
SUPPORTING STUDENTS WITH MEDICAL CONDITIONS

PREFACE

Chiltern Hills Academy is a learning environment at the heart of its community. We encourage every person in our community to:

Create, Aspire and Excel to 'Live life in all its fullness' (John 10:10)

We achieve this through our dedication to the seven Christian values of love, hope, self-discipline, compassion, forgiveness, respect and honesty.

We are a community in which staff, students and parents work collaboratively to develop a learning environment and organisation which is spiritual, safe, innovative, creative and exciting. All members of the Academy are motivated and inspired by the vision to give their best and to play a full part in the life of the school and in their own developing lives.

The Governors at Chiltern Hills Academy are committed to achieving the vision and values. They oversee and monitor this policy to ensure that this is being achieved.

This policy is designed to assist Academy staff, parents and students in the appropriate use of medicines during the school day. Its aim is to enable regular attendance at the Academy for a child with medical needs whilst ensuring the safety of every student attending Chiltern Hills Academy. It will also provide formal procedures for the administration of prescribed and non-prescribed drugs in school.

Some children with medical conditions may be disabled. Where this is the case the governing body **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and may have a Statement, or Education, Health & Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

This policy will be read in conjunction with guidance, "Supporting Pupils at School with Medical Conditions" from the DfE (September 2014) and "Moving and Handling Policy for Assisting Children with Impaired Mobility" from Buckinghamshire Council (July 2010).

MANAGING PRESCRIBED MEDICINES

Prescribed medicines should only be taken during the school day when there is no alternative. The First-Aider, ("the First-Aider") who is based in Student Services, or the Principal will advise you further on this. These medicines must be in the original container and packaging as dispensed by the pharmacist and include the prescriber's instructions for administration, the student's name and the expiry date. Staff administering prescribed medicines must do so in accordance with the prescriber's instructions. A student health care form should be completed by the parent at the point at which the medicine is brought in to school. Health care forms can be downloaded from the school website and must be signed and dated before being submitted to the First Aider.

CONTROLLED DRUGS

Controlled drugs are to be treated the same as prescribed medicines but must be kept locked in the medicine cabinet in the medical room. Only the Principal, the First-Aider and any covering member of staff trained in the administration of medicines should have access to this. A record of the drugs handed in and administered will be kept in the accident book for audit and safety purposes.

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NON-PRESCRIPTION MEDICINES

Medicines for minor ailments such as headaches, period pains or toothache will be given only with prior written consent from parents and this consent will be requested from the parent/carer when the student starts at the Academy along with any medical information (e.g. allergies to any particular medication).

It will be the parent/carer's responsibility to ensure that this information is updated throughout the child's time at Chiltern Hills Academy.

STUDENTS SELF-ADMINISTERING MEDICINES

Students with life-threatening medical conditions, where medication may be required instantly, are encouraged to carry this medication with them, for example Epi-pens and Salbutamol inhalers.

Spare medication must be kept in the medical room in case the student forgets to bring it to the Academy. It is advised by the NHS that two Epi-pens, Emirade or Jext pens are held in the medical room for students with severe allergies in the event of one malfunctioning. These students should be aware of their condition and when and how to take the required treatment. Should the student be incapacitated the designated First Aider will administer the required medication and arrange for follow up care via 999 or the student's parent/carer

It is the parents/carer's responsibility to ensure that the student is aware of how and when to take the prescribed medication if they are able to. If this medication is used during the school day by the student, the First-Aider will be informed immediately to arrange the required medical treatment and will document the treatment or event in the medical book and alert the parent/carer so that the medication can be replenished.

STUDENTS WITH LONG-TERM MEDICAL NEEDS

Students will be encouraged to self-administer their medication, for example diabetic students who require insulin. Students can attend the medical room for supervision however and the relevant details will be logged. These students will have a health care plan with the dose of medication that they are administering recorded. It is the parent's/carer's responsibility to ensure that this is updated as the medication changes. A copy of the health care form is available from the Parents tab on the school website under Parent Communications.

ADMINISTERING MEDICINES

Only the Principal, the First-Aider and support staff trained in the administration of medicines will give medication in the Academy; this includes throat-soothers and lotions.

The First-Aider is trained to administer oral and some local medication. If a student requires additional medication this is to be agreed by the parent with the relevant Academic Year Leader and the First-Aider.

RECORD KEEPING

Any medication given to a student will be recorded in the 'medical room visits' book stating the time, dose and name of the medication given. A parent will always be phoned before any medication is given however the First Aider will on occasions act in loco parentis should the student be in pain and a parent/carer cannot be contacted but has previously given authorisation for the First Aider to do so e.g. for parents who cannot be contacted at work.

SAFE STORAGE OF MEDICINES

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All students who bring medication into the Academy must see the First-Aider in the morning to discuss the management of this. Medications will be stored in the medical room in a locked cabinet under the surname initial of the student, unless they are required in an emergency as mentioned above. Medications that must be stored in the fridge will be kept in the First-Aider's fridge in the medical room. Medications will be stored according to the manufacturer's instructions. Medications will never be transferred out of the original container by a member of staff and will be labelled at all times.

Students requiring asthma inhalers, epipens etc, will carry them on their person and an additional prescription will be stored in the medical cupboard, labelled and dated.

A defibrillator is situated in the student entrance foyer. Directions for use are enclosed in the unit. This equipment is intended for use in an emergency by the Chiltern Hills Academy community and those hiring the facilities.

A first aid kit and back up inhalers and epipens are stored in reception clearly labelled and the use by dates will be monitored by the First Aider and replaced when necessary.

DISPOSAL OF MEDICINES

Any medications held at school will be checked regularly for the expiry date and, when out of date, the First Aider will dispose of them at a local chemist. The First Aider will inform the parent/carer in advance of disposal so that the medication can be replenished.

Parents/carers are responsible for the collection and disposal of medications that have not been used at the end of each term. If parents/carers do not collect medication at the end of term, the First-Aider will take them to the local pharmacy for safe disposal if they show a date that cannot be transferred to into the following term. Sharps must be disposed of in a sharps box provided by the parent/carer and when the box is full it will be returned to the parent who can then dispose of it within local authority guidelines.

MANAGING MEDICINES ON AN ACADEMY TRIP

Staff leading an Academy trip will liaise with the First-Aider regarding students with medical needs. The First-Aider will give them a copy of any Health Care Plan in use at the Academy. Each student will have completed a medical form to allow them to attend off-site visits on entry to the Academy in Year 7.

It is the parent/carer's responsibility to inform the First-Aider of any subsequent changes to the conditions stated in the form. Prescribed medicines will be given as per the Academy's medicine policy.

Non-prescribed medicines will be discouraged but, if written consent is given and it is deemed necessary, a record will be kept of date, time, dose and drug given and this will be returned to the First-Aider after the trip.

First aid kits are available on request by the staff member leading the trip. It is the responsibility of the parent to replace out of date epipens/adrenaline auto-injector devices or inhalers that may be needed in an emergency on a school trip.

INFORMATION TAKEN FROM:

Managing Medicines in Schools and Early Years Settings
Standards for medicines management
Department of Health NMC

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MONITORING, EVALUATION AND REVIEW

This policy will be reviewed when there are changes in the law or annually to assess implementation and effectiveness.

This policy will be promoted and implemented throughout the Academy.

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Appendix I FIRST AID

The Chiltern Hills Academy will comply with all relevant legislation with regard to the provision of first aid for students, parents, staff and visitors and will ensure procedures are in place to meet that responsibility. This policy complies with Buckinghamshire Council's Health & Safety policy and the Health and safety at work act 1974 and is reviewed annually.

AIMS & OBJECTIVES

- To identify the first aid needs of the Academy in line with the Management of the Health & Safety at work regulations 1981, 1999 and 2006.
- To ensure that first aid provision is available at all times while persons are on the Academy premises including Academy visits.
- To appoint the appropriate number of suitably trained staff as appointed persons and first aiders to meet the needs of the Academy and also to maintain a record of that training and review annually.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To provide awareness of Health & Safety issues within the Academy and on trips, to analyse potential hazards and prevent wherever possible the potential for accidents through risk assessments and method statements.
- To inform staff and parents of the Academy First Aid arrangements.
- To report, record and investigate all accidents in compliance with RIDDOR regulations 1 October 2013.

FIRST AID PROVISION

First aid kits are available at the following areas:

- Design & Technology (including Food) and Science
- Medical room
- Mini bus
- Site office
- Catering department

It is the responsibility of the First Aider/Student Services Administrator to check the contents every term and re-stock as necessary.

The Medical Room is the designated First Aid administration/treatment room. In the absence of the Student Services Administrator/Deputy Safeguarding Lead will take charge of the first aid arrangements. All staff will ensure that they have read the Academy's First Aid Policy.

Where hospital treatment is required but it is not an emergency, the office staff will contact the parents to take over the responsibility of the student. In the event that the parents cannot be contacted, an appointed First Aider will accompany the child to hospital and remain with them until the parents can be contacted.

The Attendance/First Aid Administrative Assistant/office staff are responsible to call an ambulance on the following occasions:

- In the event of a serious injury

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- In the event of any significant head injury
- In the event of unconsciousness
- Whenever there is a possibility of a fracture or where this is suspected.

HYGIENE/INFECTION CONTROL

- Hands must be washed with alcohol gel before and after giving first aid.
- Single-use disposable gloves must be worn when treatment involves blood or bodily fluid.
- Any soiled dressings etc must be put in a yellow clinical waste bag and disposed in the clinical waste box.
- Any body fluids on the floor should have absorbent granules applied on to them, then swept up with the designated floor brush.
- Body fluids on hard surfaces should be cleaned up by bleach or the equivalent of.
- Exposed cuts and abrasions should always be covered.

INCIDENT REPORTING

All incidents/injuries/head injuries/ailments and treatment are recorded via the County's Accident Reporting on line system or in-house reporting system including hard & electronic copies. All accidents and Incidents must be noted and assessed by the First Aider and Finance Manager/Facilities Manager.

Parents are contacted and informed if a head injury has occurred.

The First Aider or office staff will contact parents if they have any concerns about an injury and a need to send a student home has been identified.

Accident reporting needs to be completed by the person administering first aid and by the person who has had the accident. Records are required to be kept for 7 years.

If the nature of the accident is covered under the "reporting of injuries, diseases & dangerous occurrences regulations 1995 (RIDDOR)" the facilities team will make this contact.

FIRST AID TRAINING

The Principal and the First Aider/Student Services Administrator are responsible for ensuring that there are adequate numbers of qualified first aiders/appointed persons.

For Epipen & Ritalin training (teaching and support staff) the Principal and the First Aider/Student Services Administrator are responsible to ensure adequate training is provided.

HEAD INJURIES

Accidents involving a student's head can be problematic because the injury may not be immediately evident and the effects may only become noticeable after a period of time.

If the injury is minor, all Head injuries should be monitored closely and logged. Parents/carers must be informed and a "Head Injuries" leaflet supplied for use when the student returns home.

Any serious head injury must always be referred to the hospital.

EMERGENCY ARRANGEMENTS

Where the injury is an emergency, an ambulance and parents will be called.

SHARING INFORMATION

At the start the First Aider/Student Services Administrator will manage and issue the medical register; copies to be distributed to the staffroom and Academy office area. Medical information is accessible via SIMS. This will be reviewed and amended following every incident either by First Aider or office staff.

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Appendix II INTIMATE CARE

1. PRINCIPLES

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of students¹ at this school.
- 1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a student's intimate care needs is one aspect of safeguarding.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any student with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):
- Safeguarding policy and child protection procedures
 - Staff code of conduct and guidance on safer working practice
 - 'Whistle-blowing' and allegations management policies
 - Health and safety policy and procedures
 - Special Educational Needs policy
- Plus
- Buckinghamshire Council moving and handling people – guidance note
 - Policy for the administration of medicines
 - Supporting pupils with medical conditions guidance (DfE, September 2014)
- 1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.6 We recognise that there is a need to treat all students, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every student is treated as an individual and that care is given gently and sensitively: no student should be attended to in a way that causes distress or pain.
- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

¹ References to 'students' throughout this policy includes all children and young people who receive education at Chiltern Hills Academy.

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- 1.8 Where students with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to students.
- 1.10 All staff undertaking intimate care must be given appropriate training.
- 1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. CHILD-FOCUSED PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3. DEFINITION

- 3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some students are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.
- 3.2 It also includes supervision of students involved in intimate self-care.

4. BEST PRACTICE

- 4.1 Students who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the student should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.
- 4.2 Where relevant, it is good practice to agree with the student and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

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- 4.3 Where a care plan or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.
- 4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the student. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.
- 4.10 There must be careful communication with each student who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.11 Staff who provide intimate care should speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the student's wishes and feelings should be sought and taken into account.
- 4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a student with intimate care.
- 4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

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- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a student of the same gender, there is research² which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every student should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a student. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.16 Adults who assist students with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced CRB checks.
- 4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. CHILD PROTECTION

- 5.1 The Governors and staff at this school recognise that students with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a student's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, students will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Principal. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

² National Children's Bureau (2004) *The Dignity of Risk*

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- 5.6 If a student becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Principal. The matter will be investigated at an appropriate level (usually the Principal) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a student, or any other person, makes an allegation against an adult working at the school this should be reported to the Principal (or to the Chair of Governors if the concern is about the Principal) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Principal or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6. PHYSIOTHERAPY

- 6.1 Students who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7. MEDICAL PROCEDURES

- 7.1 Students who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.
- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

8. MASSAGE

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- 8.1 Massage is now commonly used with students who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and students.
- 8.3 Any adult undertaking massage for students must be suitably qualified and/or demonstrate an appropriate level of competence.
- 8.4 Care plans should include specific information for those supporting children with bespoke medical needs.

Appendix III MANUAL HANDLING FOR SECONDARY SCHOOL STUDENTS

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We have a number of staff who have been trained to provide manual handling to students with various physical disabilities. All staff have a certificate stating that they have attended manual handling training and are able to carry out all manual handling tasks. This training is repeated annually, keeping in line with Government guidelines.

As a school we follow the Manual Handling Policy set out by Buckinghamshire Council and are guided by both physiotherapists and occupational therapists for each individual student.

Health and safety of both students and staff must be a priority during all manual handling tasks.

It is our aim to:

1. Risk assess all manual handling procedures that are unavoidable.
2. Provide all staff involved in manual handling with thorough training.
3. Ensure manual handling training is updated annually.
4. Ensure that the safety, health and dignity of all those concerned is taken into account.
5. Ensure all staff responsible for manual handling are assessed regularly.
6. Ensure all manual handling procedures are performed by the correct number of staff, for example, using a hoist requires two trained members of staff.
7. Ensure that all equipment is subjected to pre-use checks before being used.
8. Ensure that all manual handling equipment is checked every six months by the relevant professional companies who supply the equipment. That is mobile hoist, tracking hoist, standing frames.
9. Ensure that all equipment is strong and stable enough for the required use and is marked with indications of its safe working load.
10. Report any faulty equipment immediately to the designated responsible person.

Risk assessments for manual handling are reviewed regularly, with advice from physiotherapist and occupational therapists and are included in the student's annual (SEND) statement review.