eczema.org](http://www.eczema.org)

**National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

**Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)

**Sure Start**

Tel: 0870 000 2288

Website: [www.surestart.gov.uk](http://www.surestart.gov.uk)

## Appendix 6



Date .....

Pastoral Manager

Name of Student	DOB	Medication	Amount:	Sign. Trinity Staff	Returned to Pharmacist (signed)

Signed .....

Head of School

Trinity Academy