



# **Dixons Allerton Academy**

## **Supporting Students with Medical Conditions Policy**

**Responsibility for Review: Operations Manager  
Next Review Due: June 2019**

### **Contents**

Statement of intent

1. Responsibilities
2. Definitions
3. Training of staff
4. The role of the student
5. Individual Healthcare Plans (IHCPs)
6. Medicines
7. Emergencies
8. Avoiding unacceptable practice
9. Insurance
10. Educational Visits
11. Emergency procedures
12. Employee's medication
13. Complaints

#### 14. Appendices

1. Individual healthcare plan implementation procedure
2. Individual healthcare plan template
3. Parental agreement for the Academy to administer medication template
4. Record of medication administered to an individual student template
5. Record of medication administered to all students
6. Staff training record – administration of medicines
7. Contacting emergency services
8. Model letter inviting parents/carers to contribute to individual healthcare plan development
9. Standard Practice when administering prescribed medication

### **Statement of intent**

Dixons Allerton Academy wishes to ensure that students with medical conditions receive appropriate care and support at school.

At Dixons Allerton Academy we aim to work with parents/carers to support students with medical conditions so that they have access to the same opportunities as other students.

We will develop, implement and review this policy and related procedures in order to continue to support our students with medical conditions.

---

# **1. Responsibilities**

## **1.1. The Dixons Allerton Academy Governing Body are responsible for;**

- 1.1.1 The overall implementation of the Supporting Students with Medical Conditions Policy and related procedures
- 1.1.2 Ensuring that the Supporting Students with Medical Conditions Policy does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation
- 1.1.3 Handling complaints regarding this policy as outlined in the Academy's Complaints Policy.

## **1.2. The Principal is responsible for;**

- 1.2.1 Ensuring that all students with medical conditions are able to participate fully in all aspects of Academy life
- 1.2.2 Ensuring that the level of insurance in place reflects the level of risk
- 1.2.3 Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.

## **1.3. The Operations Manager is responsible for;**

- 1.3.1 The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and related procedures
- 1.3.2 Making staff aware of this policy
- 1.3.3 Liaising with healthcare professionals regarding the training required for staff
- 1.3.4 Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver Individual Health Care Plans (IHCPs) in normal, contingency and emergency situations
- 1.3.5 Ensuring that relevant training is provided to staff members who take on responsibility to support students with medical conditions.

## **1.4 Staff members are responsible for;**

- 1.4.1 Taking appropriate steps to support students with medical conditions
- 1.4.2 Where necessary, making reasonable adjustments to include students with medical conditions

- 1.4.3 Undertaking training to achieve the necessary competency for supporting students with medical conditions, if this is part of their role &/or they have agreed to undertake that responsibility
- 1.4.4 Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

**1.5 Senior Administrator – Admissions is responsible for;**

- 1.5.1 Gathering information from new students and their parents/carers regarding any health conditions during the enrolment/admissions process
- 1.5.2 Passing information on, in a confidential manner, to the Academy Nurse &/or appropriate member(s) of staff.

**1.6 The Academy Nurse is responsible for;**

- 1.6.1 Notifying the relevant member of staff, in a confidential manner, when a student has been identified with requiring support in school due to a medical condition
- 1.6.2 Liaising locally with lead clinicians on appropriate support
- 1.6.3 Administering medication including creams
- 1.6.4 Developing Individual Healthcare Plans (IHCPs)
- 1.6.5 Keeping written records of any and all medicines administered to individual students
- 1.6.6 Ensuring the safe storage of medication.

**1.7 Parents and carers are responsible for;**

- 1.7.1 Keeping the Academy informed about any changes to their child/children's health
- 1.7.2 Completing a parental agreement for the Academy to administer medication form before bringing medication into school (see Appendix 3)
- 1.7.3 Providing the Academy with the medication their child requires and keeping it up to date
- 1.7.4 Collecting any leftover/out of date/unrequired medication
- 1.7.5 Discussing medication with their child/children prior to requesting that a staff member administers the medication
- 1.7.6 Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Principal, other staff member and healthcare professionals.

## **2 Definitions**

- 2.1 “Medication” is defined as any prescribed or over the counter medicine.
- 2.2 “Prescription medication” is defined as any drug or device prescribed by a clinician.
- 2.3 A “staff member” is defined as any member of staff employed at Dixons Allerton Academy.

## **3 Training of staff**

- 3.1 Relevant members of staff will receive training on Supporting Students with Medical Conditions Policy.
- 3.2 Refresher training will be arranged at appropriate time intervals or when there are major changes to the policy &/or related procedures.
- 3.3 No staff member may administer medication or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.
- 3.4 No staff member may administer drugs by injection unless they have received training in this responsibility.
- 3.5 The HR Assistant will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

## **4 The role of the student**

- 4.1 Students who are competent will be encouraged to take responsibility for managing their own medicines under the supervision of the relevant member of staff.
- 4.2 Where possible, students will be permitted to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- 4.3 If students refuse to take medication or to carry out a necessary procedure, parents/carers will be informed so that alternative options can be explored.

## **5 Individual Healthcare Plans (IHCPs)**

- 5.1 Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, Principal (or designated), the Academy Nurse and medical professionals.
- 5.2 IHCPs will be easily accessible whilst preserving confidentiality.
- 5.3 IHCPs will be reviewed at least annually or when a child’s medical circumstances change, whichever is sooner.

- 5.4 Where a student has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- 5.5 Where a student is returning from a period of hospital education or alternative provision or home tuition, the Academy Nurse &/or other relevant members of staff will work to ensure that the IHCP identifies the support the student needs to reintegrate.

## **6 Medicines**

- 6.1 Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of Academy hours.
- 6.2 If this is not possible, prior to the staff member administering any medication, the parents/carers of the student must complete and sign a parental agreement for the Academy administer medication form (see Appendix 3).
- 6.3 No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- 6.4 Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents'/carers' while respecting their right to confidentiality.
- 6.5 No child under 16 years of age will be given medication containing aspirin without a prescription.
- 6.6 Medicines must be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered. (see Appendix 9 for standard practice when administering prescribed medication).
- 6.7 A maximum of four weeks supply of the medication may be provided to the Academy at one time.
- 6.8 Medication may only be taken on the Academy premises by the individual to whom they have been prescribed. Passing such medication to others is an offence which will be dealt with under the appropriate policy and formal procedures.
- 6.9 It is the responsibility of the Academy Nurse to ensure the safe storage of medication.
- 6.10 Any medications left over at the end of the course will be returned to the student's parents/carers.
- 6.11 Written records will be kept of any medication administered to students, see Appendix 4.
- 6.12 Students will never be prevented from accessing their medication.

6.13 Dixons Allerton Academy cannot be held responsible for side effects that occur when medication is taken correctly.

## **7 Emergencies**

7.1 Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes as an emergency
- What to do in an emergency.

7.2 Students will be informed in general terms of what to do in an emergency.

7.3 If a student needs to be taken to hospital, a member of staff will remain with the student until their parent(s)/carer(s) arrive.

## **8 Avoiding unacceptable practice**

8.1 Dixons Allerton Academy understands that the following practice is unacceptable;

- Preventing students from easily accessing their medication and administering their medication when and where necessary
- Assuming that students with the same condition require the same treatment
- Ignoring the views of the student and/or their parents/carers
- Ignoring medical evidence or opinion
- Sending students home frequently or preventing them from taking part in activities at school
- Sending the students to the medical room or school office alone if they become ill
- Penalising students with medical conditions for their attendance record where the absences relate to their condition
- Making parents/carers feel obliged, or forcing parents/carers to attend school to administer medication or provide medical support, including toilet issues
- Creating barriers to students participating in Academy life, including education visits and extracurricular activities
- Refusing to permit student to eat, drink or use the toilet when they need to in order to manage their condition.

## **9 Insurance**

9.1 Staff who undertake responsibilities within this policy are covered by the Academy's insurance.

9.2 Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Director of Finance & Administration.

## **10 Educational Visits**

- 10.1 The Academy will actively support students with medical conditions participating in educational visits. Every effort will be made to make reasonable adjustments to include students with medical conditions in all educational/off-site visits.
- 10.2 Group leaders will be aware of any student(s) with medical condition(s) wishing to participate in the visit from the parental consent form. Information regarding the medical condition can be obtained from the Academy Nurse.

## **11. Emergency Procedures**

- 11.1 Where a student has an individual healthcare plan this should define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 11.2 Where a student has an individual healthcare plan it may be necessary to complete and communicate a Personal Emergency Evacuation Plan (PEEP) with the student and relevant member of staff in the event of an evacuation of the building.

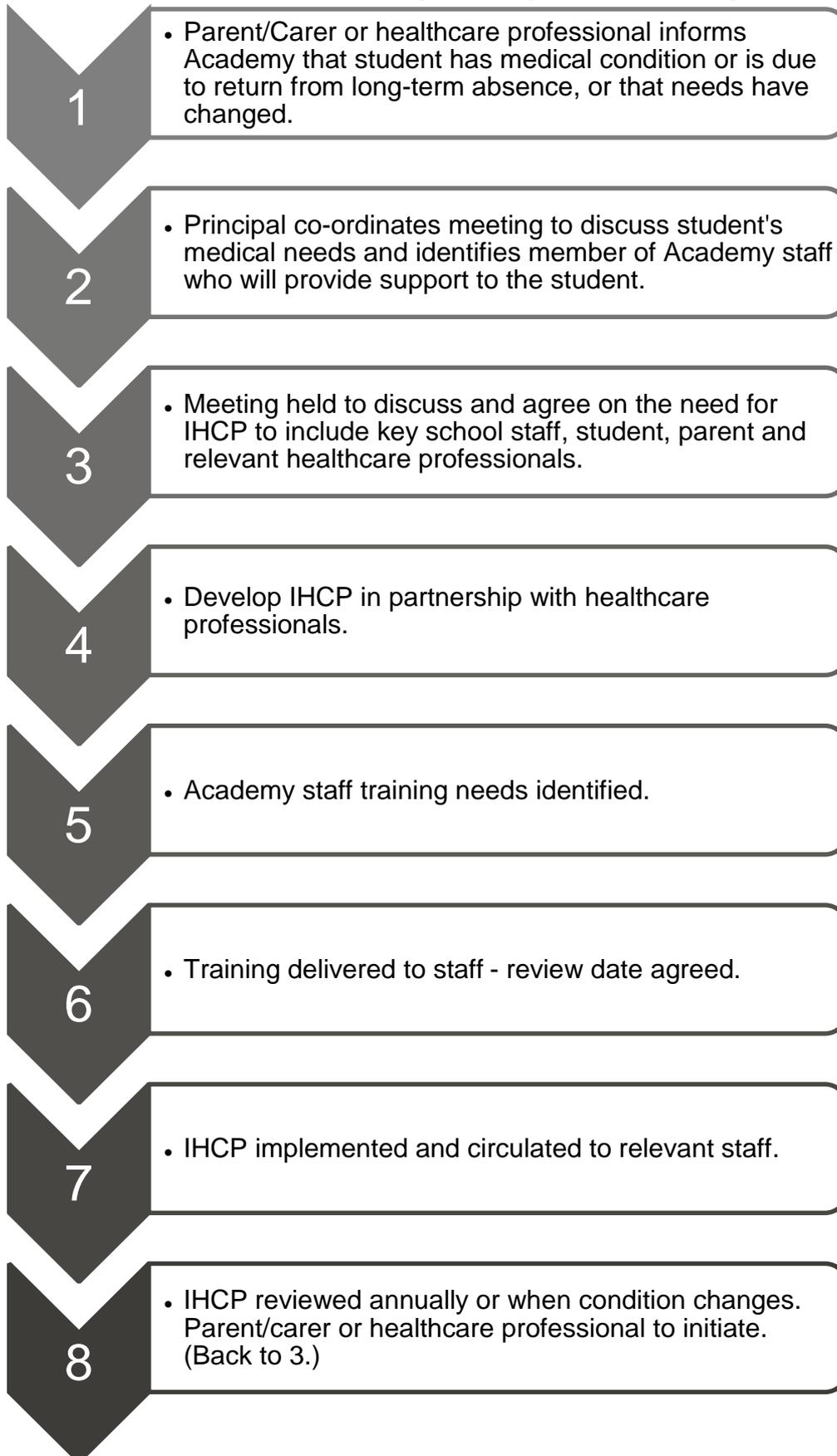
## **12. Employee's medication**

- 12.1 Staff may need to bring their own medication into the Academy. They have clear personal responsibility to ensure that their medication is not accessible to students.

## **13. Complaints**

- 13.1 The details of how to make a complaint can be found in the Academy's Complaints Policy:

## Appendix 1 - Individual healthcare plan implementation procedure



## Appendix 2 - Individual healthcare plan template

### Dixons Allerton Academy Individual Health Care Plan

Student's name

Group/class/form

Date of birth

Student's address

Medical diagnosis or condition

Date

Review date

#### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to student

Phone no. (work)

(home)

(mobile)

#### Clinic/Hospital Contact

Name

Phone no.

#### G.P.

Name

Phone no.

Who is responsible for providing support in school?

Describe medical needs and give details of student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for educational visits etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Appendix 3 - Parental Agreement for Academy to Administer Medication

The Academy will not give your child medication unless you complete and sign this form.

### DETAILS OF STUDENT

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Class /Form \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### MEDICAL CONDITION / ILLNESS

\_\_\_\_\_  
\_\_\_\_\_

### MEDICATION

**ALL MEDICINE MUST BE IN ORIGINAL CONTAINER, MUST BE IN DATE AND MUST BE CLEARLY LABELLED WITH CHILD'S NAME, NAME OF MEDICATION, DOSAGE, FREQUENCY OF DOSAGE AND EXPIRY DATE.**

Name/Type of Medication \_\_\_\_\_

Expiry Date \_\_\_\_\_

How long will your child take this medication for \_\_\_\_\_

Date Dispensed \_\_\_\_\_

Dosage and Method \_\_\_\_\_

Time/Frequency \_\_\_\_\_

Storage instructions (should medicine remain in the Academy or return home daily )  
\_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Procedures to take in an emergency \_\_\_\_\_  
\_\_\_\_\_

### PARENT/CARERS CONTACT DETAILS

Name \_\_\_\_\_

Telephone No \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the Academy to administer the medication in accordance with the Supporting Students with Medication Conditions policy. I will inform the Academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Record of medication administered to an individual student (also see appendix 4)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Appendix 4 - Record of medication administered to an individual student template**

**Dixons Allerton Academy record of medication administered to an individual student**

Name of student	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_ Print name \_\_\_\_\_

Signature of parent \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



## Appendix 6 - Staff Training Record – Administration of Medicines

Name of school

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:


I confirm that add name of member of staff has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by add name of member of staff.

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested Review Date: \_\_\_\_\_

## Appendix 7 - Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- Your telephone number – **01274 770230**      Your name.
- Your location as follows: **Rhodesway, Allerton, Bradford**
- The satnav postcode (if different from the postal code.) **BD8 0DH**    The exact location of the patient within the Academy.
- The name of the student and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

## **Appendix 8 - Model letter inviting parents/carers to contribute to individual healthcare plan development**

Dear Parent/Carer,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the Academy's policy for supporting students with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership with the Academy, parents/carers, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in Academy life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of Principal

## **Appendix 9 – Standard Practice when administering prescribed medication**

- Ensure/ask the Parent/Carer to complete and sign a parental agreement to administer medicine form (see Appendix 3)
- Refer to this form prior to administering the medication
- Check the student's name on the form and the medication
- Check the prescribed dose
- Check the expiry date of the medication
- Check the prescribed frequency of the medication
- Measure out the prescribed dose (parents/carers should provide measuring spoons/syringes). If the student is old enough, they can measure the medicine
- Check the student's name again and administer the medication
- When the student has taken the medication complete and sign the record of medicine administered (see Appendix 4)
- If uncertain, do not administer the medication – check first with the Academy Nurse, parents or doctor
- If a child refuses medication, record and inform the Academy Nurse &/or parents/carers as soon as possible.