

Supporting Students with Medical Conditions Policy

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1 INTRODUCTION

Outwood Grange Academies Trust is a fully inclusive multi-Academy trust and welcomes and supports students with medical conditions. The Trust is fully committed to providing students with medical conditions, the same opportunities as others at their Academy in line with the statutory guidance ‘Supporting pupils with medical conditions’ December 2015 and ‘Children and Families Act 2014’.

Every student with a medical condition who attends an Outwood Academy or Alternative Provision setting, will be supported to fully access education, educational trips and physical education enabling them to play a full and active role in Academy life and remain healthy. The Academy listens to parents and students and this is reflected when considering organising structured and unstructured activities, extended Academy activities and residential trips to ensure everyone is involved and included. Should the medical condition lead to prolonged absence from the Academy, the Academy will work with the family and partnership agencies to arrange alternative arrangements to minimise the impact of the absence on the students’ education, this could include online learning.

We will help to ensure they can:

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- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they have left the Academy

We will ensure this by educating all staff about the medical conditions that affect pupils at the Academy and ensuring staff receive the appropriate training. Also, some students with medical conditions will have healthcare plans which will be devised with parents, students, healthcare professionals and the Inclusion Coordinator/ SEND officer or designated person for the Academy.

Under the Health & Safety at Work Act 1974 the employer is responsible for making sure that all Academies have a Health and Safety Policy. This should include procedures for supporting students with medical needs, including managing and administering prescribed medication.

The Control of Substances Hazardous to Health (COSHH) Regulations requires that no person is placed at risk from the use of any hazardous substances. A medicine is a hazardous substance to those administering the medication and to those who may inadvertently be exposed to it.

The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

The Equality Act 2010 requires that the body responsible for an Academy must not discriminate against a disabled person. Any students with medical needs who are also disabled will be protected under this act.

Most students may need to take medication at some time whilst they are attending the Academy. This policy gives clear guidance and will be enhanced by an effective staff management system, which will support individual students with medical needs.

The Academy will ensure that this policy and procedures are in place, so that no person is placed at risk from the storage, administration and / or disposal of medication.

The Academy has a legal duty to make arrangements to ensure that students with medical needs are able to attend the Academy with as little disruption as possible.

A policy that has appropriate procedures will be better placed to enable students attending the Academy, who require medication to continue their education with as little disruption as possible.

Unless so directed by the terms of their employment contract, no member of staff should feel compelled to be responsible for the management and administration of prescribed medication, to a student.

Outwood Grange Academies Trust is covered under the Risk Protection Arrangement (RPA) for schools for insurance purposes.

2 AIM

This policy aims to ensure that:

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All parties are aware of their roles and responsibilities and are clear about the services that are expected of them when dealing with students with regard to managing and administering prescribed medications.

Students who have short or long term medical needs or who require assistance with managing and administering prescribed medications will have the appropriate assistance, where required, when they are attending the Academy.

The approach is flexible, responsive and supportive to the medical needs of students, to ensure that they return to their educational studies as soon as possible following an illness or course of medication.

There is a good working partnership with students, parents/carers, staff and health professionals to ensure a duty of care.

3 RESPONSIBILITIES

3.1 The Outwood Grange Academies Trust (OGAT) Board

The OGAT Board will ensure that the Academy has developed its policy to assist students with medical needs and that staff involved with administration of medication have had the appropriate training.

As a sub-committee of the OGAT Board, the Academy Council must review the arrangements for staff training on essential medical issues in Academy such as:

- Allergies
- Asthma
- Diabetes
- Epilepsy

The Academy Council recognise that there is a duty of care to all students and will do all that is reasonably practicable to safeguard and promote their welfare.

3.2 Principals

Principals are responsible for implementing the policy and procedures in their Academy and should ensure that all parents/carers are aware of the policy.

Where members of staff volunteer to assist, the Principal must ensure that they receive suitable and sufficient information, instruction and training to be able to undertake this function in a safe and effective manner. This also applies to members of staff who volunteer to be reserves to cover for absences.

An up to date record is to be held with all training information contained within.

Principals should ensure that a written Healthcare Plan for each student with specific medical needs is drawn up in conjunction with the parent/carer and/or General Practitioner (GP).

Where there is concern that a student's needs may not be met by the Academy or the parent's/carer's expectations appear unreasonable, the Principal should seek further advice from the student's GP, and other medical advisers. Where there are attendance concerns due to health, the Principal will also seek support and advice from medical professionals.

Where a Principal wishes to share information with other staff within the Academy they should first seek permission from the student's parent/carer, or the student.

Parents/carers' culture and religious views should be respected at all times.

3.3 Parents and Carers

The prime responsibility for a student's health rests with the parent/carer; they are responsible for making sure their child is well enough to attend the Academy.

Parents/carers are asked to complete a student medical form when a student starts at the Academy. This form identifies any medical needs that a student currently has, or health needs they have previously had that may affect them. With current medical conditions a parent/carer should provide the Academy with sufficient information about the student's medical needs. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate. Medical documentation/letters should be copied and sent into the Academy to support the process. Any medical appointments during Academy time should be followed with an appointment card or letter so the Academy can provide the correct response to support the young person.

Where a student has acquired an injury outside of Academy hours, this must be dealt with by parents/carers. The Academy is not in a position to diagnose or have the equipment to be able to make decisions on breaks, fractures or any internally diagnosed complaints/injuries.

If a student suffers a break or is incapacitated in any way (requires a sling or crutches) parent/carers must bring their child into the Academy so that a risk assessment can be performed to assess if they are fit and able to attend the Academy with a full timetable or whether an adjustment needs to be made.

If a student is dealing with any social, emotional or mental health issues, the Academy is to be kept up to date with treatment so that they can act accordingly and support other health professionals.

If a student becomes unwell within the Academy they should be collected as soon as possible. It is vital to have the relevant home and emergency contact telephone numbers held on file; it is the parent/carers responsibility to provide the Academy with updated information as necessary.

3.4 Academy Staff

A teacher or other member of staff in the Academy, who looks after students in place of the parent (in loco parentis), must treat and take care of the student as a "*careful parent*" would. If a request is made in relation to a student's medical needs, then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

Each request should be considered on individual merit and Academy staff have the right to refuse to be involved. It is important that Academy staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

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A member of staff who has a student with medical needs in his/her class should understand the nature of the condition and when and where that student may require additional attention. For students with unique or unusual conditions training will be with small groups of staff who are there regularly to support that individual.

The training logs are kept for both insurance and audit purposes.

4 ADMINISTERING MEDICINES

No child under the age of 16 should be given medicines containing aspirin or ibuprofen unless it has been prescribed by a doctor and a written consent form has been signed by their parent/carer.

A consent form enabling a member of Academy staff to administer medication to a child must be completed with the parent in all cases. No medication will be given under any circumstances without this form being completed.

The Academy will keep an individual student register of drugs for all medicines brought into the Academy by a parent/carer for administration to a student during the Academy day. The register will be signed by a member of staff and also the student (secondary academies only) when medication has been administered and in the case of controlled drugs, two staff signatures will be required.

4.1 Non-prescription medication

Academy staff will not give medication to a child unless it has been prescribed by a Doctor, Dentist or Nurse Practitioner and a request for the Academy to administer medication form has been completed.

Where a prescription for paracetamol is not prescribed by a doctor, a letter must be obtained from the doctor by parent/carer confirming it is safe to administer the paracetamol over a period of time.

Short term medical needs

Medicines should only be taken into an Academy when essential; e.g. where it would be detrimental to a student's health if the medicine was not administered during the Academic day. It is recognised that it may be necessary at times for a student to take medication to minimise absence. Where this happens it is advised that the parent/carer request that the prescription is such that the student does not need to take any medication whilst in the Academy e.g. a dose frequency of three times per day rather than four times per day.

Where medicines must be administered during the day they must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a student's medication, where appropriate and practicable: one for home and one for use in the Academy.

4.2 Self-management

Students are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever. The ages that students are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever mature enough to take medical responsibility for themselves whilst in the Academy. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. 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.

As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility. Where students are prescribed controlled drugs staff will need to be aware that these are to be kept in safe custody. Students should be able to access these for self-medication, if it is agreed that it is appropriate. Self-medication does not mean that a student carries their medication with them. Self-medication means that a student can take the medication without adult support (given via spoon, or injected) furthermore the medication will continue to be taken in the presence of an adult/first aider.

4.3 Long term medical needs and health care plans

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend the Academy. This is because students with long-term and complex medical conditions may require ongoing support, medicines or care whilst at the Academy to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents/carers communicate with the Academy so that effective support can be put in place. This will require establishing relationships with relevant local health services to help them.

The Academy recognises that there are also social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may think they could be bullied or develop emotional disorders such as anxiety or depression around their medical condition. With long-term absences due to health problems, attainment may be affected. Reintegration back into the Academy 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. There are support mechanisms in the Academy such as the Bridge to help students reintegrate back into a full time education. Short-term and frequent absences, including those for appointments connected with a student's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

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 Academy must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. See Special Education Needs and Disability Policy.

Where a student does have ongoing and complex medical needs and an Individual Health Care Plan is essential to manage their needs, The Individual Health Care Plan should be completed by parents/carers, designated Academy staff who have volunteered and the relevant member of Academy staff.

4.4 Controlled Drugs

When Controlled Drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on Academy premises, a written stock record is also required, this should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. These drugs should be kept in a locked cabinet within a room with restricted access.

4.5 Student Privacy

Where invasive or intimate treatments are required then the person carrying out such a treatment should be of the same gender as the student receiving the treatment, unless agreed otherwise and with parental consent. One additional adult should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise.

Those persons who volunteer to provide intimate or invasive treatments must be suitably trained. Where invasive or intimate treatments are required but no member of staff volunteers to provide it, the Principal and parents/carers must respect the staff's wishes not to do so.

4.6 Refusing Medicines

When a child refuses their medication, the parent/carer should be informed the same day and appropriate records made on the register. Staff cannot force a child to take any medication.

5 STORAGE

Prescribed medication will be stored in the **First Aid** room, labelled correctly in an appropriate container; a locked cabinet secured to a wall or floor unless:

- otherwise stated on an individual's Health Care plan
- a student self manages their medication such as diabetes, allergy relief such as epi-pens or asthma
- it is an emergency medication located in prime locations around the Academy site

For medicines that are temperature sensitive, they should be stored in a locked fridge or an unlocked fridge within a locked room.

The First Aid room is regularly monitored during the Academy day and should be locked if unsupervised.

Emergency medicines such as EpiPens and asthma inhalers should be readily available and not locked away. These responsive treatments will be risk assessed and appropriately stored. Students may also carry their own emergency medication and again this will be risk assessed to ensure the safety of theirs and other students' safety. If a student takes their emergency medication whilst not in the presence of a member of staff, they should report this to the relevant staff member so appropriate records can be made and subsequent care given if needed.

Medication taken on trips must be kept in a lockable bag or box and never stored with the first aid kit. First aid kits should be readily accessible.

6 DISPOSAL OF MEDICINE

Parents/carers are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the Academy at the end of each term.

Liquid medication will only be stored on site for 6 months from the date of prescription or the date of opening (if opened in the Academy).

6.1 Disposal of sharps

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the local Environmental Waste Disposal Unit.

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7 ACADEMY TRIPS AND SPORTING ACTIVITIES

Students with medical needs should be encouraged to participate in Academy extracurricular activities and trips as long as the safety of the student, other students and/or staff is not placed at significant risk. An Academy may take additional measures for outside visits for students with medical needs. This may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets;
- copies of the student Healthcare plans in the event of an emergency referral;
- enhanced risk assessments based on the needs of the student

When planning trips and extracurricular activities which will include a student with medical needs, all staff supervising the trip should be made aware of any additional requirements that the student may need and any emergency procedures that may be required (unless the parent/carer does not give their prior consent to do this).

This is to be covered in the event Evolve Risk Assessment and can also be in a person specific Risk Assessment where necessary. The location to be visited should be made aware that student(s) with medical needs are included in the party, if this is practicable and if the parents have consented. If a student's medical condition could be aggravated by the location being visited, they should not be permitted to go. If there is any doubt regarding the activity the Academy should discuss the activity with the parent/carer and also, if necessary, seek medical advice.

Some students will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards. Any members of staff supervising students involved in physical education and sporting activities must be aware of the relevant medical conditions and emergency procedures for any student with a medical condition who is participating in the lesson or activity. For extracurricular activity or after hour physical education lessons, where a student with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

It is important to note that it is the parent/carers responsibility to ensure that their child has the relevant medication for a trip. If a student does not have the correct medication, they will be refused to attend.

8 EXAMS

Asthma inhalers can be taken into an exam but they must have no writing on them - any labels need to be checked by an exam invigilator on entry to the exam.

For students with diabetes, they should take a blood testing kit with them, a bottle of water, insulin and either dextrose tablets etc. All should have their labels removed and be placed on the desk they are working on (some students prefer it to be left on the front desk). Students should be allowed toilet breaks (under exam conditions). Medication can have a label on but needs to be checked by an exam invigilator on entry to the exam.

Epipens© should be taken into the exam by the student and left on the desk. Any labels are to be checked by the exam invigilator on entry to the exam.

9 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, *Raising standards, transforming lives...*

swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

The Academy AED/s are located in **Reception**.

10 Covid 19

If anyone becomes unwell with a new, continuous cough or a high temperature in an education or childcare setting, they must be sent home and advised to follow the [COVID-19: guidance for households with possible coronavirus infection guidance](#).

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, they should be moved to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, the Academy would call 999 if they are seriously ill or injured or their life is at risk.

What happens if there is a confirmed case of coronavirus in the school?

When a child, young person or staff member develops symptoms compatible with coronavirus, they should be sent home and asked to arrange a test. Their fellow household members should self-isolate until either a negative test result is received or for 10 days from the day symptoms started for the infected person in the event of a positive result.. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario.

Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child, young person or staff member tests positive, anyone within their childcare or education setting who has been in close contact with them, should be sent home and advised to self-isolate for 10 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take. In some cases a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

N.B.: Parents/carers should regularly check government guidance as this can change frequently.

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Appendix A

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN(C) BY ACADEMY STAFF To be read in conjunction with the OGAT Allergy Policy

An EpiPen© is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan.

An EpiPen© can only be administered by Academy staff that have volunteered and have been designated as appropriate by the Principal. Training of designated staff will be provided and a record of training undertaken will be kept by the Inclusion Coordinator. Training will be updated as necessary.

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1. There should be an Individual Healthcare Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with the parent/carer, Academy staff and relevant healthcare professional.
2. Ensure that the Epipen© is in date. The Epipen© should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen© should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen© can be carried on their person, however this must be risk assessed.
4. Expiry dates and discoloration of contents should be checked by the Inclusion Coordinator termly. The Epipen© should be replaced by the parent/carer.
5. The use of the Epipen© must be recorded on the child's Individual Healthcare Plan, with time, date and full signature of the person who administered the Epipen©.
6. Once the Epipen© is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen©. The used Epipen© must be given to the ambulance personnel. It is the parent/carers responsibility to renew the Epipen© before the child returns to Academy.
7. If the child leaves the Academy site e.g. trips, the Epipen© must be readily available or students will not be able to attend.

Appendix B

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a student took another student's inhaler, it is unlikely there would be any adverse effects.

1. If Academy staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Healthcare Plans need only be in place if children have severe asthma which may result in a medical emergency. However, each student should be risk assessed.
 2. Inhalers **MUST** be readily available when children need them. Students should be encouraged to carry their own inhalers. If the student is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered, e.g. in small academies; inhalers may be kept in the Academy office.
 3. Parent/carers should supply a spare inhaler for children who carry their own inhalers. This could be stored safely at the Academy in case the original inhaler is accidentally left at home or the child loses it whilst at the Academy. This inhaler must have an expiry date beyond the end of the academic year.
 4. All inhalers should be labelled with the child's name.
 5. Academy Trips – A child needs an inhaler with them otherwise the Academy has a right to refuse travel.
 6. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
 7. Academy staff should take appropriate disciplinary action if the owner or other students misuse inhalers.
 8. Parent/carers are responsible for renewing out of date and empty inhalers.
 9. Students are required to inform the first aider at reception when they have administered their inhaler. Parent/carers will be informed if a child is using the inhaler excessively.
 10. Physical activities will benefit students with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If students are unwell they should not be forced to participate.
 11. If students are going on offsite visits, inhalers **MUST** still be accessible.
 12. It is good practice for Academy staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carers for disposal.
 13. Asthma can be triggered by substances found in Academy e.g. animal fur, glues and chemicals. Care should be taken to ensure that any student who reacts to these are advised not to have contact with these.
- There are emergency asthma kits stored at key points around the Academy for use in an emergency:**

Bridge
Reception

The Academy follows the DfE guidance on Asthma in Academy:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_Academys.pdf

Appendix C

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN STUDENTS WHO HAVE TYPE 1 DIABETES

Type 1 diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. All teaching staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

To prevent "hypo's"

1. There should be a Care Plan provided by the diabetes nursing specialist. Staff should be familiar with student's individual symptoms of a "hypo". This will be recorded in the Individual Healthcare Plan.
2. Students must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carers(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the student may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech (Blood Sugar levels below 4 mmols).
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink or hypostop (dextrose gel), as per Individual Healthcare Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, by the **xxx**.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with the Care Plan.

Glucogen may be administered if parental consent is in place. This will be stored in a fridge with restricted access. If Glucogel has been provided the Consent Form should be available. Glucogel is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Glucogel must be recorded on the child's Individual Healthcare Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Glucogel when it has been used. **DO NOT USE GLUCOGEL IF THE CHILD IS UNCONSCIOUS.**

There are emergency glucogel kits stored at key points around the Academy for use in an emergency:

Bridge
Reception

Appendix D

GUIDELINES FOR MANAGING CANCER

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have;
- its stage (such as how big the tumour is or how far it has spread);
- their general health.

The three main ways to treat cancer are:

- chemotherapy;
- surgery;

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- radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend Academy while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to Academy and relationships with other students. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of Academy, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to Academy your student may have physical differences due to treatment side effects. These can include:

- hair loss;
- weight gain/loss;
- increased tiredness;

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling behind with work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The Academy, and the child or young person's parents, should be able to reassure them and if necessary arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the student strategies to help with concentration and memory, and the student may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups.

Regularly revise the students' timetable and Academy day as necessary.

Physical activity

Make arrangements for the child or young person to move around the Academy easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the student to have a buddy to carry their bags and for them to have access to lifts.

Some students may not want to be left out during PE despite tiredness or other physical limitations. Include the student as far as possible e.g. allow them to take part for 20 minutes rather than the full session, or find

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other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

Briefing staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information.

If staff are concerned about the student, it's important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents/carers can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.

Circulate letters about infection risks when requested by the child's family or health professionals
Inform other Academy staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

APPENDIX E

OUTLINE OF THE INDIVIDUAL HEALTHCARE PLAN PROCESS

