

**Supporting students with medical needs policy**

Date adopted: June 2019 Next review date: June 2021

**Policy Version Control**

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| Policy prepared by | OAT Model Policy |
| Responsible committee | Governing Board |
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| Description of changes from the model policy (if any) |  |

**Ormiston Academies Trust**

**Supporting students with medical needs policy**

**Policy Version Control**

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| Policy type | Academy Model Policy |
| Policy prepared by (name and department) | Sarah Bloomer – Safeguarding  |
| Review date | March 2017 |
| Description of changes | Section 1 – Home remedies added into definitions. Section 3.2 Training – addition made to ensure that all students are accompanied to the appropriate office when identified as feeling ill. Section 3.2 Addition to train staff but ensure that staff always read the lable of the medication and compare to the instructions offered by the parent/carer.Section 3.3 Addition of Defibrillators – delete as needed. Section 4.3 Updated on students self medicating and safeguarding against accidental overdose. Section 4.7 Addition made to training – always read the label of the medication and check against information provided by the parent/carer. Section 4.8 Unaccaeptable practice updated. Section 5 – NEW SECTION on Home remedies – needs consideration before adapting.  |
| Name and date of line manager’s approval | Jason Howard Regional Director. 3rd April 2017 |
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1. Policy statement and principles

### 1.1 Policy aims and principles

The academy wishes to ensure that students with medical conditions and specific medication needs receive appropriate care and support at the academy. We also aim to ensure that students with medical conditions are able to participate fully in all aspects of academy life.

The principal will accept responsibility in principle for members of the academy staff giving or supervising students taking prescribed medication during the academy day where those members of staff have volunteered to do so.

The academy will treat any medical information about a student as confidential and it will only be shared on a need to know basis to ensure that the student receives the most appropriate care and support during their time at the academy.

**Please note that parents should keep their children at home if acutely unwell or infectious. Please see Appendix A for Exclusion periods.**

Key definitions used within this policy:

* ‘Medication’ is defined as any prescribed over the counter medicine
* ‘Prescription medication’ is defined as any drug or device prescribed by a doctor
* ‘Home remedies’ is defined to mean any medication that can be purchased over the counter in a pharmacy or herbal supplier that is designed to alleviate discomfort from illness.

This policy is consistent with all other policies adopted by OAT / the academy and is written in line with current legislation and guidance.

1.2 Complaints

All complaints are dealt with under the **OAT Complaints Policy**.

Complaints should be made in writing and will follow the OAT complaint procedures and set timescales. The handling of complaints may be delegated to an appropriate person.

1.3 Monitoring and review

This policy will be reviewed every two years or in the following circumstances:

* changes in legislation and / or government guidance
* as a result of any other significant change or event
* in the event that the policy is determined not to be effective

If there are urgent concerns these should be raised to the *DSL* in the first instance for them to determine whether a review of the policy is required in advance of the review date.

2. Roles and responsibilities

|  |  |
| --- | --- |
| 2.1 Key personnel |  |
| *DSL*  | Claire Whiley  |
| Contact Details | Email | cwhiley@ormistonpark.org.uk  |
|  | Telephone | 01708 865 180 |
| *DDSL* | Maggie Woodfield |
| Contact Details | Email | mwoodfield@ormistonpark.org.uk  |
|  | Telephone | 01708 865 180 |

3. Supporting students

The academy will work with parents and medical professionals to enable the best possible support for students. Parents are responsible for providing the academy with comprehensive information regarding the student’s condition and medication. Once the academy has received information about a student with a medical condition, all relevant members of staff will be made aware of this. The academy will agree a specific procedure with the parents and the student once it is notified that a student has a medical condition, including any transitional arrangements between schools. For new students, arrangements will be in place at the start of term and for a new diagnosis or for students starting mid-term, within two weeks.

We understand that students with the same condition may require different treatment and support, therefore it is our policy to involve the student (if applicable) and their parents when making support arrangements for an individual. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The academy aims to be an inclusive environment and will therefore endeavour to obtain good attendance from all students, including those with medical needs. We will not send students home frequently or prevent them from taking part in activities at the academy where possible. Staff will make reasonable adjustments to include students with medical conditions in lessons and in circumstances where this is not possible the academy will inform the student and parents of any alternative arrangements that will be put in place. The academy will do everything possible to support the attendance of students with medical needs. Where absences relate to their condition then the student will not be penalised. The academy will conduct risk assessments for school visits, holidays and any other school activity outside of the normal timetable, taking into account any medical condition a student may have.

Medical evidence and opinion will not be ignored and there may be times where the academy requires to contact medical professionals directly. The academy will always request authorisation for contacting medical professionals unless the academy considers that disclosing this information would be detrimental to the student.

3.1 Long term or complex medical conditions

For each student with long‑term or complex medication needs the academy will ensure that an Individual Health and Care Plan (IHCP) is drawn up by the Safeguarding team and First Aid Appointed Person (template attached to this policy), in conjunction with the appropriate health professionals. This may involve a meeting with the parents and student to discuss arrangements for how the academy can support the student whilst in education.

Individual Health and Care Plan (IHCP)

IHCPs will be easily accessible whilst preserving confidentiality. The IHCP will be monitored and reviewed at least annually or when a student’s medical circumstances change, whichever is sooner.

Where a student has a Statement of Special Educational Needs or an Education, Health and Care Plan (EHCP), the IHCP will be linked to it or become part of it.

Where a student is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the student needs to reintegrate.

3.2 Training

The Principal will ensure that members of staff receive training on the Supporting Students with Medical Conditions Policy as part of their new starter induction and will receive regular and ongoing training as part of their development.

All staff will receive annual training on identification of signs and symptoms of illness (with special attention given to the illnesses that have been identified to the academy for that academic year) and where to accompany the student to in these cases to the First Aid room. Staff must always ensure that a student is accompanied to the First Aid room lest they should need additional support on the way due to fainting or vomiting etc.

If a student has a specific medical need that requires one or more staff members to undertake additional training this will be identified on their IHCP.

The academy will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities under this policy. The First Aid Appointed Person will arrange cover for absesnces and ensure that there is always someone on site available. Supply teachers will be given a list of all students with IHCP’s along with details of the illness and what to do in the event of the child becoming unwell.

3.3 Emergencies

Medical emergencies will be dealt with under the academy’s emergency procedures found in the Emergency and Critical Incident Policy unless an IHCP is in place and this amends the emergency procedures for a student.

If a student needs to be taken to hospital, a member of staff will remain with the student until a parent or known carer arrives.

All staff will be made aware of the procedures to be followed in the event of an emergency. Students will be informed in general terms of what to do in an emergency i.e. telling a member of staff.

Defibrillators (delete as needed)

The academy has a **Zoll AED Plus** semi-automated external defibrillator (AED).

The AED is stored at Reception in an unlocked, alarmed cabinet.

All staff members and pupils are aware of the AED’s location and what to do in an emergency.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, First Aid staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

3.4 Insurance

Staff members who undertake responsibilities within this policy are covered by the academy’s insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the principal.

4. Process for administering medication

4.1 Medication administration within the academy

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of academy hours. If this is not possible, the following policy will apply.

Each item of medication must be delivered to the principal or authorised person (listed in this policy) by the parent / carer. Reception will notify the First Aid Appointed Person. Medications provided by other individuals, and passing medication to another student will not be permitted on academy premises and if found will be dealt with under the **Behaviour Policy** and **Drug, Alcohol and Tobacco Policy**.

Medication must be provided in a secure and labelled container as originally dispensed. Medication will only be accepted if the academy has received a completed medication administration form (available from the academy or attached to this policy) and each item of medication must be clearly labelled with the following information:

* Student’s Name
* Name of medication
* Dosage (how much and for how long)
* Frequency of administration
* Date of dispensing
* Storage requirements (if important)
* Expiry date
* Amount of medication provided – please note that the academy will only accept a maximum of four weeks supply or until the end of the current term, whichever is sooner

**Medicines which do not meet these criteria will not be administered.**

It is the responsibility of the parents to renew medication when supplies are running low, to ensure that the medication supplied is within its expiry date and to notify the academy in writing if the student’s need for medication has ceased.

The academy may request additional information (such as doctor’s note or prescription slip) prior to administering medication. This will only be done in rare situations where the academy believes that this is a reasonable request. Renewed authorisation or additional information may also be requested where medication is taken for a prolonged period without diagnosis, this will ensure that the correct medication and dosage are still being administered by the academy.

The academy will not make changes to dosages on parental instructions alone. For prescription medication, a doctor’s note or new prescription slip will be required and for non-prescribed medication any alteration must be within the recommended guide appropriate for the type of medication.

4.2 Medication administration outside of the academy

Where the student travels on academy transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the student, including medication for administration during respite care.

The academy will make every effort to continue the administration of medication to a student whilst on trips away from the academy premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a student on a trip if appropriate supervision cannot be guaranteed, or alternative arrangements would not be reasonable for the academy to provide.

If the student is on a trip when medication is required, the student or an authorised member of staff will carry the medication. Parents and students will be informed of the process for taking medication whilst on the trip in advance.

4.3 Administering the medication

Students will never be prevented from accessing their medication; however, medications will only be administered at the academy if it would be detrimental to the student not to do so.

Staff members may refuse to administer medication. If a class teacher refuses to administer medication, the principal will delegate the responsibility to another staff member.

If a controlled drug is required to be administered, this will only be done so by a qualified staff member who is fully trained in administering a particular type of drug.

Students should report to the reception desk and request their medication. Reception staff will administer the medication as appropriate.

Where it is appropriate to do so, students will be allowed to administer their own medication for example a Ventolin inhaler may be carried by the student. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in the academy. This would be assessed by the academy depending on the type of medication (and potential consequences if mis-administered) and the competency of the child to self-administer.

In some cases, it may be a child is given permission to self-administer the medication under supervision from a staff member to safeguard against accidental overdose. In these cases, the medication will be appropriately stored by the academy who will allow the student access as needed.

If a student refuses to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the academy’s emergency procedures will be followed. Any refusal to take medication will be recorded.

If a student does not take the medication expected to be taken on a day or for a period, then the reason for this will be recorded. Reasons could include: student absence; parents collecting the student to administer medication themselves; student not turning up for medication where this is the arrangement.

The academy cannot be held responsible for side effects which occur from any medication taken. Any side effects suffered by the student will be noted and the academy first aid or emergency procedures will be implemented when necessary.

4.4 Storage of medication

Medication will be kept in a secure place, out of the reach of students. Unless otherwise indicated all medication to be administered in the academy will be kept in a locked medicine cabinet.

Students will be informed of where their medicines are always and can access them immediately (accompanied by authorised academy staff). Where relevant, the Student will be aware of who holds the key to the medicine cabinet. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to students and not locked away.

Medicines will be stored appropriately in the First Aid room*.* The first aid room is accessable by all staff with the master key.

Only authorised academy staff will have access to where medication is stored. No student will be left unaccompanied where medication is accessible.

4.5 Disposal of medication

Academy staff will not dispose of any medicines

Medicines which are in use and in date should be collected by the parent / carer at the end of each term. Date expired medicines, those no longer required for treatment or when too much medicine has been provided will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

4.6 Record keeping

The academy will keep records of:

* The medication stored
* The quantity
* When the medication has been taken
* Reasons for medication not being administered when medication was expected to be taken
* Any medication returned to parents / carers and the reason

Medication records will be made available for parents on request.

4.7 Training

The academy will ensure that staff members who volunteer to assist in the administration of medication will receive appropriate training / guidance through arrangements made with the School Health Service.

No staff member may administer prescription medicines, administer drugs by injection or undertake any healthcare procedures without undergoing training specific to the responsibility.

The academy will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities under this policy.

The member of staff must always properly read the labels of the medication provided and check the details against the medication information provided by the parent.

4.8 Unacceptable Practice

The academy will never:

* Assume that students with the same condition require the same treatment.
* Prevent students from easily accessing their inhalers and medication.
* Ignore the views of the pupil and/or their parents/carers.
* Ignore medical evidence or opinion.
* Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
* Send an unwell student to the **medical room** or **school office** alone or with an unsuitable escort.
* Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
* Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they must give up working because the school is failing to support their child’s needs.
* Create barriers to children participating in school life, including school trips.
* Refuse to allow pupils to eat, drink or use the toilet when they need to to manage their condition.

5. Home Remedies

Home remedies, such as Ibruprofen, paracetamol etc. that are sent in by parents will need to follow the same procedures as outlined above.

Ormiston Park Academy has their own supply of Paracetamol that with parental permission, will be administered to students. If a students is given the schools generic paracetamol parents must be notified.

6. Notifiable Diseases

There are certain illnesses that Ormiston Park Academy is required by law to report to Public Health England as well as the Local Authority. See Appendix B for the full list of notifiable diseases.

Medication Administration Form

The academy will not administer medicine unless you complete and sign this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of student:  |  | Group / class / form: |  |
|  |
| Date of birth:  |  | **Date form submitted:** |  |
|  |
| Name of parent: |  | **Parents signature / consent:** |  |
|  |
| Medical condition / illness:  |
|  |
| Medicine/s: *Please continue on another sheet if you require more space – this must be attached and signed*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and type of medicine | Amount provided | Dosage, method and timing | Date dispensed  | Expiry date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

  |
|  |
| Special precautions / other instructions: |
|  |
| Are there any side effects to the medication/s that the academy needs to know about? |
|  |
| Self-administration: *(delete as appropriate)* Yes / No  |
|

|  |
| --- |
| To be completed by the academy:  |
| **Medication start date:** |  |
| **Medication end date:** |  |
| **Review to be initiated by:** |  |
| **Agreed review date:** |  |

  |

Individual Health Care Plan

To be completed for each student with long‑term or complex medication and that the Medical Administration Form is attached. This IHCP Proforma may be superseded by an NHS Care Plan where appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of student:  |  | Date of birth: |  |
|  |
| Group / class / form / teacher: |  | **Student address:** |  |
|  |
| Date plan drawn up: |  | **Date to be reviewed:** |  |
|  |
| Contact information: *Please complete with the details of two primary contacts for student*

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Address** |  |  |
| **Daytime number** |  |  |
| **Evening number** |  |  |
| **Relationship** |  |  |

  |
|  |
| Medical contact information: *Please complete with the details of medical contacts*

|  |  |  |
| --- | --- | --- |
| **Contact** | GP | Clinic / hospital contact |
| **Name** |  |  |
| **Address** |  |  |
| **Phone number** |  |  |

  |
|  |
| Medical condition / illness and resulting needs, including medication: *Describe medical needs and give details of student’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.* |
|  |
| Daily care requirements: *i.e. sport / lunchtime / arrangements for academy trips etc.**Note down s*eparate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. separate risk assessment if necessary |
|  |
| Specific support and level of support required: *For student’s educational, social and emotional needs.* |
|  |
| Who is responsible for providing support in the academy (and cover arrangements when they are unavailable):Who in the academy needs to be aware of the student’s condition: |
|  |
| Emergency information: *Describe what constitutes an emergency for the student, and action to be taken if this occurs.* |
|  |
| Follow up care: |
|  |
| Who is responsible in an emergency (and cover arrangements when they are unavailable): *State if different on off-site activities.* |
|  |
| Medical AdministeringWritten consent received from Parents for pupil to self-administer during school hours |  |
| Written consent received from Parents for First Aid/ Reception Staff to administer medicine to [*name of student]* during school hours |  |
| Written consent received from DSL for pupil to self-administer during school hours |  |
| Written consent received from DSL for [*Member of Staff*] to administer medicine to [*name of student]* during school hours |  |
|  |
| Other information: [e.g. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child’s condition. |
|  |
| Staff training needed / undertaken: *Who, what, when?* |
|

|  |  |
| --- | --- |
| Signed: | Date: |
| **Parent / carer** |  |  |
| **Student** (if appropriate) |  |  |
| **DSL** |  |  |
| **SENCO** |  |  |
| **GP** |  |  |

  |

**Appendix A – Exclusion Period**

|  |  |
| --- | --- |
| **Illness**  | **Exclusion Period**  |
| Athletes Foot  | None  |
| Chicken Pox | Until all lesions have crusted over |
| Cold Sores | None  |
| Conjunctivitis | None  |
| Food Poisoning | 48 hours from the symptoms have stopped  |
| Giardia | 48 hours after symptoms have stopped |
| Salmonella | 48 hours after symptoms have stopped |
| Typhoid and Paratyphoid Fever | Minimum of 48 hours after symptoms have stopped EHO or HPT will advise  |
| E Coli | 48 hours after symptons have stopped HPT will advise  |
| Gastroenteritis | 48 Hours after symptoms have stopped |
| Bacillary Dysentery | May required microbiological clearance |
| Campylobacter | 48 hours after symptoms have stopped |
| Crypotosporidosis | 48 hours after symptoms have stopped  |
| Glandular Fever  | None  |
| Hand Foot and Mouth Disease | None |
| Head Lice | None |
| Hepatitis A | 7 days after onset of jaundice or when well  |
| Hepatitis B | Acute cases will be too unwell to attend. Chronic cases may attend school  |
| Hepatitis C | None |
| Impetigo  | Until Lesions have crusted over or 48 hours after commencing antibiotic treatment  |
| Influenza | None |
| Measles | Minimum of 4 days after rash appears  |
| Meningitis | None, once child is well  |
| Meninococcal meningitis aand meningitis septicaemia | Child will be too unwell to attend school  |
| Meningitis | None once child is well  |
| MRSA | None  |
| Mumps | 5 days after the onset of swelling if well  |
| Ringworm  | Once treatment has been administered can return to school  |
| Rotavirus | 48 Hours after symptoms have stopped  |
| Rubella | 5 days after the rash has appeared  |
| Scabies | Until after the first treatment has been carried out |
| Scarlet Fever  | 24 hours after treatment has started. If no treatment given 2-3 weeks |
| Slap Cheek Syndrome  | None |
| Threadworm  | None |
| TB  | 2 weeks after treatment if well enough. Non- pulmonary TB can return when feeling well enough |
| Whooping Cough | After 48 hours of appropriate treatment or 21 days with no treatment |

**Appendix B – Notifiable Diseases**

* Acute encephalitis
* Acute meningitis
* Acute poliomyelitis
* Acute infections hepatitis
* Anthrax
* Botulism
* Brucellosis
* Cholera
* Diptheria
* Thyphoid or Paratyphiod fever
* Food poisoning
* Haemolytic uramic Syndrome (HUS)
* Infection bloody diarrhea
* Invasive group A Streptococcal disease and scarlet fever
* Legionnaires disease
* Leprosy
* Malaria
* Measles
* Meningococcal septicaemia
* Mumps
* Plague
* Rabies
* Rubella
* SARS
* Smallpox
* TB
* Typhus
* Viral Haemorrhagic fever (VHF)
* Whooping cough
* Yellow fever

Gastroenteritis must also be reported when there is an outbreak. An outbreak is defined as 2 or more people are experiencing a similar illness and are linked in time or place and a greater that expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.