



**GEORGE
SALTER
ACADEMY**

George Salter Academy

Medication Policy

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Signature (Chair of Governors):

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Introduction

The purpose of this policy is to give advice to all Academy staff in the situation of a student requiring medication as a matter of routine or in an emergency at the academy.

Students with medical needs have the same rights of admission as other students. Most students will at some time have short term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some students however have longer term needs and may require medication on a long term basis to keep them well, e.g. well controlled epilepsy.

Others may require medicines in particular circumstances, such as student's with severe allergies who may need an adrenaline injection. Students with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most students with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that they and others are not put at risk.

This policy has been produced for the benefit of students and to ensure the safety of Academy staff. This policy should be communicated to all parents.

Parents have the prime responsibility for their own child's health and should provide the Academy with information about their child's medical condition. Parents, and the student if applicable, should obtain details from their child's practitioner (GP) or paediatrician, if needed, other specialist bodies may also be able to provide additional background information for staff.

1.Roles and Responsibilities

It is important that the responsibility of the child is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co operation between the academy, parents, health professionals and other agencies will provide a suitably supportive environment for students with medical needs.

1.1 Parents and Carers.

- Parents, as defined in Section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. The phrase 'care of a child' includes any person who is involved in the full time care of child on a settled basis, e.g. foster parent.
- It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the Academy has day to day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The Academy should continue to administer medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.
- If a child is 'looked after' by the LA, the child may either be on a care order or be voluntarily accommodated. A care order places a child in the care of the LA and gives the LA parental responsibility for the child. The LA will have the power to determine the extent to which this responsibility will continue to be shared the parents. An LA may also accommodate a child under voluntary arrangements with the child's parents. In these circumstances the parents will retain parental responsibility acting so far as possible with the LA's day to day responsibility it may be with foster parents, residential care work or guardians.
- Parents should be given the opportunity to provide the Academy Principal with sufficient information about their child's medical needs if treatment or special care is required. They should, jointly with the Academy Principal, reach agreement on the academy's role in supporting their child's medical needs, in accordance with this policy. Ideally, the Academy Principal should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for their child.
- It will be the responsibility of the parent to keep their child at home when they are acutely unwell.

1.2 The Governing Body

- Under the Health and Safety at Work etc Act 1974, employers must have a health and safety policy. This should incorporate managing the administration of medicines and supporting students with medical needs.
- Ensuring that proper procedures are in place, that staff are aware of these procedures and fully trained. That accurate records are kept for all medical cases.
- The Governing Body will support staff to use their best endeavours at all times, particularly in emergencies. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- Working with the Sandwell and West Birmingham Hospitals NHS Trust or other health professionals.
- The Governing Body will provide staff with the appropriate training to support students with medical needs and will be satisfied that any training has given staff sufficient understanding confidence and expertise and that arrangements are in place to up date training on a regular basis.
- Ensuring that there are appropriate systems in place for sharing information about students medical needs for which they are responsible for.

1.3 The Principal.

- Will be responsible for putting the policy into practice and developing detailed procedures.
- Ensuring that parents' cultural and religious views are always respected, seeking parents agreement before passing on information about their child's health to Academy staff and sharing information to ensure best care for their child.
- Ensuring that staff receives the proper support, advice and special training where necessary, e.g. anaphylactic shock.
- Be responsible for the day to day decisions about administering medication. Making it clear to parents that they should keep their children at home when they are acutely unwell.

1.4 Senior Assistant Principal / SLT member for Pastoral Care

- Provide information and communicate effectively with parents and staff, to help them understand their child's medical condition.

- Provide advice and arrange training to support staff who are willing to support students with medical needs.
- Draw up individual health care plans for students with medical needs. Ensuring that all the appropriate forms are completed in full and kept up to date.
- Administer medication if required to students with medical needs.
- Supervise students with medical needs.
- Advising on training and supporting Academy staff who are willing with to administer medication in the absence of the First Aider.
- Advise on circumstances in which students should not be in the Academy and the action to be taken following an outbreak of an infectious disease.
- Liaise with the School Health Service and other health professional bodies.

1.5 Teaching and Non Teaching Staff.

- Staff with students with medical needs in their class should be aware of the nature of the condition and should act when the child may need extra attention.
- Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

1.6 Other Health Care Professionals

- The Community Paediatrician/Sandwell and West Birmingham Hospitals NHS Trust School Nurse may give advice to the Academy on an individual student or on health problems generally.
- Pharmacists can provide pharmaceutical advice to School Health Services. They can advise on storage, handling and disposal of medicines.
- Community paediatrician nurses or specialist nurses working as part of the Sandwell and West Birmingham Hospitals NHS Trust can provide advice on the medical needs of a student, particularly when a medical condition has just been diagnosed and the student is adjusting to new routines.
- Outside agencies may be prepared to attend the Academy open days/ evenings to give advice to parents/guardians, students and staff.
- The Senior Assistant Principal has the right to invite to the academy, any health professionals/bodies for advice if required.

2. Dealing with Medicines Safely.

All medicines maybe harmful to anyone for whom they are not appropriate. It is the responsibility of the Health Advisor to ensure that when medicines are administered that the risks to the health of others are properly controlled.

2.1 Prescribed Medicines

Medicines will only be accepted into the Academy when essential, that is only where it would be detrimental to a student's health if the medicine were not administered during the Academy day.

Medicines should never be accepted that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

If medicines are prescribed in dose frequencies which enable them to be taken outside Academy hours, it should be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bed time.

2.2 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some maybe prescribed as medication for use by students e.g. Ritalin (methyphenidate).

It is permissible that the Academy will look after a controlled drug, where it has been agreed that it will be administered to the student for whom it has been prescribed. The controlled drug should be kept in a locked cupboard under the control of the Senior Assistant Principal. When administering these drugs, the Academy must follow the correct medical procedures and record keeping.

2.3 Non – Prescription Medicines

Non prescribed medicines should **not** be given to students unless there is specific prior written permission from the parents. Students found carrying non prescribed medication during the Academy day, will have the medication confiscated and disposed of in the correct manner.

A child under 16 should never be given aspirin- containing medicine unless permitted by a doctor.

2.4 Short Term Medical Needs

Students may need to take medicines during the Academy day; this will usually be for a short period only, e.g. course of antibiotics. Such medicines should only be taken to the Academy where it would be detrimental to the student's health if it were not administered during the Academy day.

2.5 Long Term Medical Needs

The Academy will need sufficient information about the medical condition of a student with long term medical needs. If the student's medical needs are inadequately supported this may have a significant impact on the student. A written health care plan will be developed for each student and this will be done in conjunction with the parents and any relevant health professionals. The health care plan will include:-

- Details of the student's condition
- Special requirements eg dietary needs
- Any side effects from the medicines
- What constitutes an emergency
- What action to be taken in an emergency
- What not to do in an emergency
- Who to contact in an emergency
- The role staff play.

2.6 Administering medicines

No child under 16 will be given medicines without their parent's written consent. Members of staff permitted to administer or supervise medication are the First Aider and any members of staff who have received the appropriate training.

Before given medicines to a student the following should be checked:-

- The student's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container.

If there is any doubt about the procedure, medicines should not be administered until it has been checked with either the parent or a health professional.

A record of all medication administered to a student will be kept at all time by the First Aider.

2.7 Self Management

It is good practice to encourage students, where appropriate to manage their own prescribed medication. If students are able to administer, the First Aider will only need to supervise. Students will not be permitted to carry their medication, and it will be kept in a locked cabinet/fridge.

The only exception will be asthma inhalers/EpiPen but this will be under the direction of the Senior Assistant Principal/ SLT member responsible for Pastoral Care.

2.8 Refusing Medicines

If a student refuses to take medication, they should not be forced to do so, but this should be noted in the records and any agreed procedures followed as set out on the student's health care plan. Parent should be informed of the refusal on the same day.

2.9 Record Keeping

Good records demonstrate that staff have exercised a duty of care. Records of medication given to students should be kept. Records offer protection to staff and proof that the correct procedures have been followed.

2.10 Offsite Visits

The Academy will encourage students with medical needs to participate in safely managed visits. Additional safety measures may need to be taken for outside visits and staff supervising excursions must be aware of any medical needs and relevant emergency procedures. Arrangements will be put into place for taking any necessary medicines. A copy of the health care plan should be taken on visits in the event of the information being needed in an emergency. There may be a requirement to include a risk assessment for such students.

2.11 Sporting Activities.

Most students with medical conditions can participate in physical and extra curricular sport. Any restrictions on a student's ability to participate in PE should be recorded in their individual health care plan and PE staff informed.

Some students may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines such as asthma inhalers. Staff organising sporting activities will consider whether risk assessments are necessary for some students and be aware of relevant conditions and emergency procedures.

2.12 Storing Medicines

Large volumes of medicines will not be stored. Medicines that have been prescribed for an individual student should only be stored and this will be in accordance with product instructions (paying particular note to the temperature) and in the original container in which it is dispensed. The container should be clearly labelled with the name of the student, the name and dose of the medicine and the frequency of administration. Where a student needs two or more prescribed medicines, each should be in a separate container.

Medicines will be stored in a lockable cabinet and the key kept in an accessible place known to designated members of staff. The cabinet is located in the first aid room. Some medication may need to be stored at low

temperatures and the fridge located in the first aid room is provided for this use.

All emergency medicines, such as asthma inhalers and adrenaline pens should be readily available and should not be locked away.

2.13 Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. Parents will also collect medicines at the end of each term, if they are unable to do so the medication will be sent home on the last day of the term with the student.

2.14 Hygiene and Infection Control

Staff will be familiar with normal procedures for avoiding infection and following basic hygiene procedures. Staff will have access to protective goods and be aware of the procedures for dealing with blood and other body fluids and the disposal of dressings or equipment.

2.15 Emergency Procedures

The Academy will have robust arrangements in place to deal with an emergency situation.

It is important that all staff are aware of what to do in an emergency and should be aware of the individual health care plans, which will include the instructions of how to manage a student who has specific medical needs.

It will be the responsibility of the Senior Assistant Principal to determine as to whether a student should go home either in the event of illness or to the hospital in the event of an emergency situation. The Pastoral Manager will make the necessary contact with the parent/guardian.

A member of staff should always accompany a student to the hospital and should stay until the parent arrives. Health care professionals are responsible for decisions on medical treatment when parents are not available.

2.16 The Purpose of a Health Care Plan.

The main purpose of an individual health care plan for a student with medical needs is to identify the level of support required. It clarifies to staff, parents and the student the level of support which is available.

It will be agreed with parents how often the care plan is jointly reviewed, the majority of care plans will need to be reviewed on an annual basis, but this depends on the nature of the student's particular needs. It is important that the student's GP or paediatrician or other health professional are also included in the process.

Not all students will need an individual health care plan; a short written agreement or a modified individual care plan with the parents may be all that is required. This will be at the discretion of the Senior Assistant Principal.

2.17 Coordinating Information.

The coordinating and sharing of information of an individual student with medical needs to other members of staff will be the responsibility and at the discretion of the Senior Assistant Principal. The Senior Assistant Principal will be the first contact for parents and staff and will liaise with external agencies.

Staff may need to deal with an emergency and will need to know about a student's medical needs.

2.18 Work Experience or Off Site Education

The Senior Assistant Principal will be responsible for ensuring that work experience placements are suitable for students with a particular medical condition and it may be necessary to carry out a risk assessment before a student is educated off site or has a work experience. This may include a risk assessment looking at the activity, and issues such as travel to and from the placement and supervision during non teaching time such as breaks and lunch hours.

2.19 Staff Training

Teacher's conditions of employment do not include the giving or supervising a student taking medicines. The Academy will ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. The Senior Assistant Principal will be responsible for ensuring that staff receive the appropriate training.

A health care plan may reveal for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or dealing with an emergency. Staff should not give medicines without training.

3. Common Conditions Practical Advice on Asthma, Epilepsy, Diabetes and Anaphylaxis.

Introduction

The medical conditions in students that most commonly cause concern in the Academy are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This policy provides basic information about these conditions but it is important that the needs of student's are assessed on an individual basis.

3.1 Asthma

What is Asthma?

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

The most common types of symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. There are two main types of medicines to treat asthma, relievers and preventers. Usually a student will only need a reliever during the Academy day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are usually taken during an asthma attack. They are taken sometimes before exercise. Whilst preventers (brown, red, orange inhalers, sometimes tablets) are usually required outside Academy hours.

Students with asthma need to have immediate access to their reliever inhalers when they need them.

Students who are able to use their inhalers themselves should be allowed to carry them. If a student is too immature to take personal responsibility for their inhaler, the health advisor should make sure that it is stored in a safe but readily accessible place and clearly marked with the student's name.

For a child with severe asthma, the GP or other health care professional may subscribe a spare inhaler to be kept in the first aid room.

The signs of an asthma attack include:-

- Coughing
- Being short of breath
- Wheezy breathing
- Feeling of a tight Chest
- Being unusually quiet.

When a student has an asthma attack they will be treated according to their individual health care plan. An ambulance should be called if:-

- The symptoms do not improve sufficiently in 5 – 10 minutes
- The student is too breathless to speak
- The student is becoming exhausted
- The student looks blue.

It will be agreed with the student's parents how to recognise when the student's asthma gets worse and what action will be taken. An individual health care plan at the discretion of the health advisor will be used to store written information about the student's asthma as it includes details about the asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the student's GP.

The student should have regular asthma reviews with their GP or other health care professional. Parents should arrange the review and make sure that a copy of their child's healthcare plan is available to the Academy nurse/health care advisor.

Students with asthma should participate in all aspects of the Academy day including physical activities. They will need to take their reliever inhaler with them on off site activities. Reluctance to participate in physical activity should be discussed with parents, health advisor, staff and the student. However the student should not be forced to take part if they feel unwell. All staff, in particular teachers will have training or be provided with information on an annual basis.

3.2 Epilepsy

What is Epilepsy?

Students with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit or a turn or a blackout can happen to any one at any one time. Most children with diagnosed epilepsy never have a seizure during the Academy day. Epilepsy is a very individual condition.

Parents and health care professionals should provide information to the academy, to be incorporated into the individual health care plan, setting out the particular pattern of an individual student's epilepsy. If a student does experience a seizure in the academy, details should be recorded and communicated to the parents including:-

- Any factors which might have acted as a trigger to the seizure eg visual/ auditory stimulation, emotion (anxiety, upset)
- Any unusual 'feelings' reported by the student prior to the seizure
- Parts of the body demonstrating seizure activity eg limbs or facial muscles
- The timing of the seizure – when it happened and how long it lasted
- Whether the student lost consciousness
- Whether the student was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the student's specialist.

Not all seizures involve loss of consciousness. A student could remain conscious with symptoms ranging from twitching or a jerking of a limb to experiencing strange tastes and sensations, such as pins and needles. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure. This type of seizure occurs when only part of the brain is affected.

If a seizure affects all of the brain the student may lose consciousness. They may start with the student crying out, and then the muscles becoming stiff and rigid, the student may fall down. Then there are jerking movements of the muscles. Breathing may become difficult and the student's colour may change to a pale blue or grey around the mouth. Some students may bite their tongue or their cheek and may wet themselves.

After a seizure a student may feel tired or confused, have a headache and need time to rest or sleep.

Medicine and Control

Most students with epilepsy will take anti-epileptic medicine to stop or reduce their seizures. Regular medicine should not need to be taken during the Academy hours.

Students with epilepsy should be included in all activities in some areas such as swimming or working in science laboratories, concerns about safety will be discussed with the parents and the students as part of the health care plan.

During a seizure it is important to make sure the student is in a safe position, not to restrict their movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the student's head will help to protect it, nothing should be placed in the mouth. After the seizure has stopped, the student should be placed in the recovery position and stayed with until they are fully recovered.

An ambulance should be called during a convulsive seizure if ;-

- It is the student's first seizure
- The student has badly injured themselves
- They have problems breathing after the seizure
- The seizure lasts longer than the period set out in the student's health care plan
- A seizure lasts for five minutes, if you do not know how long they usually last for that student.
- There are repeated seizures, unless this is usual for the student as set out in their health care plan.

Such information will be integral to the academy's emergency procedures but should also relate specifically to the student's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

3.3 Diabetes.

What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the student's needs or the insulin is not working properly (Type 2 diabetes).

The majority of students have Type 1 diabetes; they normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Student with type 2 diabetes are usually treated by diet and exercise alone.

Each student may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet for to drink, tiredness and weight loss may indicate poor diabetic control and the Academy nurse/ health advisor will draw any such signs to the parent's attention.

Medicine and Control

The diabetes in students is normally controlled by injections of insulin each day. It is likely that students will be on multiple injections and others maybe controlled on an insulin pump. Most students can manage their own injections, but if doses are required during the Academy day supervision may be required and also a suitable private place to carry it out.

Students are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long acting insulin at home, usually at bedtime, and then insulin with breakfast, lunch and the evening meal and before substantial snacks. The student will be taught how much insulin to give with each meal depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they are confident that the student is competent. The student is then responsible for their injections and the regime should be set out in the individual health care plan.

Students with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a monitor at regular intervals. They may need to do so during lunch breaks, before PE or more regularly if their insulin needs adjusting.

Students with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. If a meal or a snack is missed, or after strenuous activity the student might experience a hypoglycaemic episode (a hypo) during which the blood glucose level fall too low. Staff in charge of PE or other physical activity sessions should be aware of the need for students to have glucose tablets or a sugar drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a hypoglycaemic reaction (hypo) in a student with diabetes.

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour.

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

If a student has a hypo, it is very important that the student is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink is bought to the student immediately. Slower acting starchy food, such as a sandwich or biscuits and a glass of milk should be given once the student has recovered.

An ambulance should be called if:-

- The student's recovery takes longer than 10 – 15 minutes.
- The student becomes unconscious.

Some students may experience hyperglycaemia (high glucose level) and have a greater need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control and this may be a need to draw such signs to the parent's attention. If the student is unwell, vomiting or has diarrhoea this can lead to dehydration. If a student is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the student will need urgent medical attention.

Such procedures will be an integral part of the Academy's emergency procedures, but should also relate specifically to the student individual health care plan.

3.4 Anaphylaxis

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets)

The most severe form of allergic reaction is anaphylaxis shock, when the blood pressure falls dramatically and the patient loses consciousness. There may be swelling in the throat, which can restrict the air supply or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present the student should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for severe allergic reaction is an injection of adrenaline (also known as epinephrine). Preloaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline should be administered in the outer thigh. An ambulance should always be called.

Adrenaline injectors, given in accordance with the manufacturers instructions, are a well – understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the student's leg. In cases of doubt it is better to give the injection than hold back. Staff that volunteer should be trained in the use of these devices by a health care professional.

The decision on how many devices the Academy will hold, and where to store them, has to be decided on an individual basis between the principal, the student's parents and the health advisor.

Where the student is considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and accessible to staff.

An individual health care plan should be put into place and this will need to be agreed with the parents the health advisor and the treating doctor. This will include :-

- What may trigger it
- What to do in an emergency
- Prescribed medicine
- Food management
- Precautionary measures.