

S16 MEDICAL NEEDS AND TREATMENT OF STUDENTS POLICY

Review by Access Committee:
Next Review:
Responsible:

3 March 2016
March 2018
The Principal

1. INTRODUCTION

The Governors, Principal and staff of The Bushey Academy are committed to ensuring that students with medical needs receive care and support in school. Students should not be denied access to a broad curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc. Every effort will be made to work with parents and students to ensure that students with medical needs experience the best possible care whilst at the academy.

2. GUIDELINES FOR STUDENTS WITH LONG-TERM MEDICAL NEEDS

Students with medical conditions entering the academy from our feeder primary schools will usually be identified through discussions with the Year 6 Teacher on transition visits. Parents/Carers are also requested to approach the academy with information needed to ensure accurate and appropriate care for the student. Parents are also asked to complete a data form on entry identifying any medical needs. If a medical need arises following entry, parents/carers are asked to contact the academy immediately. Parents may be asked to meet with the SENDCO to agree a Care Plan, if the medical needs are seen to affect the student's ability to access learning, or to meet with the Student Welfare Officer if the needs are purely in relation to managing a medical condition.

Not all students with medical needs will require an individual care plan. A short written agreement with parents may be all that is necessary.

Where required, each plan will contain different levels of detail according to individual needs. The plan should clarify the help that can be provided. It should include details of symptoms, daily care requirements, detailed emergency procedures and family/medical contact details.

The parents should confirm all the medical information, in writing, and in cases of complex or serious conditions this should be verified by the GP and/or consultant, also in writing. The academy cannot be held responsible for illnesses and conditions that have not been disclosed by parents. The care plan should be developed in consultation with the parents, the GP and school health service, and others as appropriate. For example it may be necessary to involve the catering provider in determining suitable meal arrangements for a food allergy sufferer, where practicable. For the most severe conditions it is important to establish this, in consultation with the parents and the relevant health professional/agency.

All care plans are reviewed on an annual basis. Interim reviews can be undertaken at any time when deemed necessary at the instigation of the parents/carers and/or health professionals such as diabetic nurse, community nurse, dietician, physiotherapist, etc.

Medic alert necklaces or bracelets can sometimes be worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, staff should consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity. In such cases, staff need to be alert to the significance of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

If a student sustains an injury that requires the student to use crutches or one which affects their mobility, the parent must contact the school prior to their child returning. The academy will not accept student on crutches or in a wheelchair without prior knowledge of an injury, confirmation from the hospital and a meeting with the Welfare Officer, parent and student to assess their safety and access needs. Any student who does come to school on crutches without prior knowledge will remain in Student Services until the parents can be contacted. This is for the students' own safety.

3. MEDICINES

Schools or other settings should not store large volumes of medicines. Staff should only store, supervise and administer medicine that has been prescribed for an individual student. Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed unless only 1 tablet is required daily for a short time, which should be clearly labelled with name, dosage, frequency and any other instructions.

Any medication brought into the academy should be handed to the Student Welfare Officer immediately, with a signed consent form available from reception or the Student Welfare Officer. This form must be completed with emergency numbers and procedures, dosage and timings. If this involves any special form of administration, the parents must contact the academy first so that arrangements can be made by the parents/health authority or academy for this to occur. It is the parents responsibility to collect short term medication at the end of each half-term. Any medication not collected will be disposed of. Parents will be advised of this when bringing medication in, as well as in any health care plan.

If a medicine is approaching its expiry date, or is close to running out, the Student Welfare Officer is responsible for contacting parents to remind them. Medicines are locked away in a cupboard in the Medical Room - keys are held by the Student Support Officer and the Student Receptionist. The exceptions to this are:

- a) Medicines for asthma, anaphylaxis, diabetes and epilepsy. These medicines may be needed in emergency situations when immediate access would be essential. Epi-pens are to be held in Student Services. In some cases children would carry their own medication, e.g. inhalers for asthma, in line with their care plan.
- b) Medicines needing refrigeration. These will be kept in a refrigerator which is in the Medical Room.

4. ROLES AND RESPONSIBILITIES

Roles and responsibilities are set out below:

The designated person with responsibility for students with medical needs is the Student Welfare Officer. Their responsibilities are outlined as follows:

- Ensuring all information on the medical needs of students is kept secure, and up to date, on the school information management system (SIMS)

- administration of medicines, as agreed with parents/families, and the maintenance of necessary records
- Ensuring safe storage of medicines
- Communication with parents to ensure adequate supplies of medicines in school
- Communication with parents to ensure that parents have completed the necessary authorisation forms, and the record keeping
- Co-ordinate with the Director of Student Services or Vice Principal: Pastoral Care to ensure the necessary and appropriate training of staff in all related matters
- Ensuring all medicines stored in the academy are in-date; informing parents if this is imminent and ensuring all out-of-date medicine is disposed of safely, in line with guidance given Liaison with lead members of staff to check the lists of students attending off-site activities and the liaison between home and the teacher in charge of the activity, to ensure that staff are prepared to deal with any necessary medical need or issue.

It is the responsibility of all staff to follow medical advice given or on SIMS for students in their classroom.

5. ILLNESS IN THE ACADEMY

If a student is taken ill in a lesson and it is felt necessary for medical treatment the following may occur:

- Student is sent to the Student Welfare Officer (accompanied by another student if this is deemed necessary)
- Emergency First Aider is sent for if student is unfit to move
- First aid is administered when necessary. Parents/Carers may be contacted depending upon the nature of the problem. If it is thought that some follow up may be needed, a letter will be sent home with the child
- In more serious cases where hospital attention is deemed necessary, the academy will attempt to contact parents/carers who will be expected to take their child to hospital unless this is an emergency
- In an emergency, an ambulance will be called and the parent/carer contacted by the academy. A member of staff may accompany the student to hospital
- If parents cannot be contacted, the academy will act in *loco parentis* and give permission for any emergency treatment. In this case, a member of staff will always accompany the student.

Please note the academy is not allowed to administer drugs of any kind unless the medication has been sent in with the child and the academy has a signed consent form.

6. FOOD MANAGEMENT – INTOLERANCES AND ALLERGIES

Even in its most severe form, allergies and severe allergic reactions (anaphylaxis) are very definitely manageable. All students with a diagnosed severe food allergy must have an individual care plan. Food/Meal arrangements must be covered when the plan is drawn up. The care plan must be drawn up at a meeting involving the Student Support Officer and the parents and meal arrangements should be discussed at the same time. Other situations where a student may come into contact with foods which might cause an allergic reaction, such as a Food Technology lesson and involvement in extra-curricular events, will also be covered in the care plan

We recommend that students with severe food allergies bring a home packed lunch. Where parents wish their children to be provided with school meals, a meeting takes place between the Director of Student Services and/or the Student Support Officer and the parents. The school is responsible for arranging this meeting. At the meeting, the parents are made fully aware of the catering provider's food allergies/allergens policies and procedures. They can use this information to make an informed

choice about whether or not they wish their child to receive meals. If the decision is made to provide meals, then the care plan must clearly set out what the arrangements are, agreed by parents/carers.

A critical element of managing the risk from food allergens is ensuring that appropriate “emergency arrangements” are in place. This is absolutely essential. These should be in place regardless of whether meals are provided by the school or not.

The academy’s catering provider take positive steps to identify foods which may contain food allergens. However, please note that, due to production methods of suppliers of raw ingredients, it is not possible for them to guarantee the child will not come into contact with allergens.

Catering staff must be made aware by the Student Support Officer, of the children affected by possible allergies that they provide for. The basic relevant information from the care plan, including a photo of the child is shared with the catering staff via the Parentpay system.

The school should be supplied with an epipen for each affected pupil. This will be kept in Student Services, in a container labelled clearly with the student’s details. The date of the epipens will be checked at regular intervals by the Student Support Officer, and contact made with parents as outlined in section 4 of this policy. For administration of epipens, see Appendix for guidance.

7. ACADEMY TRIPS, VISITS AND OFF-SITE ACTIVITIES

The Bushey Academy believes that all students are entitled to participate fully in trips, visits and off-site activities associated with the academy and will attempt at all times to accommodate students with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept as indicated and agreed on the care plan, or in liaison with parents/carers for those without a care plan. The trip leader is responsible for ensuring that, for any students who may have medical needs, there is an additional and appropriate risk assessment/support plan in place. The school has the primary duty of care to assess the suitability of all off-site provision.

For work experience, the Work Experience & Careers Co-ordinator should make sure that any placement is suitable for a student with a particular medical condition. The Work Experience & Careers Co-ordinator is responsible for liaising with the relevant organisations over any students who may have medical needs and, where necessary, undertake an additional risk assessment on the placement undertaken. Students will be encouraged to share relevant medical information with employers. A risk assessment should be completed for all student placements. The school has the primary duty of care to assess the suitability of all off-site provision. Equally there is a responsibility on the provider to undertake a risk assessment to identify significant risks and necessary control measures when children/young people are on site.

For journeys abroad and exchange visits, a copy of the parental consent form with any identified medical needs must be made available.

APPENDIX A – SPECIFIC POLICIES AND PROCEDURES

1. POLICY ON ASTHMA

This policy has been written with advice from the Department for Education, Asthma UK, local healthcare professionals and the School Health Service.

The Bushey Academy recognises that asthma is a widespread, serious but controllable condition affecting many students at the academy. The academy welcomes students with asthma and encourages them to participate fully in school activities. The academy encourages students with asthma to achieve their potential in all aspects of academy life by having a clear policy that is understood by academy staff and students. Supply teachers and new staff are also made aware of the policy.

Background

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time. Children with significant asthma should have an individual health care plan.

Medicine and control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a student will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise, whilst preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours and should not be brought into school.

Students with asthma **MUST** carry their reliever inhaler at all times. Students with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with some inhalers, and the student may need some help to do this. It is good practice to support students with asthma to take charge of and use their inhalers from an early age, and many do. Parents/Carers are asked to ensure that the academy is provided with a labelled spare reliever inhaler. The Student Support Officer will hold this separately in case the student's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the student's name by the parent/carer.

School staff are not required to administer asthma medicines to students (except in an emergency). All academy staff will let students take their own medicines when they need to.

Record keeping

At the beginning of each school year or when a student joins the academy, parents/carers are asked if their child has any medical conditions including asthma on their enrolment/data collection form.

A student should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's health care plan is available to the school as relevant. It is the responsibility of the parent/carer to ensure that this information is available to the academy.

Exercise and activity

Taking part in sports, games and activities is an essential part of academy life for all students. All teachers know which students in their class have asthma and all PE teachers at the academy are aware of which students have asthma from the academy's asthma register. Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before and after the lesson, and to thoroughly warm up and down before and after the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

There has been a large emphasis in recent years on increasing the number of students and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for students and young people with asthma. It is therefore important that the academy involves students with asthma as much as possible in after school clubs. PE teachers, classroom teachers and out of hours school sport coaches are aware of the potential triggers for students when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. Reluctance to participate in physical activities should be discussed with parents, staff and the student.

Students should be encouraged to recognise when their symptoms inhibit their ability to participate.

The environment

The academy does all that it can to ensure the environment is favourable to students with asthma. The academy does not keep furry or feathery animals and has a definitive no smoking policy, including e-cigarettes. As far as possible, the academy will make all attempts to avoid the use of chemicals in Science and Art lessons that are potential triggers for students with asthma. Any student who appears to be having problems breathing is encouraged to use their inhaler while the Student Welfare Officer or first aider is sent for.

Attendance

Students with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the student's parents, Head of House or Student Welfare Officer as appropriate.

Asthma attacks

The signs of an asthma attack may include:

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

When a student has an attack they should be treated according to their individual health care plan (if one was required) or asthma card if one has been provided.

General guidance

If a student exhibits any of the symptoms advised on the HCP or asthma card or any of the above symptoms they are to be given 2 puffs of their blue inhaler.

An ambulance should be called if:

- the symptoms do not improve sufficiently after 5-10 minutes
- if the student is too breathless to speak
- the student is becoming exhausted
- the student looks blue (pallor/lips).

It is important to agree with parents/guardians of students with asthma how to recognise when their child's asthma gets worse and what action will be taken. An asthma school card (available from Asthma UK) is a useful way to store written information about the student's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent/guardian and the student's doctor.

In the event a student has an asthma attack, but whose parent/guardian has not provided an inhaler for use by the student during the school day, the academy will call for an ambulance and will inform the parent/guardian.

2. POLICY ON DIABETES

- The academy welcomes students who have diabetes and encourages them to participate fully in school activities.
- The academy will advise staff on the practical aspects of diabetes management and will liaise where appropriate with the Community and School Nursing Services.
- The academy will keep a record of students with diabetes and will make central access available for emergency rations and medication.

- The academy expects that parents will inform staff of details relating to the diabetes of their son/daughter, together with clear guidance on the usage of medication etc. It may be deemed necessary to draw up an agreed care plan.
- The academy expects all students to take responsibility for the management of their diabetes and will provide appropriate support where necessary.
- Each student is required to bring in a hypoglycemia kit to treat a hypo. It is the parents responsibility to provide this and ensure it is well stocked.
- It is essential to follow the appropriate guidance for the disposal of needles. The academy has a sharps box for the purpose.

POLICY ON EPILEPSY

- The academy welcomes students who have epilepsy and encourages them to participate fully in school activities.
- The academy will advise staff on the practical aspects of epilepsy management and will liaise where appropriate with the Community and School Nursing Services. Advice to staff on epilepsy attacks will be published in the care plan if one is in place.
- The academy will keep a record of students with epilepsy as notified by parents on the medical register.
- The academy expects that parents will inform staff of details relating to the epilepsy of their son/daughter, together with clear guidance on the usage of medication etc.
- The Academy expects all students to take responsibility for the management of their epilepsy and will provide appropriate support where necessary.

3. POLICY ON ADMINISTERING EPIPENS

The purpose of this policy is to describe to parent, governors, and staff the measures taken by the academy to protect those children who may need to receive the administration of an epipen. This policy only describes in outline the causes and symptoms of anaphylaxis. Staff will receive detailed training from the school nurse.

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system, genitourinary system. In the event of an attack it is important to administer an epipen as soon as possible and then call for an ambulance.

Relevant members of staff have been trained by the school nurse about anaphylaxis and the administration of epipens.

At the beginning of each year, the names and photographs of all children at risk will be issued to staff. Photos of these children will also on display in the Staff Room. However, it is important to recognise that in a large school like the academy, it is very difficult for all members of staff to know all students, and that a leading responsibility for monitoring for anaphylaxis falls to those adults that have most frequent contact with individual students.

Where an epipen has been provided by the parents/carers of a student, this will be kept in Student Services, in a container labelled clearly with the student's details. The date of the epipens will be checked at regular intervals by the Student Support Officer. It is the responsibility of the parent/carer to replace expired epipens.

4. FIRST AID PROCEDURES

- Students feeling unwell should not be allowed home without a phone call from the academy to parents/guardian and arrangements made for them to be collected.
- All injuries will be treated by the Student Welfare Officer or a trained First Aider (see lists of first aiders displayed in Student Services, Staff Room and next to lifts).
- Medicines must not be prescribed, given or administered by members of staff to student. Should it be necessary for students to take medication, written permission and details of the dosage/frequency must be supplied by the parent/guardian and passed on to Student Services.
- Injured or sick students requiring hospital treatment will be transported by ambulance accompanied by a member of staff or parent/guardian, or will be collected and taken by a parent/guardian.
- Girls requiring hospital treatment will be accompanied by a female member of staff, where possible.
- All injuries will be recorded in the academy's Accident or Incident Report Form held in the medical room (G.52).
- Disposable gloves should be used when dealing with any body fluids. These are in all first aid kits and available from Student Services.
- In the event of an emergency, staff trained in administering Epipen and Anapen, can administer the injection to the student in distress.

5. HEAD INJURIES AND SERIOUS INJURIES

If a student suffers an injury to any part of the head then they should be sent to Student Services or a trained First Aider should be called to examine the student.

If, in the opinion of the Student Support officer or trained First Aider, the injury is not serious enough to warrant going immediately to hospital, then the parent/guardian should be informed of this decision on collection or by telephone and advised to consult their hospital or GP for a check-up as a safety precaution. A head injury report will be provided with all serious head injuries. This lists precautions to take should the student begin to feel unwell, as well as a description of how the injury happened,

In the event of a serious injury/event, examples include unconscious casualty, serious burns covering more than 10% of the body, anaphylaxis, serious head injuries, suspected stroke, severe bleeding, the Student Support Officer or trained First Aider called to attend should:

- Attend to the casualty and phone for an ambulance
- Telephone the parent/guardian
- Inform the Principal and the Vice Principal: Business Operations

- Complete the academy's accident report form as soon as possible but within 24 hours.

It is important for staff to note that it is a legal requirement to report specific injuries, specific occupational diseases, physical violence (see details on RIDDOR form) and dangerous occurrences to RIDDOR within 10 days of the incident. The Student Support Officer and Health and Safety officer have responsibility of this.

Examples of reportable specified injuries include:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding), which: cover more than 10% of the body; or cause significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which: leads to hypothermia or heat-induced illness; or requires resuscitation or admittance to hospital for more than 24 hours.

For more detailed information and guidance please see form: *RIDDOR: Incident reporting in schools (accidents, diseases and dangerous occurrences)* a copy is located in Student Services.

Staff must complete the academy's Accident Report Form for all accidents and injuries even if it's a 'near miss'. This can be found in Student Services.

6. HISTORY

Version	Date	Changes	Approved
1	May 2014	Amalgamated Policy	FGB
2	March 2015	Minor amendments	Access
3	3 March 2016	Amendments <ul style="list-style-type: none"> • Clarification of parental responsibility regarding notification and disclosure • Clarification regarding storage and disposal of medication • Further information on head injuries 	Access