Medicine in School Policy

Approved by Governors: Summer 2019
Review Date: Summer 2022
Person Responsible: Headteacher
Sedgefield Community College

Person with responsibility for medicines:

Mrs Amy McGowan (SENCO)

Persons with authority for managing medicines:

Mrs Julie Quinn, Administrator
Miss Helen McCartney Learning Support Assistant
Mrs Samantha Sladen, Administrator
Mrs Beverley Watkins, Learning Support Assistant
**Introduction**

This policy has been drawn up in order to ensure the school is effectively meeting its statutory duties as outlined in the Department for Education publication, ‘Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015’. This document was first introduced in 2014, reviewed in 2015 with amendments made and its most recent update at the time of writing this policy was April 2019 (this update confirmed that the existing version of the document was still to be used). As well as this, the policy has also been produced with reference to the two documents listed below:

- Guidance on the use of emergency salbutamol inhalers in schools March 2015 (Dep of Health)
- Guidance on the use of adrenaline auto-injectors in schools September 2017 (Dep of Health)

In addition to ensuring we meet our statutory duties as a school, the policy has also been drawn up with respect to the school’s desire to be an inclusive school that supports all students to fulfil their potential, recognising that students with medical conditions may need additional support in order to realise this aim. The policy recognises that students who may require this support to access all aspects of school life (including participating in sporting activities and taking part in educational visits) will be provided with it whenever possible and unless it would be detrimental to their health and well-being to put further support into place.

We recognise that parents / carers of young people with medical conditions may feel anxious about sending their child to school and with this in mind, we are committed to working closely with them to ensure that they can feel confident we are meeting the needs of their children. However, it is important to note that parents do have a vital role in ensuring the school is able to support them in meeting the medical needs of their child. Parents should provide the school with sufficient and up-to-date information about their child’s medical needs. It is also the responsibility of parents to ensure that any medication for their child that is sent to school and where appropriate, replaced when it is used or passes its expiry date.

As well as working with parents / carers, we are also committed to working with health professionals and health services, including the school nurse service, to ensure we are effectively meeting the needs of the young people at Sedgefield Community College.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing body will comply with its duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.
Long term absences

We recognise that the nature of the medical conditions that students at our school are experiencing will vary enormously and each needs to be considered individually. However, we do recognise that there are specific challenges presented to students who are required to have long term absences relating to a medical condition. We understand that the absence can impact on the child’s ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Where work is required for the child to undertake during such an absence, contact should be made with the Year Manager or form tutor in the first instance.

Roles and Responsibilities

a) The Local Authority (LA) is responsible for:

1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.

2) Providing support, advice/guidance and training to schools and their staff to ensure health careplans are effectively delivered.

3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of Sedgefield Community College is responsible for:

1) Ensuring arrangements are in place to support pupils with medical conditions.

2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.

3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.

4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.

5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.

6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
7) Ensuring written records are kept of, any and all, medicines administered to pupils.

8) Ensuring the policy sets out procedures in place for emergency situations.

9) Ensuring the level of insurance in place reflects the level of risk.

10) Handling complaints regarding this policy as outlined in the school’s Complaints Policy.

c) The Headteacher is responsible for:

1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.

2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Sedgefield Community College.

3) Liaising with healthcare professionals regarding the training required for staff.

4) Identifying staff who need to be aware of a child’s medical condition.

5) Developing Health care plans.

6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver Health care plans in normal, contingency and emergency situations.

7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.

8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.

10) Ensuring confidentiality and data protection

11) Assigning appropriate accommodation for medical treatment/ care

12) Considering the purchase of a defibrillator.

13) Voluntarily holding ‘spare’ salbutamol asthma inhalers for emergency use.

Please note that to ensure the effective operation of this policy, the Headteacher delegates responsibility for a number of these areas to key staff within the school and further information about this is provided later in the policy.

d) Staff members are responsible for:

1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they
become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient and the appropriate staff should ensure that they are familiar with the IHP of each student as necessary.

2) Knowing where controlled drugs are stored and where the key is held.

3) Taking account of the needs of pupils with medical conditions in lessons.

4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.

5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

e) School nurses are responsible for:

1) Collaborating on developing an Health careplans in anticipation of a child with a medical condition starting school.

2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.

3) Supporting staff to implement a Health careplans and then participate in regular reviews of the Health careplans. Giving advice and liaison on training needs.

4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

1) Keeping the school informed about any new medical condition or changes to their child/children’s health.

2) Participating in the development and regular reviews of their child’s Health careplans.

3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.

4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.

5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

g) Pupils are responsible for:

1) Providing information on how their medical condition affects them.

2) Contributing to their Health careplans
3) Complying with the Health careplans and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Key School Staff

The school SENCO is the member of staff designated by the Headteacher to have day to day responsibility for the management of medication in school. The SENCO will receive support in this role from the Deputy Headteacher – Standards as the member of the school’s senior leadership team with line management responsibility for the SEN department. In the event that the SENCO is not in school the Deputy Headteacher – Standards will then undertake the SENCO role in the operation of this policy.

Working alongside the SENCO, the team of non-teaching Year Managers will also play a vital role in being a key point of contact for the parents of students in their year group and will often receive information about the medical conditions of students. Year Managers will then liaise with the SENCO to coordinate the appropriate actions to be taken.

Members of the LSA team are given a role to ensure the effective storage of emergency medication in school by the SENCO. These staff ensure all appropriate records are up to date, that there are regular checks of the storage arrangements and take appropriate action if there are issues arising. Working with the SENCO, these staff will also have a role to play in the creation and review of Healthcare Plans when these are required.

Administrators based at the school’s Main Office also have a specific role relating to medication in school as any medication that is stored securely is placed in a locked cupboard at the Main Office and they then manage the access to this.

Designated first aid trained members of staff have an important role to play in providing first aid to students who require it, including being aware of those students who have their own medical care plan and ensuring that these are operated accordingly.

Whilst there are some staff who have specific roles in ensuring the effective operation of the policy, any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers’ professional duties (and teachers cannot therefore be required to undertake this task), they should take into account the needs of pupils with medical conditions that they teach. The school will ensure that all staff receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Whilst not a member of the school staff, the school nurse service does have an important role to play. Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. At SCC, we seek support from our school nurse to quality assure the production of medical care plans and more generally for advice and guidance when this is required.
School Response to Notification that a Student has a Medical Condition

The school will receive notification that a student has a medical condition in a number of ways:

- As part of the transition process when students are joining the school and the school transfer form is completed.
- During the annual process of updating the student information packs.
- Through parental contact with the school during the course of the school year.

Where the school is made aware of a medical condition and parents have indicated that they wish staff to be made aware of this to ensure the condition can be managed effectively, the process outlined below would take place:

- All students with known medical issues are included on the school’s medical register. The only exception to this may be short term issues where the more appropriate action is for staff to be made aware of these via email.
- The medical register is available via the ‘Inclusive Practice’ site on our learning platform and is also available in the ‘SEND and Inclusion’ folder in the Staff Shared Area.
- The format of the medical register was updated in September 2018 to ensure that the register more explicitly identifies the actions that staff are required to take in response to each medical issue.
- The medical register is updated by the SENCO and in her absence, the Deputy Headteacher: Standards who line manages the area. If there is additional information relating to any students on the register that may necessitate an update, staff should speak to the SENCO about this.
- The medical register identifies where students have a Health care plans or asthma care plans and further information about these is provided later in the policy.
- If any member of staff has any issue with the medical register, in the first instance they should speak with the SENCO about this.
- The Medical Register and Health care plans contains personal information relating to students and the school’s policy relating to data sharing should be adhered to at all times. Only information that parents have indicated that they wish to be shared in this way is included.
- Whilst updates to the medical register are made across the year as appropriate, an annual review will also take place in the September of the new academic year / or at the time of the annual student information pack update. Year Managers will work with the SENCO to determine where updates to the medical register are required to better meet the needs of students.
Students with Health careplans

Where the nature of a student’s medical condition and more specifically the complexity of the actions required to manage are best communicated in a health careplan (see appendix C for a blank health careplan), a document of this kind will then be produced. Details of the process relating to the completion of health careplans are provided below:

- Whenever necessary, students have a health careplan that provides additional information about how their medical needs are to be met whilst at school. These plans are to be found in the Staff Shared Area in the ‘SEND and Inclusion’ folder.
- The completion of health careplans is overseen by the SENCO and will involve LSAs where this is appropriate. Parents are involved in all stages of the process and confirm that they are confident that the plan meets the needs of the student. Guidance provided by medical professionals working with the student is also used to inform the document and ensure it best meets the needs of the student.
- Health careplans are reviewed on at least an annual basis in the summer or autumn term and updated as appropriate. Where appropriate, more regular updates take place. Whilst it is not a requirement, a member of the school nurse service is also asked to review new health careplans and sign to confirm that they are satisfied with the information provided in these.
- Staff who teach or regularly come into contact with students who have a health careplan should ensure that they are familiar with it.
- Where a child has SEN, but does not have an EHCP, the SEN should be referenced in the child’s health careplan.

When determining the content to be included within the health careplan, consideration should be given to the following:

- 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child’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 child’s condition and the support required.

- Arrangements for written permission from parents and the headteacher 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 child can participate, e.g. risk assessments.

- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child’s condition.

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

Whilst all of the areas above should be considered, it is important that the health careplan remains a ‘user friendly’ document that clearly communicates the information that staff need to be aware of to support the child. With this in mind, only those areas listed above that are necessary for the specific child, medical condition, etc will be included.

**Staff Training Relating to Medical Issues, Medication and First Aid**

The school recognises that in order to effectively meet the medical needs of our students, appropriate training and support is required. Details of how this training is provided are outlined below:

- Where members of staff are identified as requiring a formal first aid qualification, the school will ensure that the appropriate training, including updates of this are in place. Staff who are utilised on the school’s designated ‘first aider’ rota and members of staff operating with the PE Faculty are the two key groups of staff where this is likely to be the case, although on occasions there may be others.

- We ensure that all staff have regular updates to ensure that they are competent and confident to deal with a medical / first aid issue that may arise. Specifically, the following takes place:
  - A first aid awareness raising session take place for all staff on a biennial basis (every two years).
  - There are separate updates for all staff on how to manage asthma and also the use of AAI devices for those students prescribed these due to the severity of their allergy.
  - Where additional training / information is required for all staff, time is allocated to this within the CPD / meeting schedules as a matter of urgency. The reasons why training of this kind may be necessary are wide and varied, but one obvious cause would be a student joining the school with a specific medical condition that requires training or an existing student developing a new medical condition where further training is required.
In addition to the above, where a new Health careplan is created, consideration is always given as to whether or not any further training is required to ensure that this can be operated effectively. Where this training is required, arrangements are then made to ensure the appropriate staff take part in this.

Ultimately, the approach of the school is intended to ensure all staff are confident to play an appropriate role in supporting students with medical needs. If any member of staff ever feels that they do not have the appropriate level of training to administer to the specific medical need of a child, they should not do so and support should then be sought from colleagues (in all likelihood, a member of staff who has a formal first aid qualification).

The Child’s Role in Managing their Own Medical Needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures as far as possible. This is reflected in the school’s approach to managing medication and within the medical care plans of those students where this is appropriate. This approach informs our policy in relation to all medical conditions, but explicit reference is made below to our processes relating to asthma, diabetes, allergies or food intolerances.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Students with Asthma

- The vast majority of SCC students who have asthma are able to carry their own inhalers and this means that where a student’s inhaler is stored in the emergency medicine cupboard at Student Services, this is often a spare. Students are encouraged to carry their own inhalers. As of January 19, parents have been made aware that we will no longer encourage students to have a spare inhaler at Student Services as students do need to be encouraged to carry their own device.
- Parents are asked to complete an asthma careplan if their child has asthma and the vast majority of parents do so – these documents are available in the ‘SEND and Inclusion’ folder in the Staff Shared Area.
- Whilst most students carry their own inhaler and / or have their own inhaler at Student Services, the school also has three spare inhalers to be used in the event of an emergency:
  - One inhaler in the emergency medicine cupboard at Student Services.
  - A trip inhaler in the emergency medicine cupboard at Student Services (please note that it is not a requirement for this to be taken on an educational visit – if students with asthma all have their own inhalers with them, the spare will not be required).
  - One inhaler in the main staffroom – stored in the top right pigeon hole.
Please note that these school spare devices can only be used for those students who have been prescribed an inhaler and where parents have given their consent for them to be employed in an emergency.

- Where a student is known to require a spacer as well as their inhaler, students are encouraged to carry the spacer with them. However, a number of spare spacers are also available in the emergency medicine cupboard at Student Services.
- Due to the number of students identified as having asthma, a member of the LSA team has been designated as having a specific responsibility for maintaining the asthma register and linked care plans (H McCartney). If staff have queries about relating to asthma, they can speak to Helen or the SENCO in the first instance.

Please note that further detail around the management of students with asthma is provided in the school’s Asthma Policy and all staff should take the time to ensure they are familiar with the information contained in this.

Students with Allergies, Intolerances and Diabetes

- Where appropriate, these students will have a health care plan and if no care plan is provided, the necessary information to manage the medical condition in school will be provided on the medical register.
- Where students have a food allergy or intolerance, parents are required to provide additional information about the extent of the condition. Where parents indicate that the catering team need to be made aware of this, a process then follows to ensure the appropriate measures are in place.
- Photographs of students with food allergies and intolerances are placed on the ‘Medical’ tab of the Inclusive Practice Site on our Learning Platform if parents have indicated that the catering team need to be aware of the issue.
- Adrenaline Auto Injectors (AAI) devices are stored for those students who need them in the emergency medicine cupboard at Student Services. As well as this, many students also carry their own AAI device(s) about their person. (Please note an AAI device is sometimes referred to as an EpiPen which is actually a brand name for medication of this kind.)
- Current guidance is that any student who has been prescribed an AAI device should have two devices in the event that a second shot of adrenaline is needed or in the unlikely event that the first device does not work. All parents of affected students have been advised of this by the school and encouraged to ensure sufficient devices are available. As well as this, parents have been made aware that the current DoH guidance is that where possible, students should carry their own devices with them, but this is dependent on the level of maturity of the individual child.
- The school also has 2 spare AAI devices to be used by a student whose own AAI device is not available in the event of an emergency. The emergency medicine cupboard at Student Services stores 1 of these devices and the other device stored in the main staff room in the top right pigeon hole. As for emergency inhalers, these devices are for students who have been prescribed an AAI device and where we have consent from parents that the device can be used. As we have 2 spare devices, these are to be kept in school at all times, unlike asthma inhalers where there is a spare device that could be taken on an educational visit in exceptional circumstances.
In addition to the health careplans for these students, the SENCO has circulated additional guidance for all staff and designated first aiders regarding the treatment of pupils with allergies and/or diabetes. This information is available through the ‘Inclusive Practice’ site on our Learning Platform by looking under the ‘Medical’ tab.

Managing Medication on School Premises

In order to ensure that the medication of students is managed effectively, the following process is in place:

- Medication that could potentially be required in an emergency situation is stored in the emergency medicine cupboard at Student Services. This cupboard is left unlocked to enable instant access. Asthma inhalers and AAI devices are stored in this cupboard.
- Whilst all members of staff have access to this cupboard in the event of an emergency, the vast majority of staff are likely to rarely, if ever, go into this cupboard.
- If it is necessary to remove medication from the emergency medicine cupboard due to an emergency situation, parents then need to be made aware that the medication has been used and if appropriate, that replacement medication is needed.
- If school spare medication (an asthma inhaler or AAI) is used, the SENCO needs to be informed as soon as possible to ensure that the medication can be replaced.
- If it is necessary to remove medication from the emergency medicine cupboard for a non-emergency situation (e.g., an educational visit), the medication should be signed in/out using the sheet within the cupboard.
- Emergency medication is stored by year group and material folders are used that correspond to the colour of tie for each year group cohort.
- Whilst all staff removing medication need to take responsibility for ensuring that the cupboard remains well-organised, members of the LSA team inspect the cupboard regularly (a minimum of one occasion each half-term) to ensure all medication remains well-ordered. Although the school will routinely support parents by reminding them when stored medication is reaching its expiry date, the responsibility for ensuring new medication is provided remains with parents/carers.
- In terms of medication on the school site, only medication that must be taken in school hours or may be required in the event of an emergency should be brought into school. If possible, students who are taking medication should do so at home, outside of school hours.
- Non-emergency medication is stored for students in a locked cupboard at the Main Office. Parents need to contact the school to make us aware of any medication that their child requires and provide this to the school in the original packaging and with the prescriber’s instructions visible. As for inhalers and AAI devices, the principle is that where students have the level of maturity to take responsibility for their own medication they should do so. The Year Manager (in consultation with SENCO if appropriate) will then make a decision as to whether or not it is possible for the child to manage their own medication.
- Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents are
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also responsible for collecting and disposing any medicine that is held in school that is no longer required by their child.

- Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child’s GP. Collection and disposal of the boxes should be arranged with the Local Authority’s environmental services.

In addition to the school processes outlined above, the points below are highlighted within the DfE guidance for schools and they must also be kept in mind:

- No child under 16 should be given prescription or non-prescription medicines without their parent’s written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- A student should never be given non-prescription medication without the prior consent of the parent.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

In terms of the processes to store and use medication on the school premises or during school activities that take place off the school site itself, staff should record details of any medication administered in line with the processes that are in operation in school.

**Emergency Procedures**

For those students who have a health careplan, where an emergency response is potentially necessary, details are explicitly provided within these documents. Often this guidance is to immediately seek medical support by dialling 999 and where appropriate, the health careplan also provides details of information to be provided to the emergency responders.

In the event of an emergency for students who do not have a prior medical condition or whose condition did not require a health careplan, the member of staff responding will use their training to make a judgement as to when an emergency 999 call should be made. The principle that must always inform these decisions is that if there is any doubt at all as to whether or not the call is required at that stage, the call should then be made.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The only exception to this rule would be if there is a medical emergency during an educational visit where only one
member of staff is in attendance. In this scenario, the guidance that is provided within the Educational Visits Policy should be adhered to.

**Educational Visits**

Where students have a known medical condition, we recognise that it is important that suitable arrangements are made to enable them to take a full part in school life, including being able to attend educational visits. With this in mind, the following procedures are in place in school:

- The school requires a new EV4 parental consent form to be completed for all educational visits. Doing so ensures that the member of staff leading the visit has the most current information available for the students taking part – if we relied on a whole school consent provided at the start of Y7, it is possible the medical needs of the student have changed.
- Where the EV4 form indicates that the student has medical needs, it is the responsibility of the group leader to ensure that appropriate measures are taken to address this need. These measures will include some or all of the following:
  - Ensuring the levels of staffing are appropriate for the nature of any medical conditions that students may have.
  - Where necessary, making further contact with parents to clarify any additional information that may be needed to ensure that the medical needs of the student can be met effectively during the visit.
  - Ensuring that any medication necessary for the visit has been brought by students / collected from the appropriate place in school. If the EV4 form indicates that the student should have medication (eg an asthma inhaler) with them, if this medication has not been brought, the student is not able to take part in the visit. If students usually look after their own medication, it is possible for them to do so during the visit.
  - For students who have a health care plan already in place, a copy of this should be taken by the group leader on the visit.
  - In addition to the medication for specific students, there is a spare asthma inhaler available for educational visits and can be taken out when the group leader’s risk assessment determines that it would be appropriate to do so. **Please note that unless there are exceptional circumstances, the devices should not simply be used for a child who has forgotten to bring their own medication with them – if we take this approach, it would encourage students to cease taking responsibility for their own medication.**
- First aid kits / first aid trained staff – more information about these areas is provided within the Educational Visits policy. Where the risk assessment determines that a first aid kit should be taken, these are available for collection on the morning of the visit from the Main Office. If any items in the kit are used during a visit, the Group Leader is responsible for informing the admin team that this has taken place, so that the kit can be restocked. Where the risk assessment indicates that a member of staff with a formal first aid qualification is required, it is the responsibility of the group leader to indicate this at the earliest opportunity and for the group leader and Educational Visits Coordinator to then identify a suitable member of staff during the planning stages.
**Home to School Transport**

The responsibility for ensuring the medical needs of students are met when being transported to and from the school ultimately rests with the local authority. The DCC Transport Team have indicated that in the event of a medical emergency the bus / coach driver would be expected to dial 999.

If parents / carers feel that the medical needs of their child mean that additional measures may need to be taken for the period that their child is travelling to / from school, they should in the first instance contact the school and speak to the SENCO or appropriate Year Manager. Dependent on the specific needs of the child, appropriate measures to be taken might include sharing the Health care plan with the DCC Transport Team of the involvement of a member of this team in completing the plan itself.

It is the school policy to encourage students to carry their own asthma inhalers and AAI adrenaline injector devices and this approach does ensure that students who are able to administer their own medication and bring this into school with them, have this available to them at all times.

**Avoiding Unacceptable Practice**

Whilst following this policy will ensure the absence of unacceptable practice, for the purposes of clarity, it is not acceptable at SCC 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- send a child in obvious need of medical attention to Student Services without supervision;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child unless there are exceptional circumstances and this is the only way in which the healthcare needs of the child could be effectively met during the visit.
Liability and Indemnity for Staff Administering Medication

As a school within Durham County Council, the council has both public liability insurance and medical malpractice insurance in place. If staff are administering medication in line with the guidelines in this policy, it is highly likely that it will be covered by the public liability insurance and where this is not the case, the medical malpractice cover. Any activity that would not be covered by these is something that would not be appropriate to take place.

Further detail about these insurance arrangements are provided in Appendix B: Healthcare Activities – Insurance Cover Arrangements which is a document that was provided to the school by the County Council in March 2019. This guidance emphasises the importance of the health care plan that has been produced and is being operated for the student. Our school guidelines for the completion of health careplans ensure that the minimum guidelines for the completion of these documents specified by council are both met and exceeded.

Complaints Procedure

Through the creation and operation of this policy, we hope as a school to avoid any parents feeling the need to make a complaint about the school’s practice in this area. We are committed to working together with students, parents and other appropriate parties to ensure that this policy is implemented effectively.

However, if a parent does wish to discuss concerns that they have or to make a complaint about the school’s practice, in the first instance they are encouraged to contact the school and speak to the SENCO to discuss this. If this course of action does not resolve the issue and wish to make a formal complaint, the school’s complaints procedure should then be followed and details about this are available in the Complaints Policy that can be accessed via the school website.
Appendix A: Information for staff regarding common medical conditions

PRACTICAL ADVICE ON ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

INTRODUCTION

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This appendix 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.

ASTHMA

What is Asthma?

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

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.

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 school 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 school 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

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school 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. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

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.

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.

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

The signs of an asthma attack include:

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

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

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 School 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.

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 school or setting. Children should have a reliever inhaler with them when they are in school or in a setting.

Children with asthma should participate in all aspects of the school 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.

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.
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.

All schools and settings should have an asthma policy that is an integral part of the whole school 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 school environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

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 recognising 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?**

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 school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

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 schools, 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 school 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.

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.

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.

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.

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**

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

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.

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.

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
Such information should be an integral part of the school or setting’s emergency procedures 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.

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.

Some students are diagnosed medication that should be taken in the event of a seizure and if certain other conditions are met. Details of this medication and the way in which it is to be administered should be provide in the child’s health care plan.

**DIABETES**

**What is Diabetes?**

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).

About one in 550 school-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.

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**

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 school 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 school supervision may be required, and also a suitable, private place to carry it out.

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.

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 school 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.

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

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. Schools may need to make special arrangements for pupils with diabetes if the school 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.

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:

<table>
<thead>
<tr>
<th>hunger</th>
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</thead>
<tbody>
<tr>
<td>sweating</td>
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<td>drowsiness</td>
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<tr>
<td>pallor</td>
</tr>
<tr>
<td>glazed eyes</td>
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<tr>
<td>shaking or trembling</td>
</tr>
<tr>
<td>lack of concentration</td>
</tr>
<tr>
<td>irritability</td>
</tr>
<tr>
<td>headache</td>
</tr>
<tr>
<td>mood changes, especially angry or aggressive</td>
</tr>
</tbody>
</table>

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

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.

An ambulance should be called if:

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

Such information should be an integral part of the school or setting’s emergency procedures but also relate specifically to the child’s individual health care plan.

**ANAPHYLAXIS**

**What is anaphylaxis?**

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.

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).

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.

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**

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.

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.**

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.

The decision on how many adrenaline devices the school 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.
Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools 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.

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 school and the treating doctor.

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

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.

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 school. 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.

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.

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.

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

HEALTHCARE ACTIVITIES – INSURANCE COVER ARRANGEMENTS

For the purpose of this document the words

- Health Care Professional shall mean those members of the health care professions being medical and dental practitioners, nurses, midwives, and professions allied to medicine.

 Covered by Council’s Public Liability

The following activities are covered by the Council’s public liability policy. In some cases, a condition of cover is that a Healthcare Plan is in place and is being followed. Minimum requirements of a healthcare plan:

- Documents the issues surrounding individual receiving treatment
- Documents the plan of treatment
- Confirms that appropriately skilled person(s) administering treatment
- Communicates this information to the persons administering treatment
- Is updated whenever a change occurs
- Is reviewed regularly to ensure it remains up-to-date

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Covered by Insurers Public Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td>Yes - following training and subject to routine visits to service users by senior officer to check for abuse Safe Manual Handling Practice to be followed</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Taking of BP by automated machine only</td>
<td>Yes - following training and variation from specified limits in Health Care Plan referred to medical staff</td>
</tr>
<tr>
<td>Blood Samples</td>
<td>Glucometer or fingerprick only</td>
<td>Yes - following written Health Care Plan and adherence to manufacturers' guidelines</td>
</tr>
<tr>
<td>Body fluid balance monitoring</td>
<td>Measurement and recording of fluids in and urine out via toilet capture device</td>
<td>Yes - following training and referral of abnormalities to medical staff</td>
</tr>
<tr>
<td>Breathing monitoring</td>
<td>Visual monitoring</td>
<td>Yes - as routine check only</td>
</tr>
<tr>
<td>Breathing monitoring</td>
<td>Monitoring by machine</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Buccal medazolam</td>
<td>Administered by mouth</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Catheters</td>
<td>Change bags and cleaning of tube</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Colostomy/Stoma care</td>
<td>Change bags</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td></td>
<td>Cleaning</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Defibrillators/First aid only</td>
<td>In emergency</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Denture cleansing</td>
<td></td>
<td>Yes - following appropriate training and using proprietary cleaner only</td>
</tr>
<tr>
<td>Dressing care (external)</td>
<td>Application</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td></td>
<td>Replacement</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Ear/nose drops</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Medicine in School Policy
Sedgefield Community College
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Covered by Insurers Public Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye care</td>
<td>For individuals unable to close eyes</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Eye drops</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>First Aid</td>
<td>In emergency (including use of defibrillators)</td>
<td>Yes - by employees with valid first aid certificate</td>
</tr>
<tr>
<td>Gastrostomy tube Peg feeding (through the abdominal wall)</td>
<td>A tube to be inserted</td>
<td>Yes - by qualified medical staff only</td>
</tr>
<tr>
<td>Gastrostomy tube Peg feeding (through the abdominal wall)</td>
<td>Feeding and cleaning</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Gastrostomy tube Peg feeding with medication</td>
<td></td>
<td>Yes - following written Health Care Plan and in consultation with pharmacist, and prescribed by a medical professional</td>
</tr>
<tr>
<td>Gastrostomy tube Bolus feed via a gastrostomy tube</td>
<td>Using a large syringe or feed bag to provide 'bulk' feed</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Gastrostomy tube Pump feeds via a gastrostomy</td>
<td>Pumps are usually used to provide a constant feed - say through the night</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Gastrostomy Buttons and suction</td>
<td></td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Checking</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Fitting (but not measuring for a hearing aid)</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Replacement (but not measuring for a hearing aid)</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Inhalers and nebulisers</td>
<td>Provide assistance to user - both hand held and mechanical</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Injections</td>
<td>Pre packaged doses administered on a regular basis*</td>
<td>Yes - see medipens below</td>
</tr>
<tr>
<td></td>
<td>*Pre packaged doses administered (intramuscular or subcutaneous only) on a regular basis or in pre planned emergency may only be provided by - First Aider to have been deemed competent to administer prescribed medication. (Accredited by the appropriate professional body) - refresher training/competency assessment as recommended by the professional body</td>
<td></td>
</tr>
<tr>
<td>Medipens (Edipens &amp; anapens)</td>
<td>For anaphylactic shock (intramuscular) with a preassembled pre-does loaded epipen epinephrine or adrenaline/epinephrine.</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Procedure</td>
<td>Description</td>
<td>Covered by Insurers Public Liability</td>
</tr>
<tr>
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</tr>
<tr>
<td>Mouth toilet</td>
<td>For individuals unable to swallow</td>
<td>Yes</td>
</tr>
<tr>
<td>Nasal Suction</td>
<td>Clearing of the nose via a fitted tube or stent</td>
<td>Yes - following written Health Care Plan. Excluding insertion of tube or stent</td>
</tr>
<tr>
<td>Naso-gastric tube feeding</td>
<td>Feeding and cleaning of tube</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Naso-gastric tube Bolus nasogastric feeds</td>
<td>This is where a syringe is used to provide a bulk feed</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>Progress assessment for goals set by professional physiotherapist for gait patterns etc.</td>
<td>Yes - following written Health Care Plan assessment of competency and referral to physiotherapist if goals not being met</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>Self-Care Assessments - Assessment of capability of service user to live independently in their own home, mobility, use of stairs etc.</td>
<td>Yes - excluding any physical or medical treatment or supervision of any treatment regime.</td>
</tr>
<tr>
<td>Oral medication prescribed</td>
<td>Antibiotic syrup, tablets etc</td>
<td>Yes - as prescribed and directed by a medical professional following written Health Care Plan (refer to additional notes below)</td>
</tr>
<tr>
<td>Oxygen administration of</td>
<td>Provide assistance to user</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Postural drainage exercise</td>
<td>Drainage exercises for individuals with e.g. cystic fibrosis</td>
<td>Yes - following written Health Care Plan provided under the direction of a physiotherapist</td>
</tr>
<tr>
<td>Pressure bandages</td>
<td>Application to assist with positioning of digits</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Pulse rate</td>
<td>Finger pressure on wrist only</td>
<td>Yes - following training and variation from specified limits in Health Care Plan referred to medical staff</td>
</tr>
<tr>
<td>Rectal midazolam prepackaged dose</td>
<td>Tends to be used for individuals suffering from repeated epileptic fits</td>
<td>Yes - following written Health Care Plan and 2 members of staff must be present</td>
</tr>
<tr>
<td>Rectal midazolam prepackaged dose</td>
<td>Emergency situation</td>
<td>Yes - following written Health Care Plan and 2 members of staff must be present</td>
</tr>
<tr>
<td>Rectal diazepam in prepackaged dose</td>
<td>Tends to be used for individuals suffering from repeated epileptic fits routine administration</td>
<td>Yes - following written Health Care Plan and 2 members of staff must be present</td>
</tr>
<tr>
<td>Rectal diazepam in prepackaged dose</td>
<td>Emergency situation</td>
<td>Yes - following written Health Care Plan and 2 members of staff must be present</td>
</tr>
<tr>
<td>Splints, braces, corsets etc</td>
<td>Application of appliances</td>
<td>Yes - as directed by a medical professional</td>
</tr>
<tr>
<td>Swabs</td>
<td>External (cleansing of the skin and inside mouth/nose and taking of</td>
<td>Yes</td>
</tr>
<tr>
<td>Procedure</td>
<td>Description</td>
<td>Covered by Insurers Public Liability</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Temperature taking</td>
<td>Via ear only</td>
<td>Yes - following training and variation from specified limits in Health Care Plan referred to medical staff</td>
</tr>
<tr>
<td>Topical medication and application of patches</td>
<td>Pre-prescribed medication only - creams lotions etc</td>
<td>Yes - following training and written Health Care Plan and as prescribed and directed by a medical professional. Excluding first application of patches</td>
</tr>
<tr>
<td>Tracheostomy care</td>
<td>Clean round edge of tube only</td>
<td>Yes - following written Health Care Plan</td>
</tr>
<tr>
<td>Ventilators</td>
<td>Use of</td>
<td>Yes - following written Health Care Plan</td>
</tr>
</tbody>
</table>

**Local Authority Education - Day Schools only (not residential)**
The below are all covered on condition that Health Care Plans required for the administration of oral medication over a period of 8 days or more

| Oral medication - prescribed    | Antibiotic syrup, tablets etc.                  | Yes as prescribed and directed by a health care professional (i.e. Doctor)                           |
|                                 |                                                  | • Adherence to Authorities Medication Policy                                                        |
|                                 |                                                  | • Parental consent form completed                                                               |

| Oral medication as directed and authorised by a Parent/Guardian | Paracetemol, antihistamine (i.e. for hay fever etc.) | Yes: |
|                                                               |                                                  | • Adherence to Authorities Medication Policy                                                        |
|                                                               |                                                  | • Parental consent form completed                                                               |

**Local Authority Education - Day Schools only (not residential)**
The below are all covered on condition that Health Care Plans required for the administration of oral medication over a period of 8 days or more

**The following activities are not covered by the Council’s Public Liability Policy, but are covered by the Council’s Medical Malpractice Cover.**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anal Plugs</td>
<td>Plug to prevent bowel movements in incontinent adults or children</td>
</tr>
<tr>
<td>Bladder wash out</td>
<td></td>
</tr>
<tr>
<td>Catheters</td>
<td>Insertion of tube</td>
</tr>
<tr>
<td>Contact lens fitting</td>
<td>Insertion of contact lenses</td>
</tr>
<tr>
<td>Ear Syringe</td>
<td></td>
</tr>
<tr>
<td>Enema suppositories</td>
<td></td>
</tr>
<tr>
<td>Gastrostomy tube Peg feeding (through the abdominal wall)</td>
<td>Reinsertion of gastronomy tube testing.</td>
</tr>
<tr>
<td></td>
<td>No cover from Insurers, as they require qualified medical staff only</td>
</tr>
<tr>
<td>Injections</td>
<td>Assembling syringes and administering intravenously or controlled drugs</td>
</tr>
<tr>
<td></td>
<td>No cover for diabetes injections where calculation of dose by using carb count, then injection Administered. Not covered – cover only for pre-packaged doses only e.g. epipen</td>
</tr>
<tr>
<td>Injections</td>
<td>Carer using judgement to determine frequency and dosage</td>
</tr>
<tr>
<td>Manual evacuation</td>
<td>Of the bowel</td>
</tr>
<tr>
<td>Naso-gastric tube feeding</td>
<td>Tube to be inserted. Carers and staff will be trained on an individual basis for individual child/young person/adult</td>
</tr>
<tr>
<td></td>
<td>No cover from Insurers, as they require qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion</td>
</tr>
<tr>
<td>Naso-gastric tube feeding</td>
<td>Reinsertion and Testing</td>
</tr>
<tr>
<td></td>
<td>No cover from Insurers, as they require qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion</td>
</tr>
</tbody>
</table>

**Medicine in School Policy**
Sedgefield Community College
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational therapy</td>
<td>Other</td>
</tr>
<tr>
<td>Oral Suction</td>
<td>To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently</td>
</tr>
<tr>
<td>Pessaries</td>
<td>No cover from Insurers other than postural or chest drainage, limb massaging, exercise therapy under the direction of a physiotherapist and documented in a Health Care Plan</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Chest drainage involving insertion of tube into lungs</td>
</tr>
<tr>
<td>Rectal Paraldehyde</td>
<td>Used for individuals suffering from repeated epileptic fits and cannot use other forms of medication routine and emergency - needs to be applied by catheter - highly skilled application/and drug storage</td>
</tr>
<tr>
<td>Syringe drivers - programming of suppositories or pessaries - inserting with a prepackaged dose</td>
<td>No cover from Insurers other than other than rectal diazepam and midazolam.</td>
</tr>
<tr>
<td>Swabs</td>
<td>Internal (other than oral) invasive</td>
</tr>
<tr>
<td>Toe nail cutting</td>
<td>If the patient has diabetes or vascular disease a chiropodist should do this.</td>
</tr>
<tr>
<td>Tracheostomy care</td>
<td>Replacement, suction</td>
</tr>
<tr>
<td>Tracheostomy care</td>
<td>Emergency.</td>
</tr>
<tr>
<td>Venepuncture</td>
<td>A method of collecting blood</td>
</tr>
<tr>
<td>Open Wounds</td>
<td>There is no insurance cover in place at present for the cleaning of open wounds.</td>
</tr>
</tbody>
</table>
# Appendix C

## Medical Care Plan

**September 2018**

This will be updated annually, unless significant incident occurs

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Sedgefield Community College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Next of Kin | |
| NHS Number | | |
| Dr | | |

<table>
<thead>
<tr>
<th>School Nurse</th>
<th>Diagnosis:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vicki Sutherland</td>
<td>03000 261607</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Management in School</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport to and from school</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--</td>
</tr>
<tr>
<td>Emergency Contact 1</td>
<td>Emergency Contact 2</td>
</tr>
</tbody>
</table>

School Sign........................................................................ Date......................
School Nurse........................................................................ Date......................
Parent/Carer Sign.................................................................. Date......................