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Policy Statement

Supporting Learners at school with medical conditions

Produced by: Mrs S Prest

Ratified By: F&GPC

Review Date: Annually



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Purpose

Kepier is responsible for the health and safety of those in their care and will work with other professionals endeavouring to ensure that learners with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in April 2014 – "Supporting learners at school with Medical Conditions".

The purpose of this policy is to ensure that Kepier:

- Operates within the legal guidelines laid down to cover all aspects of learner care and medical treatment.
- Ensures that staff who make decisions about learners' medication, do so on the basis of protocols and clearly defined procedures.
- Ensure that all activities around any learner's medical needs reflect best practice.

Key roles and responsibilities

The Governing Body is responsible for:

- The overall implementation of the Supporting Learners with Medical Conditions Policy and procedures at Kepier.
- Ensuring that the Supporting Learners with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all learners with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting learners with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual learners and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.



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The Principal is responsible for:

- The day-to-day implementation and management of the Supporting Learners with Medical Conditions Policy and procedures of Kepier.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in usual, contingency and emergency situations.
- Ensuring the correct level of insurance is in place for teachers who support learners in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include learners with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting learners with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a learner with a medical condition needs help.
- Administering epipen where necessary.

School nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.

- Liaising locally with lead clinicians on appropriate support.
- Administering injections (such as Rubella).



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Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a 'Consent Form for the Administration of Medication in Educational Establishments' (**appendix 1**) before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or term.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Principal, other staff members and healthcare professionals. The IHCP which will vary according to the condition(**appendix 3**)

Definitions

"Medication" is defined as any prescribed or over the counter medicine.

"Prescription medication" is defined as any drug or device prescribed by a doctor.

A "staff member" is defined as any member of staff employed at Kepier.

Training of staff

- Teachers and support staff will receive training on the 'Supporting Learners with Medical Conditions Policy' as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development.
- Teachers and support staff who undertake responsibilities under this policy will receive be trained appropriately. Courses: Managing Medication Training Levels 1 & 2. The lead for this training is Helen Irving (SEN Consultancy & Training).
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.

The role of the child

- Children with asthma or an epipen, who are competent, will be encouraged to take responsibility for managing their own medicines and procedures.

- Learners are encouraged to carry their own inhalers and epipens. Where this is not possible, their medicines will be located in the first aid room.
- If learners refuse to take their medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Learners whose medication is stored in the first aid room, take their medication under the supervision of Mrs Paula Smith (Accredited in First Aider).
- Learners are not allowed to take any medicines, including painkillers, without supervision and parents/carers consent.

Individual Healthcare Plans (IHCPs)

Where necessary, for a long term condition (12 months or more) an Individual Healthcare Plan (IHCP) will be developed in collaboration with the learner, parent/carer and other relevant academy staff alongside medical professionals. Children who have IHCP's include all those who need medication, treatment or special care above that which is normal during the school day, however, children who have short term illnesses who require significant intervention in school should also have an IHCP for the duration of their treatment. All consent forms for these learners should be attached to their IHCP.

- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed annually or when a parent/carer informs the school that there is a change in a child's medical circumstances, or when the school expresses concern (whichever is the soonest).
- Where a learner has an Education, Health and Care (EHC) plan or special needs statement, the IHCP should be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the relevant professional bodies to ensure that the IHCP identifies the support the child needs to reintegrate.

Medicines (see also **appendix 3** – Kepier Medication Criteria)

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the learner to take them outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a 'Consent Form for the Administration of Medication in Educational Establishments' (appendix 1).

- No child will be given prescribed or non-prescribed medication without their parents/carers prior **written consent**, it cannot be given verbally. Parents / carers must come into school to sign a Consent Form prior to any medication being administered, except in exceptional circumstances where the medication has been prescribed without the knowledge of the parents.
- Unprescribed medication cannot be kept on the school premises, however, parents can bring a single dose down to school to be administered by them but must be willing to sign a form stating the type/name of the medication and the dosage. The person who administers the medicine must both print and sign their name.
- Medication for pain relief must never be administered before checking maximum dosages and when the previous doses were given.
- If medication is three or four times a day then this means per 24 hours, not a school day, so most medications can be administered at home every 8 hours.
- Where a learner is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the learner to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines **must** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with accordingly.
- Medications will be stored in the First Aid Room.
- Any medications left over at the end of the course will be returned to the child's parents/carers or destroyed if not collected.
- Written records will be kept of any medication administered to children (**appendix 2**).
- Learners will never be prevented from accessing their medication.
- Kepier cannot be held responsible for side effects that occur when medication is taken correctly.

- No Paracetamol or medication including Paracetamol must be given to any pregnant learner or pregnant staff member.
- Any staff medication must be stored securely, preferably in a locked drawer or in the car, not left in handbags etc.

Emergencies

Medical emergencies will be dealt with under the school's emergency procedures.

- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.
- Learners will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a learner needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Avoiding unacceptable practice

Kepier understands that the following behaviour is unacceptable:

- Assuming that learners with the same condition require the same treatment.
- Ignoring the views of the learner and/or their parents.
- Ignoring medical evidence or opinion.
- Sending learners home frequently or preventing them from taking part in activities at school
- Sending the learner to the first aid room or school office alone if they become ill.
- Penalising learners with medical conditions for their attendance record where the absences relate to their condition.

- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow learners to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

All staff are covered under the Public Liability section of our insurance as long as:

1. They are an official designated first aider acting within their remit from us
2. They have received full training by a qualified medical person, relevant to the medication/first aid being administered
3. They have undertaken the necessary refresher training courses at the required intervals
4. They have used the protective equipment relevant for that purpose.

Zurich are our current providers, the policy start date was 1st August 2015 and expires on the 31st July 2016. The policy number is KSC-242045-8293. The full policy document is available from the finance office should anyone request to see a copy.

Complaints

The details of how to make a complaint can be found in the Complaints Policy.



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Appendices

Appendix 1: Consent Form for the Administration of medication in Educational Establishments.

Appendix 2: Recording Sheet

Appendix 3: IHCP example

Appendix 4: Kepier Medication Criteria

Appendix 5: Model Process for Developing Medical Care Plans

Appendix 6: Calling for an ambulance

Appendix 7: Ambulance Record Form

Related Policies:

Needlestick injury policy

Draft

Appendix 1



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Consent Form for the Administration of medication in Educational Establishments.

I request that _____ (full name of learner)

be given the following medication:

_____ (name of medication) which has been prescribed by a registered medical practitioner.

I confirm that the following **MUST** apply:

Medication must be in the box/packaging supplied by the pharmacist and must be prescribed by a Doctor.

The dosage regime, learners name & date of birth should be marked clearly on the pharmacist label.

I understand that the school will not accept any medications that are in unmarked packages and do not contain details supplied by the pharmacist.

I understand that non prescribed medication cannot be kept on the school premises, however, parents / carers can come to school to administer a single dose but must be willing to sign a form stating what was given, and how many and then sign who had administered it.

I understand that no medication containing Aspirin can be given to any learner under the age of 16 years old.

I understand that Paracetamol or any medication containing Paracetamol will not be given to any pregnant learner or staff.

I understand that if medication is three or four times a day then this means per 24 hours not per school day, so most medications can be administered at home.

I understand that whenever possible, medication should be taken at home, and only when unavoidable should be taken at school.

I understand that the medication **MUST** be delivered by me into school. Learners **MUST NOT** carry medication between home/school.

I understand that any medication left in the medical cabinet at the end of every half term/ term break **MUST** be collected by a parent / carer, otherwise it will be destroyed. It cannot be left in First Aid over the holiday break. If the medication is to start again after the break, then another Consent Form **MUST** be signed and the process repeated.

I understand that a Care Plan will be drawn up with my help in order to ensure that my child's medical needs are covered in school.

I understand that no medication will be administered if any of the above points are not met, and that the Principal and the Governors reserve the right to withdraw this service.

Name of Parent/Carer (Capital Letters) _____

Signature of Parent/Carer: _____

Date: _____

September 2015

Appendix 2



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Medication Record

Learners Name: Date of Birth:

Address:

Known Allergies:

Date	Person Bringing in Medication	Name of Medication	Amount Supplied	Form Supplied	Expiry	Dosage Regime	Received By

Register of Medication Administered

Date	Time	Medication	Amount Given	Amount Left	Administered by	Comments / Side Effects



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Individual Healthcare Plan – Diabetes

Name / Coaching Group:
Address:

Date of Birth:

Medical Information

For this learner what are the signs of a “hypo” episode? What should we look for and how should we treat it?

Are there any situations where it would be necessary to call an ambulance? If so, what are those situations?

Who should be informed of the learner’s condition?

What is the learners view on this?

Medication/ Treatment

What is the treatment/medication regime for this learner? How often is the medication administered? How often is it reviewed?

Is there any testing needed to be done to manage this learner’s condition? If so, where will this be done, and is the learner able to do this themselves or will staff need to do this?

What procedures should be taken to administer the treatment or medication?

Where will the medication be kept and who will be able to access it?

What steps should be taken if the learner refuses to take any medication or forgets to come for it?



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Would they need to provide an “Emergency Kit” containing snacks, gel etc to leave in the First Aid Room? Or, do they keep this on themselves?

Does the learner need access to food and drink to manage their condition? If so, will the learner need to carry snacks with him/her, what sort of thing is suitable?

How often should they snack? Do they need to leave classes to do this or is a morning break and lunch break adequate?

Has the learner got any specific dietary requirements because of their condition?

School Life

How does this affect the learner’s everyday life in school?

Is there anything to be avoided?

Do they need to eat something before any physical activity?

Has the learner got any personal/religious beliefs we should consider when treating him/her?

Have you any suggestions/comments you would like to make regarding the care for this learner?

If the learner goes off-site (e.g. day trip or holiday) who will be responsible for helping to manage the learner’s condition?

Does the learner have any Special Educational Needs? If the learner does NOT have an EHCP or a statement then any SEN’s must be listed.

Appendix 4



Kepier Medication Criteria

Parents/carers MUST meet with designated staff (Paula Smith) to discuss whether it is necessary to have medication in school. In the absence of Paula Smith, SLT must be contacted.

NO medication should be taken without meeting parent/carer first.

If a learner comes into school with medication, then parents MUST be contacted and informed that NO medication can be given until a consent form is signed; there are certain criteria to meet before any medication can be administered to a child.

Criteria that must be in place to administer any medication:

- Medication must be in the box/packaging supplied by the pharmacist and must be prescribed by a Doctor.
- The dosage regime, learners name & date of birth should be clearly marked on the pharmacist's label.
- The academy will not accept any medications that are in unmarked packages and do not contain details supplied by the pharmacist.
- Medication must be delivered to the academy by a parent/carer. Learners must not carry medication between home and school.
- Whenever possible, medication should be taken at home, and only when unavoidable should be taken at school. E.g.: if an antibiotic is three times a day, then breakfast, tea and supper times could be observed at home.
- If any over-the-counter (or unprescribed medication) is needed during the school day, then a parent/carer must come into school to administer this each and every time it is needed. No unprescribed medication can be left on the school premises.
- Wherever possible, all medication will only be administered outside of teaching times (e.g. morning break, lunch break).
- Any inhalers will be carried with the learner. This is to ensure instant help and encourage responsibility.
- Any medication left in the medical cabinet at the end of every half term/ term break must be collected by a parent/carer, otherwise it will be destroyed. If medication is to start again after the break another consent form must be signed and the process repeated.
- No medication will be administered if any of the above points are not met, and that the Principal and the Governors reserve the right to withdraw this service.

Appendix 5



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Model Process for Developing Medical Care Plans

Parent/carer or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed. Mrs Paula Smith identifies possible health issues with new intake learners.



Appropriate member of staff working with Mrs Paula Smith, co-ordinates meeting to discuss child's medical support needs and identifies member of school staff who will provide support to the child.



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).



Develop IHCP in partnership; PS completes relevant template. Input from healthcare professional must be provided where necessary.



School 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. Copies of plan retained in first aid room



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

Appendix 6:



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CONTACTING EMERGENCY SERVICES

Request for an ambulance

Dial 999, ask for an ambulance and provide the following information:

- Your phone number.
- Your location i.e. your academy or setting address and postcode (be prepared to give the exact location using local landmarks and record this here).
- Identify the best entrance and ensure that the crew are met at the entrance.
- Give your name.
- Give child's name and a brief description of symptoms.

Appendix 7



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Ambulance Record Form

Use this form when you have called an ambulance for a child and keep a copy on the child's medical health care plan or medical record.

Name of child: _____ Date of Birth: _____

Date on which ambulance called: _____

Who called the ambulance: _____

Reasons for the call (list child's symptoms):

Outcomes:

Action taken as a result / changes to care:

Name of person completing this record: _____

Date: _____



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Needlestick Injury Policy

Purpose

The Health and Safety at Work etc Act, 1974, requires that employers ensure the safety of employees whilst they are at work. The Management of Health and Safety at Work Regulations, 1999, specify that employers must undertake suitable and sufficient assessments of work activities to identify significant risks to health and safety and to specify appropriate control measures to prevent realisation of those risks.

There may be use of hypodermic needles and syringes, for the administration of Insulin for example or the use of a range of sharp objects used in the various subject areas. If the equipment is discarded inappropriately there could be a risk to employees and learners; the risk of the transmission of infections such as HIV, Hepatitis B and Hepatitis C cannot be ignored.

The intention is that this policy will inform all employees who may be exposed to such events, as to how they identify, handle and dispose of potentially dangerous sharp items appropriately and what to do in the event of an inoculation injury.

All departments must ensure that written risk assessments are undertaken for employees likely to be involved in the handling or disposal of sharp items.

Actions

- To undertake risk assessments on employees as appropriate.
- To identify training opportunities for employees deemed to be 'at risk' to ensure they are informed of the correct procedures to follow.
- To ensure all employees deemed to be 'at risk' are given information relating to needlestick or inoculation injury and the importance of strict adherence to the guidance provided.

Introduction

Kepier recognises that the possibility exists for certain of its employees to be exposed to the risk of injury by sharp objects. Under the terms of the Management of Health and Safety at Work Regulations (1999) where risk assessment has identified the existence of such a hazard and the risk of it causing potential harm, it is the duty of the academy to ensure that these risks can be eliminated as far as reasonably practicable, and where injury still occurs that the appropriate course of action is followed by all employees.

For the purpose of this policy, a definition of a needlestick injury is as follows: a needlestick or inoculation injury is one where the skin is punctured by a sharp object which may be contaminated by blood or body fluids

Responsibilities under the Policy

As it is likely that any needlestick injury encountered by staff or learners will be as a result of contact with a sharp item discarded by an unknown donor, it is essential that all employees are familiar with the procedures laid out in the guidance accompanying this policy.

It is the responsibility of the academy to ensure that:

- All Senior Leaders are familiar with this policy.
- Resources are available to Leaders/Managers to fulfil their obligations under the policy.
- Adequate training is available to all employees at risk of needlestick injury.

Risk Assessment

It is the responsibility of the Principal and Premises Manager, or their safety representatives, to ensure that appropriate risk assessment is undertaken in all areas of operation where operatives are likely to be involved in the handling or disposal of sharp items as identified in the Introduction above.

The risk assessment should identify the training needs of those employees to enable safe handling and disposal of sharp items and safe systems of work to avoid inoculation injury as far as possible.

As a result of risk assessment, sharps containers for the safe disposal of any sharp items must be made available in those risk area

Ensure by regular review of risk assessment that employees are familiar with the immediate management of inoculation or needlestick injury and the reporting procedure for these (under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995).

Employees identified by risk assessment as working in an area of particular risk of needlestick or inoculation injury must be familiar with their own responsibilities for ensuring their own safety (under section 7 of The Health and Safety At Work etc Act, 1974). They must also be familiar with the contents of this policy and associated guidance to enable them to carry out their duties safely and report any incidents promptly and appropriately to their line manager.

It must be ensured that employees working in areas of significant risk of needlestick or inoculation injury as identified by risk assessment are vaccinated against Hepatitis B, and have appropriate training/health education regarding the various health risks associated with such an injury.

Where a needlestick injury has occurred it is important that the employee identifies this event to their supervisor immediately and takes the appropriate action under the guidance associated with this policy.



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Guidance on the Management of Needlestick/Inoculation Injury

Any employee suffering a needlestick or inoculation injury should:

1. Stop work immediately.
2. Apply pressure to the wound to encourage it to bleed (this will reduce the risk of foreign material entering the bloodstream).

DO NOT SUCK THE WOUND

3. Wash the affected area under cold running water and cover with a waterproof dressing.

DO NOT SCRUB THE SKIN

4. Inform line manager immediately.
5. Seek medical attention as soon as possible. It is most appropriate to attend the Accident and Emergency Department for immediate attention. If the sharp with which the employee has been injured can be safely transported, it should also be taken to Accident and Emergency. The exact nature of any infectious risk can then be assessed.
6. Ensure attendance at Occupational Health occurs within 24 to 48 hours to ensure continuation of medical management of the situation.