SUPPORTING STUDENTS WITH MEDICAL CONDITIONS IN EDUCATION POLICY

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Supporting Students with Medical Conditions in Education Policy

INTRODUCTION

Orchard Hill College and Academy Trust (OHC&AT) is a 'family' of providers, comprising Orchard Hill College (OHC) and Orchard Hill College Academy Trust (OHCAT), which works together for mutual benefit. OHC&AT is committed to providing outstanding educational opportunities for all our pupils and students. Supporting the health and wellbeing of pupils and students in all OHC&AT settings is a crucial part of enabling effective learning.

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework.

This policy also complies with our funding agreement and articles of association.

Throughout this policy the term 'student' is used to refer to pupils and students who attend OHCAT Academies or OHC centres.

AIMS

OHC&AT aims to ensure that:

- All staff understand that medical conditions should not be a barrier to learning.
- Students with medical conditions in educational provision are properly supported so that they have full access to education, including school trips, physical education and residential visits.
- The school/college ensures staff understand their duty of care to children and young people and their expected actions in the event of an emergency.

Parents/carers who have the prime responsibility for their child's health should provide school or college with information about their child's medical condition. Parents/carers, and the student if appropriate, should obtain details from the student's General Practitioner (GP), paediatrician or relevant consultants, if needed. Parents/carers should provide school/college staff with full information about the student's medical needs, including details on any medicines that are required.

POLICY GUIDELINES

OHC&AT recognises that students' additional needs may include significant health concerns and involve regular or unexpected medical support e.g. admission to hospital or attendance at specialist clinics. We will always seek to work with our students and their families to support good attendance and, where this is not possible, to support continued learning through initiatives such as home learning programmes.

Where possible, students will be supported and encouraged to take control of their health and proactively manage their condition. All management of health conditions within OHC&AT provisions is undertaken with the full understanding of OHC&AT's duty of care to students, including in the event of an emergency.

Where students and/or staff are known to have severe/life threatening allergies, senior leaders should enact suitable measures to manage that risk as far as possible (for example, a site-wide ban on the allergen in question). Staff are expected to comply with any such arrangements as with all other safeguarding measures.

OHC&AT students are informed and reminded of this policy and related procedures through such channels as regular discussions in PSHE lessons, Student Council meetings, newsletters and assemblies. Parents/carers are notified of policy updates via newsletters and can access the policy on the school or College website. Staff are additionally able to access all OHC&AT policies via the intranet, and receive regular training and updates related to supporting students with medical conditions.

SUPPORT FOR STUDENTS WITH MEDICAL NEEDS

Staff administering medication will act in the student's best interest to support the student and promote the safest and most effective delivery of the medication required. Consents, risk assessments (where necessary), support plans and safeguarding will be adhered to in all instances.

All OHC&AT Nurses and trained staff responsible for the administration of medications must complete, with full name, signature and initials, the drug signatory chart kept in the Nurses/Medical room. OHC&AT trained staff will have competency forms completed and risk assessments in place (please refer to the Delegation of Duty Policy and Risk Assessment Policy for further details).

All OHC&AT Nurses must be trained as competent and training kept updated.

All students receiving medications either regularly, emergency or PRN (as required) must have an individually and clearly completed Drug Chart. This should include regular medications, drugs required on an emergency basis and on a PRN (as required) basis. This should include the student's full name, date of birth, the medication required, the correct dose, the route and the time it needs to be given. A photograph of the student should be placed on the front cover as a secondary precautionary measure.

All medications **must** be stored safely in a locked drug cabinet in the Nurses/Medical Room, or stored safely by teaching staff. The keys to the drug cabinet **must** be stored safely by the on-duty OHC&AT Nurse, or delegated trained member of staff in settings without a nurse, at all times. In the event of medications needing to be stored by teaching staff these will be stored in locked safes/areas previously arranged with the Senior Leadership Team.

At satellite provisions, medication **must** be stored in the locked drug cabinet with keys stored in a locked key cabinet at Reception when not in use.

A reminder must be sent home when medications are due to expire or there is insufficient stock left.

Prescribed medicines

Medicines should only be brought to school/college when essential; that is, where it would be detrimental to a student's health if the medicine were not administered during the school day. OHC&AT provisions can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the name of the student, prescriber's instructions for administration, dosage and storage.

OHC&AT provisions cannot accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of school/college hours e.g. medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. Parents/carers are requested to ask the prescriber about this.

Medications for emergency use only must be clearly labelled and stored in the drug cabinet. They should be in an individually labelled container with the details of the student's emergency management care plan included. These medications should be removed and administered only by the on-duty OHC&AT Nurse or by staff trained to do so.

Controlled drugs that have been prescribed for students must be securely stored in non-portable containers and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record must be maintained of doses administered and the amount of the controlled drug stored. Senior Leadership staff at OHC&AT provisions will ensure that there are regular audits of the controlled drugs held at their provision, with attention given to the expiry date and stock levels.

Consent forms are mandatory for all medication administrations and should be obtained from parents/carers for any medications to be given. This includes any analgesia. Students over 13 and deemed to have capacity can consent to their own medication.

Staff should check that the medicine has been administered without adverse effect to the student in the past and that parents/carers have confirmed this is the case – see Appendix 1 for an example of the form to be completed.

Where students with prescribed medicines access residential provision, residential care staff will administer any required out of hours doses in line with this policy.

Any PRN (as required) medications given at OHC&AT provisions must be reported to home before administration to confirm time of previous administration, if any. Once administered, staff must report to home the date, time, route, dosage and name of the person who gave them.

Non-prescription medicines

Staff should **never** give a non-prescribed medicine to a student unless there is specific prior written permission from the parent or carer. Students over 13 and deemed to have capacity can consent to their own medication.

Where it is agreed that staff will administer a non-prescribed medicine it **must** be in accordance with a written consent and agreement with parents/carers. Students over 13 and deemed to have capacity can consent to their own medication.

Staff should check that the medicine has been administered without adverse effect to the student in the past and that parents/carers (or the student, if over 13 and deemed to have capacity) have confirmed this is the case. Parents/carers must be contacted **prior** to administration to confirm previous administration details.

Where a non-prescribed medicine is administered to a student it must be recorded on the form in Appendix 1.

Children under 16 should **never** be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed (students who are over 13 and deemed to have capacity can decide on who is informed).

Adrenaline Auto-Injector (AAI)

Every OHC&AT provision will keep an Emergency Adrenaline Auto-Injector (AAI) if there are students within the setting who have been prescribed AAIs. This is in accordance with the Department of Health's Guidance on the use of adrenaline auto-injectors in schools. Auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis where medical authorisation and written parental consent for the use of the spare AAI has been provided. The emergency AAI is a spare/back up device and **not** a replacement for a student's own AAI(s).

A register of students who may be treated with the emergency AAI will be kept with the AAI, as well as signed 'consent for medication' forms and a record sheet for any

administration carried out. All emergency care will be given in line with the student's own Anaphylaxis Care Plan, including calling emergency services.

In the event of a possible severe allergic reaction in a student who does not meet these criteria, emergency services (999) should be called and advice sought from them as to whether administration of the emergency AAI is appropriate.

Short-term medical needs

Many students will need to take medicines during the day at some time during their time in school or college. This will usually be for a short period only, such as to finish a course of antibiotics or to apply a lotion.

However, such medicines should only be taken to school where it would be detrimental to a student's health if it were not administered during the day. Again, they must be supplied in their original container, with the student's name, prescriber's dosage administration and storage instructions and written consent from a parent or carer.

Long-term medical needs and emergency treatment

OHC&AT staff need to know about any particular needs before a student is admitted to school or college, or when they first develop a medical need.

The OHC&AT or onsite Nurse where partnership arrangements for provision are in place (e.g. Achieving for Children in Kingston) should be informed and involved in managing students' needs as required.

For students who attend hospital appointments on a regular basis, special arrangements may also be necessary.

A written health care plan must be written and shared with all teams working with such students including class teams. The development of the plan should involve parents/carers and all relevant health professionals. This should include:

- Details of the student's condition or conditions
- Special requirement e.g. dietary needs, pre-activity precautions
- Any side effect of the medicines
- What constitutes an emergency
- What action to be taken in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role that staff can play.

At the front of the plan a 1 page priority action flow diagram should be developed for use in the event of a medical emergency including those involving multiple symptoms highlighting the order that actions should be taken in.

See Appendix 2 (Model process for developing individual healthcare plans) and Appendix 4 (Managing common medical conditions) and Appendix 5 – flow chart example

All OHC&AT schools and college centres should have a procedure in place for calling an ambulance ensuring all staff are aware of their roles and responsibilities in this eventuality. See Appendix 6 for Ambulance protocol example

Self-management

As per DfE guidance, students can self-administer medication if willing and able under staff supervision. Individual risk assessments will be created with guidelines for students and staff. In the event of self-medication, staff will be responsible for the safe storage of medications.

It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines from a relatively early age and OHC&AT encourages this.

Students with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent or carer. Children and young people develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a student. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. Health professionals need to assess, with parents/carers and students, the appropriate time to make this transition. If required, staff will supervise students' access to and administering of their medicine

For conditions such as asthma, diabetes and severe allergies students are allowed to carry their own medication. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. If required, staff will supervise students' access to and administering of their medicine. (See Appendix 4 – Managing common medical conditions.)

Please note that students carrying medicines will be expected to store and use their medicines responsibly and not abuse, share or give their medicine to others. Parents/carers (or the young person if appropriate) should complete the form in Appendix 3 and return it to the school or college.

Where students have been prescribed controlled drugs, these should be kept in safe custody in the relevant Medical Office. However, students can access them for self-medication if it is agreed that this is appropriate.

Refusing medicines

If a student refuses to take medicine, this will be documented and parents/carers informed. In the case of Epipens, the individual student's health care plan will be followed. Parents/carers must be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or college's emergency procedures will be followed.

Missed medication must be raised with the Designated Safeguarding Lead (DSL) and safeguarding procedures followed accordingly. The incident and any further actions arising must be recorded on CPOMS and iAM Compliant.

Covert medication administration must follow the 'best interest' process, in line with principle 4 of the Mental Capacity Act 2005: "Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests." Staff must record all decisions and reflect these in a management plan. Decisions must not be taken alone – the student's parent/carer, GP or advocate should all be involved. Covert administration should only be used for the shortest time possible and any such action must be regularly assessed with formal reviews.

Record keeping

Parents/carers should tell the school or college about the medicines that their child needs to take and provide details of any changes to the prescription or the support required in writing. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of student
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- any specific storage details
- expiry date

Parents/carers should complete a consent form and forward it to the school or college.

Where medication is administered in school or college on a regular basis a signed record of any administration will be kept.

Trips and visits

Students with medical needs will be encouraged to participate in trips and visits. It may be that an additional supervisor, a parent/carer or another volunteer might be needed to accompany a particular student. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be made aware of any medical needs, and relevant emergency procedures by the parent/carer on the consent form. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a student's safety or the safety of other students on a visit, advice will be sought from parents/carers and/or health professionals.

Drug error

Drug error may include medication given in error, either to the wrong student or the wrong medication to the student, or medication not given as and where it is required. In all cases of drug error appropriate action must be taken as follows:

1. Take appropriate medical action to ensure the student is safe.
2. Report the incident immediately to the DSL and/or a member of the Senior Leadership Team.
3. Report the incident via CPOMS and iAM Compliant.
4. Report the incident to the student (as appropriate) and the student's next of kin/guardian/home manager as appropriate.
5. Investigate the matter of how and why the incident occurred and complete a risk assessment to place appropriate controls to prevent any reoccurrences.
6. Ascertain risk with advice from Guys and St. Thomas Poison/ Toxbase unit (0344 892 0111) as required.
7. Consider any staff training or awareness needs that have been raised as a result of the incident.

Incidents of drug error will be reported to the LADO in line with safeguarding practices.

STORAGE AND DISPOSAL OF MEDICINES

All medicines should be stored safely. Students should know where their medicines are at all times and be able to access them. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to students. This is particularly important to consider when outside of school or college premises, e.g. on educational trips.

When no longer required, medicines should be returned to the parent or carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Written records must be kept of all medicines administered to students.

STAFF TRAINING

OHC&AT staff receive training on their setting's general emergency procedures, including medical emergencies. Training is given during the induction process and at regular intervals afterwards. This includes how to contact emergency services and what information to give, and who to contact within the school or college.

Information on action to take in a general medical emergency is displayed in prominent locations for staff. Additionally, action for staff to take in an emergency for the common serious conditions at the school or college is displayed in prominent locations – this information includes the emergency procedure posters available from www.medicalconditionsatschool.org.uk

OHC&AT staff are aware of the most common serious medical conditions they are likely to encounter within their setting and understand the importance of good management of health conditions. Staff who work with groups of students at a school or college centre will have received suitable training and know what to do in an emergency for the students in their care with medical conditions.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent/carer or on the medication container dispensed by the pharmacist will be considered sufficient; decisions will be made taking into consideration the training requirements as specified in the student's individual healthcare plan if there is one.

ROLES AND RESPONSIBILITIES

All staff will:

- Ensure they understand and abide by this policy and related documentation.
- Ensure that day to day school or college activities are inclusive and open to all wherever possible.
- Ensure they are familiar with all general emergency procedures and common emergencies relating to medical conditions.
- Immediately report any safeguarding or health and safety concern (e.g. absence of medication, drug error, unsafe storage etc.) via the relevant systems.
- Know which students in their care have a medical condition and be familiar with the content of the student's healthcare plan and any linked plans e.g. risk assessments.
- Maintain effective communication with parents/carers, including informing them if their child has been unwell at school or college.
- Ensure students who carry their medication with them have it when they go on an educational visit or out of the classroom.
- Be aware of students with medical conditions who may be experiencing bullying or need extra social support.
- Understand the common medical conditions and the impact they can have on students (students should not be forced to take part in any activity if they feel unwell).
- Ensure students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Not distribute prescription medication or undertake a medical procedure without appropriate training/updated to reflect the individual care plan.
- Engage in training as required to support students' health needs.
- Work within OHC&AT's Delegation of Duty Policy.

Parents/carers will:

- Provide the school or college, including the Nurse, with sufficient information about their child's medical needs if treatment or special care is needed.
- Ensure that information held by the school/college on their child's medical needs is kept up to date, and inform OHC&AT staff of any medication or other changes as soon as they occur.
- Ensure that their child has sufficient medication with them for school or college.
- Agree jointly with OHC&AT staff and the Nurse on the school or college's role in supporting their child's medical needs.
- Keep their child at home if the child is acutely unwell, in order to reduce the spread of infection. This is to protect other students with compromised immune systems and/or medical conditions such as asthma and diabetes, for whom illness can produce complications.
- Inform the school/college if an Epipen is required and send their child to school/college with two Epipens daily if prescribed.
- Ensure that their child has one asthma inhaler and spacer if required.

Governing bodies will:

- Be aware of the framework of responsibility and regularly review the arrangements in place at the school/college for the support of students with medical conditions.

The Principal/Senior Leadership Team will:

- Ensure that this policy and related documentation are implemented throughout the school or college.
- Monitor support for students with medical needs via regular reports and data monitoring.
- Monitor, identify and respond to any issues arising from the administration of medication within their setting.
- Ensure that sufficient staff have received suitable training and are competent to take on responsibility for students with medical conditions.
- Ensure that suitable cover arrangements are in place to manage students' medical needs in case of staff absence.
- Ensure staff training on general emergency procedures and common emergencies relating to medical conditions is up to date.
- Ensure that medication and equipment relating to students' support needs is properly and securely stored while on school/college premises.
- Delegate a staff member to check the expiry date of medicines kept at school/college and maintain the medical conditions register.
- Oversee the development and review of individual healthcare plans and risk assessments where necessary.
- Liaise with the OHC&AT Nurse regarding support for students with medical conditions.
- Know which students have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or course work.

OHC&AT Nurse Team will:

- Evaluate the implementation and effectiveness of the guidelines.

- Update this policy according to the most recent legislation and guidance.
- Oversee the implementation of this policy within Orchard Hill College settings.
- Ensure that their own training is kept up to date in order to support effective management of medications.
- Complete a monthly medication audit of stock levels, expiration dates, equipment and first aid boxes (nurses to complete or delegate to trained staff).

OHC&AT nurses will not necessarily be aware of all students' medical conditions but there is a clear expectation from OHC&AT that our nursing services will be involved in the care plan process as appropriate, including the following:

- Seek consent from the parent/carer or young person over 13, as relevant.
- Inform school/college of students in need of a health care plan.
- Help to provide regular training for school/college staff in managing the most common medical conditions at school/college and advise on training on less common conditions.
- Collate relevant health information to support students, families and the school/college to inform the health care plan.
- Provide information about where the school/college can access other specialist training as required.

Other school/college nurses or school/college healthcare professionals

Other school/college Nursing staff will not necessarily be aware of all students' medical conditions but there is a clear expectation from the school/college that school/college nursing services will be involved in the care plan process as appropriate, including the following:

- Seek consent from the parent/carer or young person over 13, as relevant.
- Inform the school/college of students in need of a healthcare plan.
- Help provide regular training for school/college staff in managing the most common medical conditions within the setting and advising training on less common conditions.
- Collate relevant health information to support students, families and the school/college to inform the healthcare plan.
- Provide information about where the school/college can access other specialist training.
- Liaise with lead clinicians locally on appropriate support for a student with medical needs, including students who are unable to attend full time.

Teaching staff will:

- Work with students and families to support continued learning during periods of ill health that may affect attendance.
- Be aware that medical conditions can affect a student's learning and provide extra help when students need it.
- Liaise with parents/carers, the student's healthcare professionals, special educational needs coordinator and welfare officers if a student is falling behind with their work as a result of their medical condition.
- Use opportunities such as PSHE and other areas of the curriculum to raise student awareness about medical conditions.
- Ensure students who have been unwell are able to catch up on missed

schoolwork.

Students will:

- Treat other students, with and without a medical condition, equally.
- Tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another student is feeling unwell.
- Treat all medication with respect and act responsibly in accordance with OHC&AT's Substance Misuse Policy.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how to take their own medication and to take it when they need it.
- Alert a member of staff to an emergency situation.

It should be noted that local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

It is the responsibility of all OHC&AT staff and key stakeholders to maintain student confidentiality.

UNACCEPTABLE PRACTICE

School/college staff should use their discretion and judge each case on its merits with reference to the student's individual healthcare plan. It is not generally acceptable practice to:

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents/carers, or ignore medical evidence or opinion (although this may be challenged);
- send students with medical conditions home frequently or prevent them from staying for normal school/college activities, including lunch, unless this is specified in their individual healthcare plans;
- if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

- require parents/carers, or otherwise make them feel obliged, to attend school/college to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school or college is failing to support their child's medical needs;
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school/college life, including educational trips, e.g. by requiring parents/carers to accompany the student;
- falsify or knowingly keep inaccurate medical records.

CONFIDENTIALITY

The Principal/Senior Leadership Team and staff will always treat medical information confidentially. The Principal/SLT will agree with the student where appropriate, or otherwise the parent/carer, who else should have access to records and other information about a student. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

RELATED POLICIES AND PROCEDURES

Anti-bullying policies (schools/OHC)
Asthma Policy
Attendance policies (schools/OHC)
Child Protection, Adult Protection & Safeguarding Policy
Complaints Policy and Procedure
Delegation of Duty Policy
Educational Visits Policy
Equality, Diversity & Inclusion Policy
First Aid Policy
Health and Safety Policy
Infection Control Policy
Mental Capacity and Consent Policy (schools/OHC)
Student Mental Wealth, Health and Wellbeing Policy
Substance Misuse Policy

APPENDIX 1: Medicine management plan, consent and record of medicine administered to an individual student

Name of school/college centre					
Name of student					
Date medicine provided by parent					
Group/class/form					
Quantity received					
Name and strength of medicine					
Previously administered	Yes / No				
Adverse effect	Yes / No				
Expiry date					
Quantity returned					
Dose and frequency of medicine					

Staff signature _____

Signature of parent_____

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			

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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 2: Model process for developing individual healthcare plans (IHCPs)

- Parent/carer or healthcare professional informs school/college that student has been newly diagnosed, or is due to attend new provision, or is due to return to school/college after a long-term absence, or that needs have changed.
- Principal or senior member of school/college staff to whom this has been delegated co-ordinates meeting to discuss student's medical support needs and identifies member of school/college staff who will provide support to student. School/college Nurse to be informed and included as required.
- Meeting to discuss and agree on need for IHCP to include key school/college staff, student, parents/carers, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).
- Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.
- School/college staff training needs identified.
- Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed.
- IHCP implemented and circulated to all relevant staff.
- IHCP reviewed annually or when condition changes. Parents/carers or healthcare professional to initiate.

APPENDIX 3: Request for student to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/CARERS

If staff have any concerns they should discuss the request with Academy healthcare professionals.

Name of school/college centre	
Student's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

Contact information	
Name	
Relationship to student	
Daytime telephone number	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____

Date: _____

If more than one medicine is to be given a separate form should be completed for each one.

APPENDIX 4: Managing common medical conditions

Anaphylaxis

The decision on how many adrenaline devices the school or college centre should hold, and where to store them, has to be decided on an individual basis and will be reflected on the student's individual healthcare plan (minimum of **two** AAIs should be kept with the student at all times). However, every OHC&AT provision will keep an Emergency Adrenaline Auto-Injector (AAI) if there are students within the setting who have been prescribed AAIs. This is in accordance with the Department of Health's *Guidance on the use of adrenaline auto-injectors in schools* (2017).

Where students are considered to be sufficiently responsible to carry their emergency treatment on their person they will be allowed and encouraged to do so.

Studies have shown that the risks for allergic children and young people are reduced where an individual healthcare plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the student's parents/carers, the school/college and the treating doctor.

Asthma

Children and young people with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicine. OHC&AT provisions follow good practice in supporting students with asthma to take charge of and use their inhaler from an early age, where considered appropriate.

Students who are able to use their inhalers themselves will be allowed to carry them with them. Inhalers should always be available during physical education, sports activities and educational visits.

A child or young person should have a regular asthma review with their GP or other relevant healthcare professional. Parents/carers should arrange the review and make sure that a copy of their child's management plan is available to the school if required. Students should have a reliever inhaler with them when they are in school or college.

See also the Asthma Policy.

Diabetes

Children and young people with diabetes will have an individual healthcare plan where required. They will be allowed to eat regularly during the day if necessary. This may include eating snacks during class time or prior to exercise. Students with diabetes should be encouraged to bring an 'emergency snack box' containing glucose tablets or a sugary drink to school or college.

APPENDIX 5: Needle Stick / Sharps Injury – Guidance and Procedures

If any OHC&AT student requires administration of medication with sharps, an Individual Risk Assessment and care plan will be created. These will include specific administration guidance and instructions for the procedure in case of needle stick injury.

Any staff member who is required to use or assist in the use of needles or sharps will be trained and made aware of the related:

- Risk assessments
- Care plans
- Safe working practice
- Procedures in the event of injury

Safe working practices

This can be divided into 3 stages:

1. Prior to use

- A full risk assessment must be undertaken to identify the risks, who might be harmed and the measures needed to control the risks during planned use and the unexpected discovery of incorrectly or maliciously discarded needles.
- Where available, 'safer sharps' should be requested to reduce the risk of injury
- Any employee that is required to use or assist in the use of needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training.
- Any employees that are required to collect and dispose of discarded needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training and be provided with suitable equipment for the task
- Except in extreme emergency situations where there is a risk to life e.g. where there is a risk to life without immediate intervention, protective gloves must be worn before any activity where a member of staff may come into contact with blood or other body fluids.
- Wear facemasks and eye protection (goggles/safety glasses and mask or a full face visor) where there is a risk of blood/body fluid splashes.
- A sharps container must be available that complies with the British Standard (BS7320).
- Ensure there are adequate sharps bins of appropriate sizes situated in suitable locations – located in Medical Rooms (portable).
- Place bins at the point of use on a hard even surface.
- Keep sharps bins out of the way of children and other vulnerable people.
- A sharps disposal pack should be available where there is the possibility of maliciously discarded needles. This should contain protective gloves, forceps/pick up device and portable sharps container.

2. During use

- Wear appropriate personal protective equipment.
- Never carry sharps in your hand.
- Carefully assemble the device to be used.
- Do not take the device apart unless unavoidable.
- If unavoidable, use the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles.
- Do not re-sheath needles.
- Use tray to carry sharps devices.
- Activate temporary closure mechanism on sharps bin between uses.
- Be especially careful of sharps risks during emergency procedures.

3. After use

Safe disposal is the responsibility of the member of staff assisting or administering the treatment.

- Dispose of sharps directly into a sharps bin **at the point of use**.
- Discard disposable needles and syringes as one unit immediately after use.
- Dispose of sharps bins when three quarters full.
- Dispose of sharps bin securely as clinical waste.
- Do not put sharps bins in clinical waste bags.
- Sharps, their associated syringes, tubes, bags etc. and drug vials which are not fully discharged and contain prescription only medicine must be treated as 'Special Waste' and must be disposed of in a sharps bin, which must be clearly marked **'For Incineration'**.
- Dispose of gloves into waste bag.
- Wash and dry hands thoroughly.

In the event of sharps or needle stick injury

Injuries from needles used in medical procedures are sometimes called needle stick or sharps injuries. Sharps can include other medical supplies, such as syringes, scalpels and lancets, and glass from broken equipment.

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

- encourage the wound to bleed, ideally by holding it under running water
- wash the wound using running water and plenty of soap
- don't scrub the wound while you're washing it
- don't suck the wound
- dry the wound and cover it with a waterproof plaster or dressing

You should also seek urgent medical advice:

- go to the nearest accident and emergency (A&E) department, or
- contact your employer's Occupational Health service, if you injure yourself at work.

Further information

Once someone has used a needle, viruses in their blood such as hepatitis B, hepatitis C or HIV may contaminate it. This includes needles used to inject illegal drugs. Blood can also contaminate sharps.

For more information, see What infections can used needles or sharps pass on?

Assessing your injury

The healthcare professional treating you will assess the risks to your health and ask about your injury, for example how and when it happened, or who had used the needle.

Samples of your blood may need to be tested for hepatitis B and C or HIV.

Although rare, there is also a small risk of other infections being transmitted via contaminated blood, such as cytomegalovirus (CMV) and Epstein-Barr virus.

Your healthcare professional may also arrange to test samples of the other person's blood, if they give their consent.

Will I need any treatment?

If your healthcare professional thinks you're at low risk of infection, you may not need any treatment.

If there's a higher risk of infection, you may need:

- antibiotic treatment, for example if you have cellulitis (infection of the skin)
- vaccination against hepatitis B
- treatment to prevent HIV

If there's a high risk of infection with HIV, your healthcare professional may consider treatment called post-exposure prophylaxis (PEP). For more information, see Can PEP stop me getting HIV?

Getting support

Your healthcare professional may recommend that you get:

- support from your employer's occupational health service – they can also advise about sick leave
- psychological support such as counselling, to help with any stress the injury has caused

If you injure yourself with a used needle at work, report the incident immediately to your supervisor or manager.

For further guidance see NHS Choices Guidance on Needle Stick Injuries – Reviewed May 2015

APPENDIX 6: AMBULANCE PROTOCOL

1. Concern: One of the students or staff members have had an accident or have a medical need for an ambulance to be called.

2. The observing staff member should immediately contact the School Office on the office number or mobile phone, stating the location of the incident.

3. School Office should immediately call an ambulance.

    - Office staff member must open Arbor MIS System and provide the ambulance call centre with information about the child's/staff members name, school location, and current concern/ condition as appropriate.
    - School Reception then alerts the Site Manager to prepare the school car park to open the gates for the ambulance. The Site Manager should also greet the ambulance crew and direct them to the shortest route to the school's entrance (there are three access points to the school).
    - School Reception alerts the SLT (Senior Leadership Team) to receive the ambulance crew at the school's door and assist them in finding the shortest route to the student. School doors should be set to 'continues open' and supported by an SLT or Reception Office staff member.
    - SLT member contacts parents/carers to inform them (which child by name) about the action taken and arrangements to meet at the school or hospital if appropriate.
    - SLT members will calmly inform all teams that an ambulance has been called, as the number of ambulances and/or police support may be attending. This helps to reduce anxiety throughout the school.

4. If a student needs to be taken to the hospital by ambulance, a named staff member will remain with the child to offer emotional support. The staff member will also gather necessary items, such as a pump, feeds, M-form, a bag with the student's belongings, and a blanket, to ensure the student is prepared for the journey to the hospital.

5. If needed, SLT arranges for the student's wheelchair to be transported to the hospital.

6. The class team designates a staff member to accompany the student in the ambulance. This staff member stays with the student until their parents/carers arrive and are ready to take over from the designated class member.

7. Staff member is supported to return to school or home following a conversation/assessment phone call with SLT.

8. The class team guides the remaining students either for outdoor play or decides to join the next-door class. The class team, being aware of the change in usual routines, provides students with appropriate Modes of Communication as well as with the What's Wrong Book to aid students' worries or/and concerns.

9. If possible, on the day of the incident, the SLT will hold a debrief meeting with all stakeholders, including the site manager, school reception staff, school nurses, the class team, and any other staff member involved. During the meeting, the SLT will remind staff of their access to the Employee Support Program, which provides mental health and well-being support.

10. SLT contact the OHCAT Safeguarding Team to report the incident. All stakeholders use CPOMS and iAM Compliant to report the incident

11. During the SLT morning debrief, the Class team, School Nurses and /or other stakeholders discuss updates on students' condition and encourage suggestions for 'Even Better if….'

12. The Principal sends an email to all staff members informing them about the update to the incident in school.

13. The Principal decides to inform the whole school's parents/carers about the incident either through a letter or email should this affect the whole school and be appropriate

It is appropriate to mention that if the Call Handler's understanding of the medical emergency is considered to be respiratory or life threatening, a number of ambulance crew and/or police might arrive in the school premises.