

# Managing Medical Conditions in School

*Riverbank academy is an outstanding broad-spectrum special school for students aged 11-19 within the Sidney Stringer Multi-Academy Trust.*

*Through our policies and practice we aim to help all Riverbank students uphold the schools core values of being Motivated, Creative and Caring.*

## **Policy statement**

- This school is an inclusive community that aims to support and welcome students with medical conditions.
- This school aims to provide the care and resources required for all students with any medical condition to attend school safely.
- As a school we understand our responsibilities to all individuals with a medical condition while they are in our care

## Sharing and updating the 'Managing Medical Conditions In School Policy'

This policy is shared with all staff and the health community who support the individual students, parents/carers and the students themselves. Students are informed and regularly reminded about the policy as required using their preferred method of communication. School staff will receive inset training on the policy and will be reminded of the contents annually. Relevant local health staff are informed and regularly reminded about the policy by letter accompanied with a printed copy of the policy at the start of the school year with access via our website ([www.riverbankacademy.org.uk](http://www.riverbankacademy.org.uk)) and through our links with the primary care trust (PCT) and the school/community nurse

We work in partnership with all interested and relevant parties including the school's governing body, all staff, parents, employers, community healthcare professionals and students to ensure the policy is planned, implemented, evaluated and maintained successfully.

This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

### Training & awareness:

It is important that all those involved with an individual's medical care and support understand their role and responsibilities (Appendix 1). The school will ensure all staff have had the training to enable them to understand their duty of care to children and young people who have medical conditions as well as their responsibilities in the event of an emergency, enabling them to feel confident to act. Riverbank Academy understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. All staff are supported to understand the common medical conditions that affect children at this school. Awareness training on common medical conditions including epilepsy, asthma, diabetes and allergies is carried out by appropriate staff annually and for new staff starters joining mid year.

Competency training for specific medical interventions, such as administering seizure rescue medication will be arranged for relevant staff as required to support specific individuals. Staff must be assessed as competent and present their certificate to the office before they carry out the procedures. Competency training and assessment must be updated annually in line with Coventry NHS policies to maintain it.

If for any reason there are no competency trained staff on site the school explains the risks and provides parents with three options.

- 1, the parent/carer can decide to keep their child at home
2. The parent/carer can collect their child when the school nurse is not available 3, The parent/carer can give consent for the student to stay in school knowing that the school would need to contact 999 in the event of an emergency. This is recorded on the student's medical risk assessment.
3. The parent/carer can give consent for the student to stay in school knowing that the school would need to contact 999 in the event of an emergency. This is recorded on the student's medical risk assessment.

This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum. Students learn about what to do in the event of a medical emergency.

### Healthcare plans and risk assessments

Riverbank Academy uses NHS Healthcare Plans (HCP Appendix 2) prepared by a nurse or medical professional for students with complex medical conditions including epilepsy. These include important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Medical risk assessments are prepared by the Deputy Head teacher for students with medical conditions including epilepsy, asthma and allergies. Further documentation can be attached to the Healthcare Plan if required.

A Healthcare Plan/medical risk assessment, accompanied by an explanation of why and

how it is used should be provided for the school by NHS staff/Deputy Head and sent to all parents/carers of students with a **complex medical condition**. This is sent:

- Annually
- at enrolment
- when a diagnosis is first communicated to the school
- when medical circumstances change

If a pupil requires long or short-term medication during school hours, a medication form is sent to the pupil's parents to complete with guidance on its completion.

The parents, healthcare professional, relevant school staff and pupil with a medical condition, should contribute to the pupil's Healthcare Plan/medical risk assessments together. Parents are responsible for notifying school of any changes to their condition or updates to the plan. Every pupil with a Healthcare Plan/risk assessment at this school has their plan discussed and reviewed at least once a year.

There are procedures in place so that a copy of the pupil's Healthcare Plan/risk assessment is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

Where a student has a short term illness/ injury or long term medical condition, including blood-borne infection that require additional procedures to be put in place for the safety of themselves or others a risk assessment should be completed before they join/ return to school. This should be signed by parents, the class teacher and the head teacher and shared with parents, staff and other relevant agencies.

#### Sharing & storing medical information

Parents at this school are asked if their child has any health conditions or health issues on the data collection form, which is filled out by parents on initial enrolment and at the start of each school year. We help parents to understand that if their child's medical condition changes, including changes in medication i.e. discontinued, or the dose or administration method changes, that they should notify the school immediately and update healthcare plans/risk assessments or medication forms. We will use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date. During trips and residential visits designated staff take all medical information with them and have them secure, but available as required.

Students prescribed rescue medication or medical therapies such as oxygen or oral suction should have a healthcare care plan issued by a health care advisor working alongside our deputy head teacher and signed by their parents, and the head teacher. It

should be available at all times, and a copy kept with the child's medication and in the child's medical folder. Their equipment and care plans should be checked on arrival at school. If they do not have the correct equipment they cannot be accepted from transport. Transport should be made aware of this possibility and have their own contingency plans in place for this eventuality.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of and have access to the Healthcare Plans/risk assessment and all medical information of students in their care. This school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

We aim to reduce the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. All PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions including when exercising and how to minimize these triggers. We have a list of common triggers for the common medical conditions at this school and we have a trigger reduction schedule to help us actively work towards reducing or eliminating these health and safety risks.

If a pupil at this school needs supervision or access to medication during home to school transport organised by the local authority, this is the responsibility of the local authority to arrange. School will ensure they have relevant access to Healthcare Plans if required.

### **Managing medicines on trips and outings**

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment. Where children without care plans have been prescribed medication parents should include these details in the form provided for school journeys and complete a school medical form. Medication should be in the original packaging.

A named member of staff will take responsibility for medication, ensuring that it is stored securely during the time away, that it is administered according to the

information provided by the parent and that a record is kept every time the medication is administered. (As per medicine administration during a school day).

#### Storage of medication and medical appliances

All medication which comes into school should be secured with a pharmacist's prescription label securely fixed to the medication, not just the outer box unless it is tablets in a blister pack. The label must state;

- The child's full name
- Name and strength of the medication
- Dose and frequency to be administered

Medication can be sent to school via transport staff or parents can bring it in themselves. Students should only bring in medicine themselves if it is not a controlled substance and both school and parents have agreed they are safe and competent to do so. Under exceptional circumstances where families are unable to provide the school with the medication that is needed, the school will support the family with a home visit.

If it is not carried by the individual it will be stored according to the instructions in a secure place which is known to the individual and any staff trained to administer it. All refrigerated medication is stored in a lockable container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised students or lockable as appropriate. Staff ensure that medication is only accessible to those for whom it is prescribed.

There is an identified member of staff who ensures medication is correctly labeled and stored at school. They check expiry dates three times a year. This includes all medication that students carry themselves.

Students have independent **access to their emergency medication** where appropriate. They are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. If possible students carry their emergency medication with them at all times, except for epilepsy rescue medication or other controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits. Students who do not carry and administer their own emergency medication, but are able to understand their condition know where their medication is stored and how to access it. Where students are not able to carry and administer their own emergency medication staff are informed where the medication is stored and an adult who is trained and competent to administer it should be identified to the student and other staff at all times.

If medication needs to be returned home, such as when it is out of date it is sent home

with escorts/responsible adult. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year with the correct medication forms. This is monitored by our admin manager and supported by our school nurse. If the parents/carers of students that are no longer on role do not collect the medicine from school, it will be disposed of at the local chemist.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

Students prescribed medical therapies such as oral suction, oxygen or saline nebulisers should have their equipment with them at all times under close adult supervision.

#### **Administering medication or medical interventions**

Where a student has been prescribed Buccolam, midazolam or diazepam rescue medication for seizures or medical therapies such as oral suction, oxygen or saline nebulisers the relevant consultant will issue a protocol to them or their parents. A copy of this must be signed by the head teacher and stored with the medication or appliance **(do not copy the care plan)** along with a signed list of all staff who are competent to administer it. Students will not carry epilepsy rescue medication on them as it cannot be self-administered and could be misused. All staff should be aware of which students have seizure rescue medication or emergency intervention and when/ how long to wait before administering it. A minimum of 2 school staff should be trained and assessed as competent in the intervention for each student. No staff can be compelled to complete the training or assessment. Even those who are considered competent can refuse to carry out the intervention, but they must be made aware of the implications if they do not administer it and what alternative action should be carried out i.e. call 999. In the unlikely event of all trained being absent from school the student will not be able to attend and parents should be notified as soon as possible in the morning.

Anytime seizure rescue medications are administered an ambulance must be called immediately. A report form must be completed after administration. Use of emergency medication should be recorded on a medication record form, including where possible if the student has self-administered.

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at this school. Unless contracted to do so staff are under no legal obligation to administer medication, but they may be required to witness another member of staff doing so. Any member of staff may administer prescribed and non-prescribed medication to students

under the age of 16, but only with the written consent of the pupil's parent. Medication is only administered by an adult and witnessed by a second adult. Training is given to all staff members who agree to administer medication to students, where specific training is needed.

An accurate record is kept of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil at this school refuses their medication, staff record this and follow agreed individual procedures. Parents are informed as soon as possible.

If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

#### **Liability and Indemnity:**

The Sidney Stringer Multi Academy Trust ensure that the appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. Our Zurich Municipal insurance policy number is KSC2420487863. This Insurance policy includes health and safety and employment support and is held by Richard Kershaw, SSA MAT Business Manager.

#### **Documentation and record keeping**

No medication can be given in school without the appropriate documentation. A **'Request for administration of medicines'** form must be completed by parents or carers. The form is valid for up to a year from the date it is signed, or by the specified end date if appropriate. This should be checked at every administration of the medication. It is the parents' responsibility to update school staff about changes to their child's medication and provide a new form if the dose, frequency or time of administration changes. We cannot accept changes verbally over the phone. Old 'Request for administration of medicines' forms must be kept in the student's medical file.

When medication comes into school staff must complete a **'record of medicine received'** form. This must include the batch or Lot number of the medicine with the expiry date and the amount we are accepting. The information must match the original 'Request for administration of medicines' form and should be checked by 2 members of staff on original receipt of the medicine and at every administration of the medicine in school. If it is a new medicine we should obtain parents signature if possible on the 'record of medicine received' form, but it does not prevent it being given if the signature is not present.

Every time medication or a medical intervention is given in school it must be recorded on the **'Record of medication/ medical intervention administered to an individual'**

form. A witness is required for all administration of medication in school, but not for non-medicinal medical therapies i.e. oral suction. They must check both the 'Request for administration of medicines' form and the 'record of medicine received' form and they must witness the administration of the medication before signing the form. When the container of medicine had been finished or the medicine is no longer required the 'Record of medication/ medical intervention administered to an individual' should be stapled to the 'record of medicine received' form, including any amount that has been returned to parents and the forms put in their main file.

Anytime a student has a seizure in school it must be recorded on a '**Record of seizures**' forms by someone who witnessed the seizure take place. If emergency rescue medication is administered staff must complete the '**Epilepsy rescue medication administration report**' form. Copies of these forms can be given to parents for attending clinics. Completed forms should be put in their main file.

Gastrostomy or naso-gastric feeding will be recorded on the '**Weekly gastrostomy feeding record**' or '**Weekly naso-gastric feeding record**' as appropriate. Completed forms should be put in their main file.

#### Acting in a medical emergency

All staff are trained in the school's general emergency procedures including what action to take in the event of a medical emergency. This includes:

- How to contact emergency services and what information to give
- Who to contact within the school.
- What information to record following the incident

Staff at this school are trained to understand their duty of care to students in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows. Generally, staff should not take students to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate.

This school has made arrangements with the local hospital to ensure the timely transfer of Healthcare Plans/medical risk assessments to the hospital in the event of an emergency.

The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

**The school process for receiving and administering medication is outlined in Appendix 3.**

### **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school we strive to ensure that children with medical conditions fully participate in school life. Please refer to appendix 4 for practices we avoid in the school (taken from the DFE 'Supporting pupils at school with medical conditions').

### **Staff taking medication:**

If staff bring their own medication onto school site we expect it be to locked away safely and kept away from students. If a member of staff has to carry medication on them for personal health reasons the Head Teacher should be informed of this.

### **Equal opportunities**

This school is committed to providing a physical environment that is accessible to students with medical conditions including out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school. We will ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

#### Legislation and guidance relating to this policy

Local authorities, schools and governing bodies are responsible for the health and safety of students in their care.

Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

- **Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)**
- **Supporting Pupils at School with Medical Conditions September 2014**
- **The Education Act 1996**
- **The Care Standards Act 2000**
- **Health and Safety at Work Act 1974**
- **Management of Health and Safety at Work Regulations 1999**
- **Medicines Act 1968**
- **Additional guidance**

Other guidance resources that link to a medical conditions policy include:

- Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety of Students on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential

- visits
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Students Requiring Special Arrangements (2004) – provides guidance on the safety for students when traveling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

### **Internal contacts**

Head teacher: David Lisowski  
 SLT medical lead: Jayne Heavey  
 Link Governor: SEND/Safeguarding

**Staff trained in first aid:** This information is displayed around school and identified on our Health and Safety Audit which is monitored by Marie Maunsell-Stewart

**Staff trained in competencies:** This information is identified on our Medical KPIs which is monitored by Jayne Heavey

### **External contacts:**

School nurse: Nurse commissioned by health (NHS)

School nurse mainstream: TBC

OT : TBC

Physio: Danielle Robinson

Epilepsy nurse: Debbie Morris (only for most complex students) and Jo Collett

Dietitian: Judy Hughes

Continence Nurse: TBC

Orthotics: Alam Shah

Vision: Jenny Martin

## Appendix 1

### **Individuals responsibilities regarding managing medical conditions in school**

#### **This school, as an employer and service provider has a responsibility to:**

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents, students, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy
- provide indemnity for staff who volunteer to administer medication to students with medical conditions.

#### **Head teacher and Deputy Head teacher**

This school's head teacher and Deputy has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including students, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using students' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from students, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation

- report back to all key stakeholders about implementation of the medical conditions policy.

### **All school staff**

All staff at this school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which students in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan/medical risk assessment
- allow all students to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- maintain effective communication in class teams about a child's medication
- ensure students who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of students with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on students (students should not be forced to take part in any activity if they feel unwell)
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **Teaching staff**

Teachers at this school have a responsibility to:

- ensure students who have been unwell catch up on missed school work
- be aware that medical conditions can affect a pupil's learning and provide extra help when students need it
- liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

### **Special School nurse**

The special school nurse at this school has a responsibility to:

- support up to 30 students with the most complex needs. The remaining students are the responsibility of mainstream school nursing.

- help provide regular training for school staff in managing the most common medical conditions at school
- help update the school's medical conditions policy
- provide information about where the school can access other specialist training (this also involves mainstream nurse input).

### **First aider**

First aiders at this school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.

### **Special educational needs coordinator**

Special educational needs coordinators at this school has the responsibility to:

- help update the school's medical condition policy
- know which students have a medical condition and which have special educational needs because of their condition
- ensure students who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

### **Pastoral support/welfare officers**

The pastoral support/welfare officer at this school has the responsibility to:

- help update the school's medical conditions policy
- know which students have a medical condition and which have special educational needs because of their condition
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.

### **Local doctors and specialist healthcare professionals**

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

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication

- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the school's medical conditions policy.

### **Emergency care services**

Emergency care service personnel in this area have a responsibility to:

- have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- understand and provide input in to the school's medical conditions policy.

### **Students**

The students at this school have a responsibility to:

- treat other students with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

### **Parents/Carers**

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

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name

- ensure that their child's medication is within expiry dates keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition

## Appendix 2 – Further advice and resources

The Anaphylaxis Campaign  
PO Box 275  
Farnborough  
Hampshire GU14 6SX  
Phone 01252 546100  
Fax 01252 377140  
info@anaphylaxis.org.uk  
www.anaphylaxis.org.uk

Asthma UK  
Summit House  
70 Wilson Street  
London EC2A 2DB  
Phone 020 7786 4900  
Fax 020 7256 6075  
info@asthma.org.uk  
www.asthma.org.uk

Diabetes UK  
Macleod House  
10 Parkway  
London NW1 7AA  
Phone 020 7424 1000  
Fax 020 7424 1001  
info@diabetes.org.uk  
www.diabetes.org.uk

Epilepsy Action  
New Anstey House  
Gate Way Drive  
Yeadon  
Leeds LS19 7XY  
Phone 0113 210 8800  
Fax 0113 391 0300  
[epilepsy@epilepsy.org.uk](mailto:epilepsy@epilepsy.org.uk)  
www.epilepsy.org.uk

Long-Term Conditions Alliance  
202 Hatton Square  
16 Baldwins Gardens  
London EC1N 7RJ  
Phone 020 7813 3637  
Fax 020 7813 3640  
info@ltca.org.uk  
www.ltca.org.uk

Department for Children,  
Schools and Families  
Sanctuary Buildings  
Great Smith Street  
London SW1P 3BT  
Phone 0870 000 2288  
Textphone/Minicom 01928 794274  
Fax 01928 794248  
info@dcsf.gsi.gov.uk  
www.dcsf.gov.uk

Council for Disabled Children  
National Children's Bureau  
8 Wakley Street  
London EC1V 7QE  
Phone 020 7843 1900  
Fax 020 7843 6313  
cdc@ncb.org.uk  
www.ncb.org.uk/cdc

National Children's Bureau  
National Children's Bureau  
8 Wakley Street  
London EC1V 7QE  
Phone 020 7843 6000  
Fax 020 7278 9512  
www.ncb.org.uk

## Appendix 3

### **The information below outlines our school process for receiving and administering medication**

**Step 1** – Parents/Carers inform Riverbank Academy that medication is required

**Step 2** – Admin staff provide parents/carers with consent forms (**request to administer medicines form**)

**Step 3** – Consent forms are returned to our Admin Manager via the admin team who will also follow up if not returned

**Step 4** – Parents provide the school with medication where the appropriate checks are carried out by the admin team in line with our medical policy and **record of medicine received form** completed.

**Step 5** – The Deputy Head Teacher then decides with the admin manager where the medication is stored and administered and allocates specific named staff to administer the medicine. (This record is kept securely and centrally in the admin drive and emailed to all staff termly)

**Step 6** – The delivery of medicine is then recorded in line with school policy.

**Step 7** – A termly audit is carried out by the deputy head teacher and admin manager to review the effectiveness of the above process

## Appendix 4

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and 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 parents; 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 individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

## Appendix 5

### For the administration of medicine supporting students with Type 1 Diabetes:

#### Training and signing off staff competencies:

- Staff access online basic and advanced training from the NHS diabetic paediatric team
- Staff then complete an online assessment via the NHS diabetic team
- Staff then observe parents testing glucose and ketones levels and administering insulin
- The training and testing of glucose also include calculating the dosage of insulin based on glucose levels and carbohydrate count
- Parents then observe staff delivering, testing glucose, ketones and the adjustment and administration of insulin. Once both parties are comfortable and confident, the parent signs off the staff declaring them competent.

#### Delivery and Storage of Medicine

- Parents/carers are expected to provide the correct equipment on a daily basis. This includes, emergency foods, testing equipment, ketones, glucose libre or glucose reader
- Parents/carers are responsible for checking the expiry dates of insulin, needles, glucose strips and ketones and not school staff.
- Medicines are stored in a locked cabinet in school.

#### Administration of Medicine

- 2 members of staff support the glucose test when it is a finger prick test. One member of staff conducts the test and the other witnesses. This is signed and dated in the student's daily diary which goes home with the student every day.
- If a student has a libre fitted, one member of staff can carry out this test which is automatically recorded on the students libre database this is also recorded in the students daily diary
- Appropriate action is taken from the glucose reading with reference to the student's individual health and care plan.
- 2 members of staff support the administration of insulin. One member of staff conducts the procedure and the other witnesses. This is signed and dated in the student's daily diary which goes home with the student every day.

#### Emergency Procedures:

- Any emergency procedures will be managed in accordance with the student's individual health and care plan.
- In addition to the information provided on page 2 of the medical policy. If there are no competency trained staff on site, we would provide parents with an option to stay on school site to conduct the tests and administration of medicine.

**Reviewed: September 2020**

**Next Review: September 2021**