

Ormiston Academies Trust

Sandymoor Ormiston Academy

Supporting students with medical needs policy

Policy version control

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Description of changes	<i>Reformatted throughout – all lines and sub-headings now numbered – this has changed the number sequence in places, but not the text.</i> <i>Medication Administration and IHCP forms moved to appendices</i> <i>Policy changed from 2 year review to 3 year review</i>

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Individual Health Care Plan	Error! Bookmark not defined.

1. Policy statement and principles

1.1. Policy aims and principles

- 1.1.1. 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.
- 1.1.2. 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.
- 1.1.3. 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.

- 1.1.4. 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.
- 1.1.5. 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

- 1.2.1. All complaints are dealt with under the OAT Complaints Policy.
- 1.2.2. 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

- 1.3.1. 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
- 1.3.2. If there are urgent concerns these should be raised to the [insert responsible person] 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

Rebecca Ruddock, Senior Assistant Principal		
Contact Details	Email	ruddockr@sandymooroa.co.uk
	Telephone	01928 571217
Jenny Trowler, Medical Lead		
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3. Supporting students

- 3.1. 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.
- 3.2. 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.
- 3.3. 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.

- 3.4. 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.

3.5. Long term or complex medical conditions

- 3.5.1. For each student with long term or complex medical needs the academy will ensure that an Individual Medical Passport is drawn up (insert name and role of staff member responsible for this) (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.

3.6. Individual Medical Passport

- 3.6.1. Medical passports will be easily accessible whilst preserving confidentiality. The Medical passports will be monitored and reviewed at least annually or when a student's medical circumstances change, whichever is sooner.
- 3.6.2. Where a student has a Statement of Special Educational Needs or an Education, Health and Care Plan (EHCP), the Medical passports will be linked to it or become part of it.
- 3.6.3. 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 Medical passports identifies the support the student needs to reintegrate.

3.7. Training

- 3.7.1. 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.
- 3.7.2. All staff will receive (annual/termly) 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 (insert location of sick room/school office/nurse's office). Staff must always ensure that a student is accompanied to the (sick room/school office/nurse office) lest they should need additional support on the way due to fainting or vomiting etc.
- 3.7.3. 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 Medical passports.
- 3.7.4. The academy will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities under this policy (insert details of cover arrangements in case of staff absence or staff turnover to ensure someone is always available. Also, include the procedure for briefing supply teachers).

3.8. Emergencies

- 3.8.1. Medical emergencies will be dealt with under the academy's emergency procedures (insert where these procedures can be found) unless an Medical passports is in place and this amends the emergency procedures for a student.
- 3.8.2. 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.
- 3.8.3. 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.
- 3.8.4. We have **Code Red students**, you have a pack of triangles in each classroom for in the event of an emergency. If any of these students appears unwell, send a student with their triangle immediately to reception. Please read their medical passport as a matter of urgency, for more information please see Jenny Trowler or Rebecca Ruddock.

3.9. Defibrillators

- 3.9.1. The academy has a LifePak CR+ automated external defibrillator (AED).
- 3.9.2. The AED is stored at reception, and in the community office.
- 3.9.3. All staff members and pupils are aware of the AED's location and what to do in an emergency.
- 3.9.4. 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, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

3.10. Insurance

- 3.10.1. Staff members who undertake responsibilities within this policy are covered by the academy's insurance.
- 3.10.2. 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

- 4.1.1. 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.
- 4.1.2. Each item of medication must be delivered to the principal or authorised person (listed in this policy) by the parent / carer. 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**.
- 4.1.3. Medication must be provided in a secure and labelled container as originally dispensed. They are stored in the first aid cabinet locked. 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.

- 4.1.4. 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.
- 4.1.5. 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.
- 4.1.6. 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

- 4.2.1. 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.
- 4.2.2. 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.
- 4.2.3. 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

- 4.3.1. 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.
- 4.3.2. 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.
- 4.3.3. 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 report to reception to our Sick bay to collect their medication. When the medication is administered this is logged on CPOMS.
- 4.3.4. 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.
- 4.3.5. 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.
- 4.3.6. 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.

- 4.3.7. 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.
- 4.3.8. 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

- 4.4.1. 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.
- 4.4.2. 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. Medications are in student individual named boxes within the two locked first aid cabinets in sick bay.
- 4.4.3. 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

- 4.5.1. Academy staff will not dispose of any medicines
- 4.5.2. 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

- 4.6.1. 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
- 4.6.2. Medication records will be made available for parents on request.

4.7. Training

- 4.7.1. 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.
- 4.7.2. No staff member may administer prescription medicines, administer drugs by injection or undertake any healthcare procedures without undergoing training specific to the responsibility.
- 4.7.3. The academy will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities under this policy.
- 4.7.4. 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

- 4.8.1. The academy will never:
 - 4.8.1.1. Assume that students with the same condition require the same treatment.
 - 4.8.1.2. Prevent students from easily accessing their inhalers and medication.
 - 4.8.1.3. Ignore the views of the pupil and/or their parents/carers.
 - 4.8.1.4. Ignore medical evidence or opinion.
 - 4.8.1.5. 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.
 - 4.8.1.6. Send an unwell student to the medical room or school office alone or with an unsuitable escort.
 - 4.8.1.7. Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
 - 4.8.1.8. 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.
 - 4.8.1.9. Refuse to allow pupils to eat, drink or use the toilet when they need to to manage their condition.

5. Home Remedies

- 5.1. *As an academy it is our decision as to whether we allow home remedies.*
- 5.2. *E.g. We allow travel sickness tablets just in case they needed it, with full parental permission.*
- 5.3. *E.g. We would allow a child needing ibuprofen to support with menstrual cramps and has been given ibuprofen by their parent, with full parental permission.*
- 5.4. *If this is the case, the person administering the home remedies (a painkiller for example) must check when the last dose was administered and only provide the minimum amount and ensure that parent contact is made at the end of the day if not before.*

5.5. Record Keeping

- 5.5.1. *If home remedies are kept on site – a first aider must keep a record of what is kept on site and what and when it is used, who administered it, date, time, amount and to which student via CPOMS. An audit of the home remedies kept at the academy must be done every half term to ensure that all medication is accounted for and remains in date.*

5.6. Residential Trips

- 5.6.1. *Some thought will need to be put into allowing staff to administer home remedies such as 'paracetamol' on residential trips where a student may fall ill but not so ill as to need a doctor. In this case parents should be advised of which home remedies staff will have with them and give specific permission for it to be used on the residential. All effort should be made to make parent contact (ideally before) but certainly after to inform them that the home remedy was administered. Records must be kept in every case.*

Appendix 1

Medication Administration Form

The academy will not administer medication 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: <i>Please continue on another sheet if you require more space – this must be attached and signed</i>				
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:

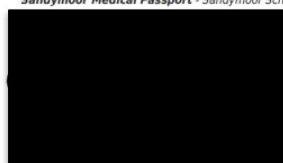
Agreed review date:

Appendix 2

Medical Passport

To be completed for each student with long term or complex medication and that the Medical Administration Form is attached

Sandymoor Medical Passport - Sandymoor School



Date: 19/10/2018
Teacher: Miss Carmel Hulse

Summary of medical condition

Keira has Type 1 diabetes causes the level of glucose in the body to become too high. The body cannot produce enough insulin which controls the blood glucose levels.

Kiera administers her own insulin each day. She will put a new needle of the pen before each injection. She will prime the injection with 2 units. Insert the needle in to the skin and press the button at the top of the needle to deliver the dose.

Daily care requirements

Keira has daily injections of Novo Rapid insulin at 13.00, she self injects.

Keira uses a libre freestyle glucose monitoring system to keep her glucose levels within the appropriate range. This system measures glucose and is done via her phone without the need to finger prick.

Keira carb calculates hers meals to work out her insulin dosage.

Keira will wear a bracelet to identify that she has type 1 diabetes.

Kiera will have a sharps box in school that is kept in the medical cupboard at reception. She will dispose of the lancet drum herself.

Keira will generally bring a packed lunch however, if she has a hot meal a pass should be given to her so that she can get food quickly.

Kiera will bring an extra snack when she has P.E

Sandymoor Medical Passport - Sandymoor School

- becoming very emotional

Date: 19/10/2018
Teacher: Miss Carmel Hulse

below 4 on her monitor. She will become pale, dizzy, her hands will tremble, she will feel nauseous and emotional.

If Kiera has a 'hyper' - where the blood sugar levels are above 10 on her monitor.

walking will further lower her blood sugar. Kiera will need something sugary Lucozade or 4 dextrose sweets, this is then followed by an extra snack.

Call for a first aider.

If Kiera is conscious but cant rub glucogel/dextrogel inside the gums a member of staff needs to do this.

If Keira is unconscious place in the recovery position and diall 999.

In a hyper situation Kiera will need to drink plenty of non sugary fluids.

If Keira is complaining of abdominal pain or is vomiting or breathing heavily it may indicate that she is developing diabetes ketoacidosis which requires immediate medical intervention.

Emergency evacuation process

Keira is to evacuate as per the Sandymoor Evacuation policy.

DFU, KTO or TDO to bring Kiera's medication to the emergency evacuation point.

Regular medications