

**Whatever you do, work at it with all your heart.
Colossians 2:23**



St. Mark's C of E Primary School

**A policy for supporting pupils at school with
medical conditions**

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Reviewed: February 2019

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Mission Statement

At St Mark's C of E Primary School we will:

- Welcome everyone
- Build Christian values and worship into our teaching
- Establish strong links between home, school and community
- Endeavour to reach our full potential and celebrate our achievements
- Care for, encourage and respect each other
- Support each other to stay safe, healthy and make a positive contribution to our world.

Our school is a place where every person has the right to be themselves and to belong and learn in a safe and happy environment. Everyone at our school is equal and treats each other with respect and kindness. We do not tolerate bullying.

INDEX

	Contents	Page No
	Foreword	2
1	Introduction	4
2	Roles and Responsibilities	4
3	Developing and Implementing a School Policy for Supporting Pupils at School with Medical Conditions	8
4	Individual Health Care Plans	9
5	Staff Indemnity	10
6	Staff Training	11
7	Storage of Medicines in Schools	11
8	Disposal of Medicines / Medical Supplies	12
9	Administration of Medicines	13
10	Records and Audit Trail of Medicines in Schools	14
11	Hygiene and Infection Control	15
12	Intimate or Invasive Treatment	15
13	Emergency Procedures	16
14	Out of School Activities / Extended School Day	16
15	Pain Relief	17
16	Treatment of Attention Deficit Hyperactivity Disorder (ADHD)	17
17	Management of Diabetes	17
18	Complaints	17
19	Useful Contacts	18
	Appendices	
1	Healthcare Plan 'Parent's Letter' Template	21
2	Template Supporting Pupils at School with Medical Conditions Policy	22
3	Individual Health Care Plan	24
4	Parental Agreement for School to Administer Medicine	26
5	School Record of Medication Administered	27
6	Insurance Indemnity Treatment Table	29
7	Risk Management and Medical Malpractice Decision Tree	32
8	Link to Specialist Guidance	33

1. INTRODUCTION

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

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

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN). For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability Code of Practice: 0-25 years, January 2015.

The Headteacher and all school staff should treat medical information including information about prescribed medicines confidentially. The Headteacher should agree with the parent or otherwise the pupil (where appropriate) who else should have access to records and other information about the pupil.

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

In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors of academies and management committees of PRUs.

2. ROLES AND RESPONSIBILITIES

GOVERNING BODIES RESPONSIBILITIES

The following are the **statutory** (bold, for the purpose of Sect 2 only) requirements that governing bodies must have regard to when making their own bodies arrangements to support pupils with medical conditions.

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

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

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

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

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

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

Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.

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

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

When deciding what information should be recorded on individual healthcare plans, the governing body should consider 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; and
- 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.

The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions

Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.

Governing bodies should ensure that written records are kept of all medicines administered to children.

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.

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

The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.

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

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

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

HEADTEACHER'S RESPONSIBILITIES

Headteachers should ensure that their school's policy is developed and effectively implemented with partners.

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

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

This may require recruiting member of staff for this purpose.

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

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

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

SCHOOL STAFF RESPONSIBILITIES

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

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

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

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

SCHOOL NURSING SERVICE RESPONSIBILITIES

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

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

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

PARENTS RESPONSIBILITIES

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

LOCAL AUTHORITIES RESPONSIBILITIES

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

CLINICAL COMMISSIONING GROUP RESPONSIBILITIES

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

3. DEVELOPING AND IMPLEMENTING A SCHOOL POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

Policies should:

- Identify a named person (Usually the Headteacher or nominated deputy) who will have overall responsibility for policy implementation and monitoring i.e. Policy Lead.
- Identify an appropriate number of authorised and trained staff to be responsible for the receipt of and administration of medicine. Including cover arrangements and briefing for supply teachers.
- Detail how all relevant (need to know) staff will be made aware of child's medical condition.
- Detail staff training in managing medicines safely and for supporting an identified individual child.
- Be provided to parents e.g. Home School Agreement. A full copy of the policy should be provided on request to parents and provided to parents of all children for whom an individual health care plan is developed.

- Detail of how medicines will be stored, administration recorded and how this will be monitored. This should include the recording of any non-administration of a regular medication (in such instances the parent must be notified on the day).
- Incorporate risk assessments arrangements for educational visits, holiday trips and other school activities outside of the normal timetable including procedures for managing prescription medicines on trips and outings.
- Detail procedures to be followed when the school is notified that a pupil has a medical condition. If required Individual Health Care Plans should be in place before the start of the new school term and if this is not possible e.g. new diagnosis, every effort should be made to ensure that arrangements are put in place within 2 weeks.
- Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change, and arrangements for any staff training or support.
- Arrangements for monitoring and reviewing individual health care plans
- Detail procedures to be followed when the school is notified that a pupil needs school to administer medicines on a short term basis e.g. antibiotics course.
- Be clear that medicines will only be administered where it is provided in its original container/outer packaging and where it has a pharmacy label showing the child's name, dosage instructions and the product is in date. The exception to this is insulin which must still be in date but will generally be provided to schools inside an insulin pen or pump, rather than in its original container. Only medicines which have been prescribed for a named child will be administered in schools.
- Detail parent's responsibilities in relation to the policy
- Detail the requirement for prior written agreement from parents for any medicines to be given to the child.
- Procedure for requesting children to carry their medicines themselves.
- Include details of schools emergency procedures

4. INDIVIDUAL HEALTHCARE PLANS

Individual Healthcare Plans can help to ensure that schools effectively support pupils at school with medical conditions. They provide clarity about what needs to be done, and by whom. They will often be essential such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are complex and long term. However, not all children will require one. The school, a health care professional and parent should agree, based on evidence, when a health care plan would be inappropriate or disproportionate. If consensus cannot be agreed the Headteacher is best placed to take a final view.

Plans should be drawn up in partnership between the school, parents and a relevant health care professional, eg, school nurse or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. Partners should agree with who will lead writing the plan but responsibility for ensuring it is finalised and implemented rests with the school. Staff may need to be guided by the child's GP or paediatrician. Locally a number of tailored plans are already used and provided by health care professional e.g. asthma management plan and diabetes care plan and these can be referenced to in the individual healthcare plan and appended.

Staff should agree with parents how often they should jointly review the individual healthcare plan. This should be carried out at least once a year, but much depends on the nature of the child's particular needs in which case the plan may need to be reviewed more frequently. The school should have a centralised register of individual health care plans and an identified member of staff should have responsibility for this register. The pupil (where relevant), parents, specialist nurse and school should hold a copy of the individual health care plan. Other school staff should be made aware and have access to the individual health care plan for children in their care. A template individual healthcare plan is provided in Appendix 3, with additional specific health condition templates available at section 3 of Appendix 8.

5. STAFF INDEMNITY

Schools buying back insurance through RPA (Risk protection Assurance).

- a) Each child who receives a medical procedure or intervention in school has a specific individual health care plan signed off by the child's parents, the school headteacher and the child's General Practitioner or supervising consultant.
- b) The individual health care plan must include full details of the emergency procedures in the event of a medical emergency.
- c) The child's parents have provided written consent for a non medical or healthcare practitioner to provide the medical procedure or intervention to their child.
- d) The employee who is providing the medical procedure or intervention has received full training from a registered medical or healthcare professional, and has been signed off as fully competent in the procedure they are providing.
- e) The employee who is providing the medical procedure or intervention has provided written confirmation that they have read and understood the individual health care plan.

Insurance policies should provide liability cover relating to the administration of medicines, but individual cover may be required for any health care procedures.

Indemnity is not provided to health care professionals.

6. STAFF TRAINING

Staff involved in Supporting Pupils with Medical Conditions

Schools will be contacted separately to inform them of the training that will be made available to assist them in the management and administration of medication.

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

Wider Staff Awareness Training

All staff should know what action to take in an emergency and receive updates at least yearly. Staff with children with medical needs in their class or group should be aware of and have access to a copy of the child's individual health care plan. Arrangements for backup cover should be laid down and implemented when the responsible member of staff is absent or unavailable. Advice and training should be available to other staff who are responsible for children such as lunchtime supervisors.

7. STORAGE OF MEDICINES IN SCHOOLS

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

A few medicines such as asthma inhalers, diabetic devices and Adrenaline/Epinephrine pens must be readily available to pupils and must not be locked away but must still be stored safely in such cases. Schools should allow pupils to carry their own inhalers /diabetes devices/ adrenaline pens (secondary schools only) when appropriate. The pupil's parents should decide when they are old enough to do this and should submit this request in the relevant section of the Administration of Prescribed Medicines in Schools Consent Form. Children should only be allowed to carry their own medicines if they are competent to self-administer the medicine without need for any supervision.

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

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

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

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

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

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

8. DISPOSAL OF MEDICINES / MEDICAL SUPPLIES

School staff should not dispose of medicines by for example flushing tablets or medicine down the toilet. Expired / no longer required medicines should be collected from school by parents within fourteen days of the expiry date / no longer being required. If parents do not collect the expired / no longer required medicines within the specified time frame the school should arrange

for these medicines to be returned to their local community pharmacy. This should be recorded on the child's medication sheet – it is advised that this is documented and undertaken by two members of staff.

Interpretation Expiry dates

<i>Expression</i>	<i>Interpretation</i>
Use by May 2015	Do not use after 30 April 2015
Use by 20 May 2015	Do not use after 20 May 2015
Use before May 2015	Do not use after 30 April 2015
Use before 20 May 2015	Do not use after 19 May 2015
Expires 31 May 2015	Do not use after 31 May 2015
Expires May 2015	Do not use after 31 May 2015

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

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

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

Where appropriate, schools should have a procedure in place for the management of needle stick injuries.

9. ADMINISTRATION OF MEDICINES IN SCHOOLS

Medicines should only be administered in schools when it would be detrimental to child's health or school attendance not to do so.

No child under 16 should be given prescription or non-prescription medicines without their parents written consent. It is recommended only prescribed medicines should be administered in schools, unless administration of non-prescribed medication is fully discussed with parents/carers (Universal Consent).

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

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

Only staff who have received appropriate training and have been authorised to administer medicines by the Policy Lead should do so.

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

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

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

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

It is expected that the child should be known to the person administering the medicine. There should be a mechanism in place which enables the member of staff administering the medicine

to positively identify the child at the time e.g. by confirming name / date of birth and / or comparing with recent photo attached to School Record of Medication (parental consent will be required for photos to attach to medication records)

Before administering the medicine school staff must check:

- the child's identity
- that there is written consent from parent / guardian
- that the medication name, strength and dose instructions match the details on the consent form
- that the name and the date of birth on the prescription medication label matches the child's identity
- that the medication is in date
- that the child has not already been given the medicine
- that a work colleague is present to witness, check and to corroborate identity and medication being administered.

Immediately after administering or supervising the administration of medicine, written records must be completed and signed by both.

Where a pupil refuses to take their medication:

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

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

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

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

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

10. RECORD AND AUDIT TRAIL OF MEDICINES IN SCHOOLS

Each child who receives prescribed medicine at school must have an individual School Record of Medication form completed for each medication they are to receive.

A member of staff authorised by the Headteacher / Policy Lead should be responsible for recording information about the medicine and about its use.

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

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

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

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

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

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

11. HYGIENE AND INFECTION CONTROL

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

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

12. INTIMATE OR INVASIVE TREATMENT

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

The Headteacher or Governing Body should arrange appropriate training for school staff providing medical assistance. The school should arrange for two adults of the same gender as the pupil to be present for the administration of the treatment.

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

13. EMERGENCY PROCEDURES

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

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

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

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

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

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

14. OUT OF SCHOOL ACTIVITIES / EXTENDED SCHOOL DAY

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

Schools should meet with parent, pupil and health care professional where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This should be recorded in child's individual health care plan, or risk assessment which should accompany them on the activity.

If medication is required during a school trip it should be carried by the child if this is the normal practice e.g. asthma inhalers. If not it should be carried by an authorised member of staff who would be responsible for administering it or the parent / carer if present.

If residential trips are planned outside the UK specific advice may be required depending on country visited, mode of transport and medicine involved. Schools should also consult with their travel insurer to check if any additional declarations are required to be made in order to maintain access to healthcare within the European Economic Area, its member states or beyond.

15. PAIN RELIEF

Sometimes pupils may be asked for pain relief at school e.g. Paracetamol. It is not recommended that school staff give non-prescribed medication to pupils without consent from the parent/carer in addition to this being marked on the Universal Consent. This is because they do not know

what previous doses the child has taken or if it may interact with other medicines they may have taken. Where pain relief cannot be given in school, medicines should be administered by parents/carers in dose frequencies which enable them to be taken outside school hours.

16. TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

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

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

17. MANAGEMENT OF DIABETES

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

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

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

18. COMPLAINTS

Directors should ensure the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

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

19. USEFUL CONTACTS

Service	Contact	Tel No	email	Address
Child and Mental Health Services (CAMHS)		01642 368400		
Community Transport Manager	Elizabeth Bird	01642 527116	Elizabeth.Bird@stockton.gov.uk	Cowpen Depot, Cowpen Lane, Billingham
SEN and Engagement Service Manager	Joanne Mills	01642 526423	Joanne.Mills@stockton.gov.uk	Education Improvement Service Children, Education and Social Care EIS@SSFC Bishopton Road West Stockton-on-Tees TS19 0QD
Education Improvement Service	Deborah Merrett Chief Adviser	01642 526407	Deborah.Merrett@stockton.gov.uk	Education Improvement Service Children, Education and Social Care EIS@SSFC Bishopton Road West Stockton-on-Tees TS19 0QD
Health and Safety Manager	Derek MacDonald	01642 528195	Derek.Macdonald@stockton.gov.uk	1 st Floor Municipal Buildings Church Road Stockton-on-Tees TS18 1DF
Human Resources	Anne Rix	01642 526952	Anne.Rix@stockton.gov.uk	1 st Floor Municipal Buildings Church Road Stockton-on-Tees TS18 1DF
Joint Commissioning Manager (Children) North of England Commissioning Support	Ruth Kimmins	Mobile: 07796353107	Ruth.kimmins@nhs.net	www.necsu.nhs.uk

Service	Contact	Tel No	Email	Address
Pharmaceutical Adviser	Jo Linton	01642 746870	jolinton@nhs.net	Tees Valley Public Health Shared Service Redheugh House Stockton TS176SJ
Public Health Early Intervention Manager	Jane Smith	01642 524296	Jane.Smith@stockton.gov.uk	Early Interventions Manager Stockton-on-Tees Borough Council 16 Church Road Stockton on Tees TS18 1TX
Insurance Office.	Hayley Robson	01642 526787	Hayley.Robson@stockton.gov.uk	1 st Floor Municipal Buildings Church Road Stockton TS18 1DF
School Workforce Development Officer	Judith Robson	01642 524625	judith.Robson@stockton.gov.uk	School Workforce Development Officer Education Improvement Service Children, Education and Social Care EIS@SSFC Bishopton Road West Stockton-on-Tees TS19 0QD
Senior Nurse – Looked After Children - Stockton	Sarah McNulty	01642 524911	sarah.mcnulty@nhs.net Sarah.McNulty@stockton.gov.uk	Senior Nurse Looked After Children Nursing, Patient Safety and Quality Directorate 70 Norton Road Stockton on Tees, TS 18 2DE
School Nursing Service	Tel or use generic email address.	01642 606591	nth-tr.stocktonschoolnursing@nhs.net	North Tees and Hartlepool Foundation Trust School Nurse , Out of Hospital Care, Ragworth Neighbourhood Centre St John's Way Stockton on Tees TS19 0FB

