ASHWICKE HALL SCHOOL
Bath, UK

MEDICAL PROTOCOL AND PRACTICE

Legal Status: This policy complies with the Education (Independent School Standards) (England) Regulations currently in force and the National Minimum Standards for Boarding Schools (Standard 3).

Applies to:

- the whole School along with all activities provided by the School, including those outside of the normal School hours or off-site;
- all staff (teaching and non-teaching), the Principal and volunteers working in the School.

Related Documents: Educational Visits and Off-site Activities Policy, Health and Safety Policy and Manual, First Aid Policy.

Availability: This policy is made available to parents, staff and students in the following ways: via the School website and Share point.

Monitoring and Review: This policy will be subject to regular monitoring, refinement and audit by the Principal and the Head of Boarding. The Proprietor will undertake a full annual review of this policy and procedures, inclusive of its implementation and the efficiency with which the related duties have been discharged. This discussion will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the update/reviewed policy and it is made available to them in either a hard copy or electronically.

This policy was last reviewed and agreed by the Proprietor of the school in April 2018 and will next be reviewed no later than April 2019 or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:

Approved: April 2018
Date of Next Review: April 2019

Amanda Woods

Ms Amanda Woods
Principal

Rationale: The care of our students is paramount. With adequate information we endeavor to help our students to remain healthy, enabling them to continue to access their education without stigma or exclusion. In order for this to occur, parents, students and staff need to work closely together. The school employs Registered General Nurses and has a local GP (Batheaston Medical Centre) who advices and sees students as necessary, and with whom overseas boarders are registered. Boarders have access to local emergency dental, optometric and other specialist services or provision as necessary. Ashwicke Hall School is an inclusive community that aims to support and welcome students people with medical conditions. Parent/guardian's cultural and religious views should always be respected.

The School seeks:

- to ensure that issues relating to a student's medical condition, illnesses and accidents are treated sympathetically and, where appropriate, confidentially;
- to comply with its common law duty to act as any reasonable prudent parent/carer would, to make sure that students are healthy and safe on School premises and this might extend to administering medicine and/or taking action in an emergency; and
- to provide all students with all medical conditions the same opportunities as others at School.

Definition of Medical Conditions: Students' medical needs may be broadly summarised as being two types:

- Short-term, affecting their participation in the School's activities because they are on a course of medication, for example, to finish a course of antibiotics/apply lotion etc.
- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs) e.g. a propensity for anaphylaxis, asthma, epilepsy. It is important that the School is made aware of any medical condition prior to students starting School or when a student develops a condition so that Health Care Plans (HCPs) can be set up and must involve parent/carers and relevant health professionals

Provisions: There is a Medical Room in the Main School that is open when the School Nurse is on site, and which can be accessed through the Head of Boarding or School Office at other times. This contains a consultation area and a rest room for sick students. Next to the clinic is a 4-bedded room for the admission of students that are unwell. The Medical Room has designated toilet and shower facilities. Each Boarding House also has a sick bay for students who require overnight care.

First aid boxes are available around the school site, a plan of which is available from the School office.

Guidance: Most students and young people will at some time have a medical condition that may affect their participation in School activities. For many, this will be short term; perhaps finishing a course of medication. Other students have medical conditions that, if not properly managed, could limit their access to education. Such students are regarded as having long term medical needs. Most students with medical needs are able to attend School regularly and, with some support from Ashwicke Hall School, can take part in most normal School activities. However, School staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

Students with medical conditions are encouraged to take control of their condition and to feel confident in the support they receive from the School to help them do this. We aim to include all Students with medical conditions in all School activities, wherever possible. Parents of Students with medical conditions should feel secure in the care their sons or daughters receive at this School as the School ensures all staff understand their duty of care to students and young people in the event of an emergency and are confident in knowing what to do in an emergency. Ashwicke Hall School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if poorly managed or misunderstood and staff understands the common medical conditions that affect children at this School. Staff receive training on the impact medical conditions can have on Students. The Medical Protocol and Practice Policy is understood and supported by the whole School community. An Individual Health Care Plan (HCP) helps to identify the necessary safety measures to support students with significant medical needs and ensure that they and others are not put at risk. These will be drawn up in consultation and in partnership with the parent / guardian.

<u>Roles and Responsibilities</u>

Parents/carers have prime responsibility for their son or daughter's health and should provide Ashwicke Hall School with appropriate, relevant information to allow the School to act in their child's best interests. Information should be provided at enrolment on the medical questionnaire, but any changes must be notified to the School as soon as possible.

Ashwicke Hall School aims to work together with appropriate bodies to ensure students with medical needs are supported, as well as to provide appropriate support to School staff. Where it is felt that a formal referral (other

than on Child Protection grounds) should take place, the School will seek parent/carer consent and this will be coordinated by the School Nurse.

This School's Proprietor has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in School activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips;
- ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions;
- make sure the Medical Protocol and Practice policy is effectively monitored and evaluated, and regularly updated;
- report to parents, students and School staff about the successes and areas for improvement of this School's Medical Protocol and Practice policy.

The Principal and Head of Boarding have a responsibility to:

- ensure the School is inclusive and welcoming and that the medical protocol and practice policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including students, School staff, pastoral support/welfare, teachers, School nurses, parents, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the School is accurate and up to date and that there are good information sharing systems in place
- ensure student confidentiality (see note below)
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the Medical Protocol and Practice policy
- delegate a staff member/Nurse to check the expiry date of medicines kept at School and maintain the School medical conditions register
- monitor and review the policy at least once a year, with input from students, parents and staff, and in accordance with review recommendations and recent local and national guidance and legislation.
- Ensure records are maintained in accordance with the regulations and standards.

All School teaching and boarding staff have a responsibility to:

- hold, and renew as appropriate, a current First Aid Certificate, which includes training in the handling of asthma, diabetes, epilepsy and anaphylaxis
- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the School's medical protocol and practice policy
- know which students in their care have a medical condition and if necessary be familiar with the content of the student's Healthcare Plan (HCP)
- allow all students to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at School
- ensure students who carry their medication with them have it when they go on a School 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 it can have on students (students should not be forced to take part in any activity if they feel unwell)
- ensure all 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.

School teaching staff also have a responsibility to:

- ensure students who have been unwell catch up on missed School work
- be aware that medical conditions can affect a student's learning and provide extra help when students need it
- liaise with parents, the student's healthcare professionals and Houseparents if a child is falling behind with their work because of their condition.

Boarding staff are responsible for:
- the health care of students outside of school hours
- the administration of medication to students outside of clinic hours including overnight
- to complete and update training on the administration of medications (this is voluntary for non-Boarding staff).

The Head of Education and Head of Boarding have a responsibility to ensure a student catches up on any School work they have missed due to illness.

The School healthcare professional (School Nurse or Principal in their absence) has a responsibility to:
- help update the School's Medical Protocol and Practice and First Aid policies
- help provide regular training for School staff in managing the most common medical conditions at School
- generate, update and circulate HCPs for students, as appropriate, (to include signs and symptoms and emergency medical procedures for those with known conditions)
- oversee the day-to-day health care of students when in the School's care
- ensure School staff are informed about any student with a condition or disability that might lead to their being placed at risk in certain activities, e.g. defects of vision or hearing, epileptics, diabetics, asthmatics, etc.
- ensure teaching, pastoral and kitchen staff are notified of significant allergies, e.g. nut allergy
- ensure that students' medication is within expiry dates
- provide information about where the School can access other specialist training
- complete update training as required in order to maintain their RCN registration.

First aiders at this School have a responsibility to:
- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the School
- when necessary ensure that an ambulance or other professional medical help is called
- ensure their training is updated as appropriate.

The Student Life Organisation (SLO) pastoral support/welfare at this School has the responsibility to:
- help update the School's Medical Protocol and Practice and First Aid policies
- know which students have a medical condition and which have special educational needs because of their condition
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Staff will be informed of HCPs on a need to know basis: An email will be sent each time an HCP is updated. Also held in the Medical Room are:
- Copies of all the current Health Care Plans.
- Further medical information.
- During lesson time, teachers can authorise, with a clinic pass, a visit to the Medical Room if a student seems to be unable to continue with their work; or can send for the First Aider if the student cannot be moved.
- An extra First Aider will always be available throughout the School day, usually the Duty manager, for busy times or emergencies. In the case of what appears to be a head injury, the student's parent(s)/carer(s) will always be contacted.
- Students cannot send themselves to the Boarding House.
- Students with medical conditions will have access to public examinations with the Examinations Office making arrangements for special consideration as necessary.

Please note, there is no legal duty that requires School teaching staff to administer medication; this **is a voluntary role.** Teachers' conditions of employment do not include giving medication or supervision of a student taking it, although staff may volunteer to administer medication after receiving appropriate training e.g. EpiPens. If staff follow the Schools' procedures, there is an indemnity for them should there be unforeseen complications as a result of undertaking an agreed procedure. First Aiders supervise students taking medication and record it. They do not administer it unless they have been trained to do so e.g. EpiPens. Health Care Plans (HCPs) are drawn up by the Nurse for students with significant medical needs (e.g. EpiPen Users). Training is given to teaching and support staff and is updated annually, along with the HCP, with parent/carer consent. HCPs are electronically circulated to all teachers who teach the students.

The Students at this School have a responsibility to:

- treat other students with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another student is feeling unwell
- let any student take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- 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
- ensure a member of staff is called in an emergency situation.

The parents have a responsibility to ensure:

- on enrolment, that the School has a complete and up-to-date medical questionnaire for their child, including details of medical conditions, allergies, vaccinations, medications etc.
- that the School is promptly made aware of any changes to their child's health, medical condition or medications
- that their child's medication and medical devices are labelled with the child's full name
- that appropriate spare medication is available or that the School know how to obtain it in consultation with the GP
- regular dental checks are carried out during the holidays with the family dentist
- that the School (principally the Head of Boarding and School Nurse in conjunction with the local GP) have the appropriate information and permissions to act ***in loco parentis*** on their behalf for their child.

<u>Administration of Medication</u>

The School has clear guidance on the administration of medication at School. A Student's emergency medication is readily available to those who require it at all times during the School day or at off-site activities. Staff administering medication are appropriately trained and certificated to do so. No student under 16 should be given any medication without written parent/carer consent.

Consent to Administer Medicines: Parental consent for the School to administer both prescribed and non-prescribed medications is requested on the Medical Questionnaire and Permission Form completed at enrolment; please see section below on 'Record Keeping' for further details. Medicines will only be accepted for administration if they are:

- Prescribed (see also section below regards non-prescribed medications)
- In-date
- Labelled (with the child's name)
- Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. (The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container).

If a child wishes to bring medication from overseas

Any child bringing medication from overseas, should be accompanied by the original doctor's prescription and a follow up letter from the parent giving permission for their child to take this in the UK. Most importantly, the drug must be licensed in the UK, if not UK equivalent should be sourced which must be verified by UK doctor. Any

medicines from overseas must be brought into the UK in their original packaging. The School Nurse will check and take in all student medication in the first few days of arrival.

Controlled drug – storage and administration

Some prescription medicines are controlled under the Misuse of Drugs legislation in the UK (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Examples include:

- morphine
- pethidine
- methadone

The Misuse of Drugs Regulations 2001 has a full list of controlled medicines, see:
http://www.legislation.gov.uk/uksi/2001/3998/schedule/1/made

Medications within this category include anti-depressants, amphetamine-based drugs as used in the treatment of Attention Deficit / Hyperactivity Disorder (ADHD).

If a Student is prescribed a drug which is a controlled drug, a Controlled Medications Form should be completed, supported where possible by a doctor's letter detailing diagnosis, medications, frequency, dose, route and when to administer. The name and Address of Prescribing physician must appear on the Students' Controlled Medications form. If there is any doubt about the nature of the medication, the GP is consulted about the appropriate action to take.

Any controlled drug which needs to be administered will be stored in a locked cabinet within the main locked cabinet in the medical room. The key to this must be held in a secure key safe. When administering, two members of staff, who have received training in 'Over the counter medicine training' must witness and also sign in the "Controlled Drug Register" to record the dosage, time and other details necessary such how much of this drug remains. In the instance that any controlled medication must be chilled, this will be locked in the medical fridge.

Additionally, each week two members of staff (one of whom will be the school nurse), who have received training in 'Over the counter medicine training' (see below), must carry out a weekly stock check of how much of each controlled drug remains, which should match the records in the controlled drug book. This check should be signed and dated by both members of staff. If any discrepancies are found, these should be reported to the Head of Boarding immediately, who will safeguard the incident, along with contacting the police.

When new medicines come into the school, it must be checked, counted (if controlled) by two people and added into the controlled drug book detailing the student's name, medication name, dosage, Lot Number, expiry date, quantity. If controlled drugs leave the premises (for example if the student goes home for a period of time), these must also be counted out and signed out of the book to show that the school no longer has responsibility for this drug. Parents are urged to collect all unused controlled drugs for their child when no longer needed. It is recommended that the school only store 30 days worth of medication.

Prescription medication inclusive of supplements – storage and administration

Any prescription medication which is bought onto the school premises will be stored in the locked cabinet within the medical room. They must come in the original packaging, with clear instructions as to the dosage and instructions for administration. This medication will be recorded that they have entered the school and signed out of the school in a similar way to the controlled drug procedure, however these will be recorded on a record sheet for each student, within the student's file – kept at the Medical Room. At the beginning of term the nurse will take all prescribed medication into the medical room (including the contraceptive pill) and do a weekly check after that.

Any prescription medication administered to students will be given only by staff who have received training in 'Over the counter medicine training' (see below). This must be witnessed and then signed giving the dosage, time and other relevant details in the record sheet within the student's file. In the instance that any prescription medication must be chilled (for example, insulin), this will be locked in the medical room's fridge. Under exceptional circumstances, prescription medicines may be required to be transferred to the boarding house for

administration during night-time hours (for example, antibiotics and shingles). Prescription medicine will be stored in a locked cabinet in the Boarding house in these circumstances. The daily handover report, from the medical room to the boarding house will detail this and it will be entered into the child's medical notes on the record sheet in the medical room. In the morning, the handover report and prescription medicine will return to the medical room. If students require the use of vitamin and/or other supplements, this will be treated as prescription medicine, and will require a doctor's note as to why the student requires this.

Over the Counter Medicines inclusive of those issued as first aid.

Any 'over the counter' medication which is bought onto the school premises will be stored in the locked cabinet in the medical room. Medication must come in the original packaging, with clear instructions as to the dosage and instructions for administration. This medication will be recorded that they have entered the school and signed out of the school in a similar way to the controlled drug procedure, however these will be recorded in the 'Over the counter' record sheet, within the student's medical file. If given in the boarding houses it will be detailed on the handover report and entered in the students' medical notes on the OTC record sheets.

Any medication administered to students will be given only by staff who have received training in 'Over the counter medicine training'. This must be witnessed and then signed giving the dosage, time and other relevant details in the on the record sheet. We do not allow students to consume protein or other supplements without prior approval from the student's doctor. Parents complete a Permission Form for the administration of medication prior to the student's admission to the school. Ashwicke Hall School maintains a list of Over the Counter Medicines that are kept in stock, with indications for use, dosages and side effects. Students are not allowed to store over the counter medicines in their own dorms.

Epilepsy, diabetic, anaphylaxis and asthma medication

In the cases where students have specific medicines for epilepsy, diabetes, anaphylaxis or asthma, this medication will be kept on the student at all times, who will self-administer if deemed Gillick Competent, or will be supported by a first aider or staff who have received training in 'Over the counter medicine. Students (whose healthcare professionals and parents advise that their child is not yet able or old enough to self-manage and carry their own emergency medication) know exactly where to access their emergency medication.

Self-Administration of Medicines (additional to students with epilepsy, diabetic, anaphylaxis or asthma)

In cases where students are deemed 'Gillick Competent' students will be allowed to self-medicate. Students will fill out a risk assessment with the school nurse who will explain the procedures for self-administration of medication. All medication will still be kept in a locked cabinet, in the boarding house which the student boards.

Administering Medications: School staff when administering medications should follow this standard practice. They must:

- Confirm the student's identity
- Confirm the reason for the medication to be given
- Check written instructions received by the School and confirm with details on the medicine container;
- Check if the student has any allergies or reactions to the medication previously
- Check if the student has already taken any medications today/recently
- Check the prescribed dosage and the expiry date of the medicine [Note it may be helpful to remind parents if the expiry date is approaching]
- Check timing and frequency details; check record of last dosage given [to avoid double dosage]
- Measure out the prescribed dose and check the students' name on the medicine again
- Administer the medication
- Complete documentation of dosage given, including date, time and signature
- Report any suspected medication errors to the School Nurse immediately.

If students are unwell during classes they can visit the health centre for medical assistance. Depending on the severity of their illness they will remain in the health centre during the day, or be transferred to the Boarding House Sick Bay overnight.

Handover of student care
The Nurse at the end of their shift will complete two handover reports and take these to the boarding houses. The nurse will also email the handover notes to the SMT (Head of Boarding, Principal, DSL, Head of Education, SMC, SLC, MAM, FFC) who may be on evening duty, and Houseparents.

Each morning, the House parents will update the handover report before taking it back to the medical room at 8.00am before breakfast. The nurse updates the students file from the handover report each morning if necessary. If there is no nurse, the HP puts the folder in the locked nurse's office and returns the drugs to the locked drugs cabinet.

Treatment for Serious and/or Chronic Medical Conditions: When students have a **chronic medical condition** and have a regular medication regime that has been established before coming to school, the student will be allowed to self-medicate providing that they adhere to their regime and that they store their medications in the approved way with an appropriate risk assessment carried out as above. Their condition should be regularly monitored, and medication effectiveness evaluated.

Medical conditions included as "chronic" are asthma, epilepsy, hay fever, diabetes, irritable bowel syndrome, diagnosed migraine, eczema and acne. There are several exemptions to this policy and they refer to those students taking **controlled medications**.

Some chronic medical conditions may require urgent action to prevent a possible life-threatening situation from developing. The student's HCP (which all staff have a responsibility to familiarise themselves with) will detail typical signs and symptoms to look out for and appropriate emergency procedures. (Training and advice for staff on recognising symptoms can usually be obtained from the School's Nurse).

Safe storage – refrigerated medicines
- All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area inaccessible to unsupervised Students or lockable as appropriate. The drug fridge must be kept locked and regular checks of its temperature recorded. If the temperature is outside the normal limit (2-8 degrees C) it should be reported to the Finance and Facilities Controller
- A list of staff authorised to administer medicines is kept in each boarding house and in the Medical Room

Safe disposal:
- If Students do not pick up their medication at the end of the term, medication is taken to a local pharmacy for safe disposal.
- The Nurse is responsible for checking the dates of medication and arranging for the disposal of any that have expired.
- Sharps boxes are used for the disposal of needles. All sharps boxes in this School are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to School or the student's parent.
- Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

Medical Procedure for Student injured in the Sports Hall during PE
If a student is injured playing sports in the hall or on the playing field, the PE teacher will decide if the student is fit to return to the sporting activity or further assessment is required from the nurse.
If the injury requires checking by the nurse, the PE teacher can either:
- Release a member of staff to escort the student up to the medical clinic or

- Call the medical centre and ask for the nurse to come to the scene.

If the nurse is not available and the PE teacher cannot release a staff member, then the Duty Manager should be called to look after the injured student.
Contact numbers for Duty Managers will be held in the sports hall office.
Under no circumstances should an injured student be left to make their own way (without a member of staff) to the medical centre, even if accompanied by other students.
The PE teacher will complete an accident form where the nurse has been called.

Emergency Procedures: In the case of a severe accident or incident the School Nurse or First Aider should be called. The situation will be assessed. The school office should also be made aware of the problem and if not already carried out at the incident, an ambulance called from there*. The School's responsibility ceases as the student is entrusted to the care of the NHS ambulance personnel however, should the casualty be taken to hospital, they will be accompanied by two members of staff and take the student medical file. At the hospital the doctor must be asked for notes on the hospital visit form and also a printout of the prognosis if possible. A member of School staff cannot give permission for any treatment at Casualty: the Accident and Emergency staff will decide questions like blood transfusions, haemophilia etc. In all cases parents will be contacted as soon as possible.

*Generally, staff should not take Students to hospital in their own car. However, in an emergency, it may be the best course of action. The member of staff must be accompanied by another adult and ensure they have adequate vehicle insurance.

Student Consent to Treatment: A student's ability to consent to, or refuse, medical treatment is acknowledged by the School. This is judged on "Gillick competency" and not age. If a student is not deemed 'competent', parental consent or the consent of a person with parental responsibility is required, unless it is an emergency. Children under 16 years of age are not automatically assumed to be legally competent to make decisions about their health care but will be competent to give valid consent to a particular intervention if they have "sufficient understanding and intelligence to enable him or her to understand fully what is proposed". Consent is a patient's agreement for a healthcare professional to provide treatment or care and may be indicated non-verbally, orally or in a written format.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/carers will be informed so that alternative options can be considered. If necessary, the School will call the emergency services.

Infection control: Protective/disposable gloves must be used when dealing with blood or other body fluids; these items must be hygienically disposed of including the dressings or equipment.

Forms/books required:
- Blank Doctors/hospital visit form to be kept in each student file
- Handover Report Form for both boys and girls boarding houses
- Prescribed Medication Form (for student file)
- Daily Medication List (in binder)
- Spreadsheet detailing allergies and those medications that may or not be given for boarding houses and medical room (one for each boarding house and medical room)
- Controlled Drugs Book (kept for at least two years)
- OTC Record Form (for student file)

Weekly Stock checks
- Stock taking as is appropriate will take place in the medical room and as medication is given
- A weekly stock take will be done by the Nurse and a trained witness in the Medical room and the boarding houses checking the Controlled Drugs, Prescription Medicines and over the counter medicines.

Other Information

Prevention of Spread of Illness/Medical Exclusion: The school follows the guidelines in 'The Spotty Book (notes on Infectious Diseases in Schools)' published by NHS England when recommending exclusion from school.

In the case of day students, parents are advised that they have an important role in helping to prevent the spread of illness to other children and the local community. If their child has suffered vomiting and/or diarrhea they should be kept off school. Children with these conditions should only return 48 hours after their symptoms disappear. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist, parents are advised to consult their GP. Parents are advised that if a child has a raised temperature they should remain off school until their temperature has returned to normal for 24 hours and they are feeling fully improved.

For boarding and/or international students, if the School GP advises that a Student must not remain on the premises, the Student's Guardian must remove them.

Student Return after Illness: Children vomiting and/or with Diarrhea should only return 24-48 hours after their symptoms disappear, at the nurse's recommendation. If a child has a raised temperature they should remain off school until their temperature has returned to normal for 24 hours and they are feeling fully improved.
After a head injury, e.g. concussion, a GP letter is required to enable a child to return to participation in sport.

Notifiable Diseases: Where Ashwicke Hall School staff are made aware of a notifiable disease amongst either staff or students or where there is an outbreak of infectious disease the Principal should contact the Consultant for Communicable Disease Control (CCDC) as appropriate. The CCDC can advise on the circumstances in which students with infectious diseases or illness should not be in School, and the action to be taken following an outbreak of an infectious disease or illness. (See Appendix 3 for full list).

Record-Keeping

This School has clear guidance about record-keeping. Records are kept of any medication or treatment administered to a student or member of staff, whilst under the care of the school. The Principal is aware of the system. Records are kept of all accidents are recorded on an accident form. This is kept in the clinic with a copy being filed in the relevant student/staff folder. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reported as necessary. The school has written protocols for the administration of medication and policies for asthma, diabetes, epilepsy and anaphylaxis. The School records contemporaneous non-NHS medical records for all children, which are liable for inspection and monitoring.

Enrolment forms/Medical Questionnaire/Parental consent records: Parents/carers of students wishing to attend Ashwicke Hall School are required to complete a Medical Questionnaire and Permission Form as part of the enrolment form. This questionnaire asks about past medical history, existing medical conditions and known allergies. Parents should update the school as necessary with any changes, including any operations, injuries or current medications being taken.

If a student requires regular prescribed or non-prescribed medication at School, parents are asked to provide consent on their child's Permission Form giving the student or staff permission to administer medication on a regular/daily basis, and in an emergency if required. The medical questionnaire also asks parents to confirm whether their child is able to manage, carry and administer their own emergency medication and for permission to share student's details with medical professionals or third parties, if appropriate.

Healthcare Plans (HCP): The School will generate a Healthcare Plan for students identified as having a medical condition. The HCP will record important details about individual Student's medical needs at School, their triggers, signs, symptoms, medication, other treatments and emergency actions. Further documentation can be attached to the Healthcare Plan if required. If students have specific long-term chronic conditions, such as Asthma or an allergy (see above), these conditions will be recorded on the student's health plan and will be issued to the relevant school departments so that staff are aware of students' needs.

Additionally, if a student is suffering from mental health problems, a mental health plan will be drawn up to support the student with appropriate provision. These plans will remain in the Health Centre, where staff can view if required.

When generated, a copy of the Student's Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to the student's parents. This is sent:

- at enrolment;
- at the start of the term;
- when a diagnosis is first communicated to the School.

Ongoing communication and review of Healthcare Plans: Parents are regularly reminded to update their son or daughter's Healthcare Plan. The School will inform parents if a student has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Every student with a Healthcare Plan at this School has their plan discussed and reviewed.

Use of Healthcare Plans: Healthcare Plans are used by this School to:

- inform the appropriate staff about the individual needs of a student with a medical condition in their care
- remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for Students with medical conditions at School that bring on symptoms and can cause emergencies. This information is used to help reduce the impact of common triggers
- ensure that all medication stored at School is within the expiry date
- ensure this School's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency
- remind parents of students with medical conditions to ensure that any medication kept at School for their child is within its expiry dates. This includes spare medication.

Other record keeping: Ashwicke Hall School keeps an accurate record of each occasion an individual student is given or supervised taking medication. Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded, and parents are informed as soon as possible.

All School staff who volunteer or who are contracted to administer medication are provided with training. The School keeps a register of staff that has had the relevant training. An up-to-date list is kept of members of staff who have agreed to administer medication and have received the relevant training. **This School ensures that the whole School environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

Medical Duty Rota: Checks are made daily on the Medical Room by the Head of Boarding or the Principal. This ensures that records are accurate and no medication has been missed. A check-sheet is completed daily (see Appendix 6) and any discrepancies followed up.

Confidentiality: Students should be aware that they can discuss any matter with the School Nurses in complete confidence.

Medical information about students, regardless of their age, will remain confidential. However, in providing medical care for a student, it is recognised that, on occasions, School Nurses or First Aiders will need to liaise with the Principal and other staff, parents or guardians, or medical professionals, and that some information will need to be passed on as necessary, ideally with the student or parent's prior consent. However, in the rare event that the School Nurse/staff consider that it is in the student's best interests or necessary for the protection of the wider School community, a staff member may breach confidence and pass information without a student or parent's consent. Any breach of confidence would be discussed with the student first to explain why it is judged that the health of other Students was at risk or why it was in the student's own interest to share the information.

Vaccinations: Ashwicke Hall School would not usually expect to arrange vaccinations or immunisations for its Students. However, upon request from parents, arrangements can be made for a qualified person to administer immunisations, such as HPV vaccinations, and any costs will be passed to the parents.

Health Promotion and Education: This is provided both informally by the School Nurses and via the School's Personal, Social, Health, Economic Education (PSHEE) and Citizenship programme.

Social interactions

Ashwicke Hall School ensures the needs of Students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after School. We ensure the needs of students with medical conditions are adequately considered to ensure they have full access to extended School activities such as School discos, School productions, after School clubs and visits. All staff at this School are aware of the potential social problems that Students with medical conditions may experience. Staff uses this knowledge to try to prevent and deal with problems in accordance with the School's anti-bullying and behaviour policies. Opportunities such as personal, social and health education lessons are used to raise awareness of medical conditions amongst students and to help create a positive social environment.

Education and Learning: Ashwicke Hall School ensures that Students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided. If a student is missing a lot of time at School, they have limited concentration, or they are frequently tired, all teachers at this School understand that this may be due to their medical condition. Teachers at this School are aware of the potential for students with medical conditions. Students at this School learn about what to do in the event of a medical emergency.

Exercise and physical activity: Ashwicke Hall School understands the importance of all Students taking part in sports, games and activities for their social, mental and physical well-being.

Most Students with medical conditions can participate in extra-curricular sport or in the PE curriculum that is sufficiently flexible for all Students to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a student's ability to participate in PE should be included in their Individual Health Care Plan. (HCPs.) Some Students may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary.

The School ensures that:

- all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all Students.
- all classroom teachers, PE teachers and sports coaches understand that Students should not be forced to take part in an activity if they feel unwell.
- PE teachers and sports coaches are aware the relevant medical conditions of Students in their care and who have been advised to avoid or to take special precautions with particular activities.
- all PE teachers, classroom teachers and sports coaches are aware of the potential triggers for Students' medical conditions when exercising and how to minimize these triggers and appropriate emergency plans (as detailed in the HCP).
- all Students have the appropriate medication or food with them during physical activity and that Students take them when needed.
- all Students with medical conditions are actively encouraged to take part in out-of-School clubs and team sports.

Hospital / Home Tuition: If a student is unable to attend the School for a lengthy period due to a medical reason, the Head of Education will provide work for Students to help ensure they do not fall behind.

Educational Visits: If appropriate, the School encourages children and young people with medical needs to participate in educational visits, whenever safety permits. Short term medical needs can occur, in a situation where students are taking part in an educational visit. On any educational visit, except those in the immediate

vicinity e.g. inter school matches etc, the Nurse will need to be asked to give their approval for the visit and indicate any special considerations, which will include medical needs. Sometimes the School may need to take additional safety measures for outside visits. Staff supervising excursions must always be aware of any medical needs and relevant emergency procedures. If staff are concerned about whether they can provide for a student's safety or the safety of other Students on an educational visit, they should seek medical advice from the nurse. First Aid Boxes and travelling First Aid Kits are maintained and checked by the Nurse. Staff in charge of relevant Departmental visits should check that they have correct and sufficient First Aid materials.

Residential visits: Parents are sent a residential visit form to be completed and returned to School shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and School supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during School hours. All residential visit forms are taken by the relevant staff member on visits and for all out-of-School hours activities where medication is required. These are accompanied by a copy of the student's Healthcare Plan.

All parents of students with a medical condition attending a School trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required. The residential visit form also details what medication and dose the student is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away.

Risk assessments are carried out by this School prior to any out-of-School visit and medical conditions are considered during this process. Factors this School considers include: how all Students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. We understand that there may be additional medication, equipment or other factors to consider when planning residential visits. This School considers additional medication and facilities that are normally available at School.

Physical environment: Ashwicke Hall School is committed to providing a physical environment that is accessible to students with medical conditions. We are committed to an accessible physical environment which includes out-of-School visits. The School recognises that this sometimes means changing activities or locations.

Students on two crutches may attend School on a restricted basis due to the potential health and safety implications. However, the school requires a parent/carer to sign a disclaimer (by email if necessary). Additionally, a student's movement around the school may be staggered to avoid collisions with other students; students should also be responsible for the personal retention and correct use of the crutches.

Pregnancy: If the School becomes aware that a student is pregnant or suspects that a student is pregnant, the School cannot guarantee unconditional confidentiality for the Student. The Designated Safeguarding Lead (DSL) will be informed, who will make referral to the appropriate agency.

On advice from Children's Social Care, the School will consider the most appropriate way to support the student, which may be a CAF (Common Assessment Framework) developed in accordance with Section 17 Children Act 1989. This will include a Health and Safety Risk Assessment by the HR Officer.

A student who is considering adoption, has decided not to continue with the pregnancy, or who has already had a termination, should also be offered access to relevant support services. If the student decides to continue with the pregnancy, arrangements should be put into place for the continuation of her education. Pregnancy should not be a reason for excluding a student from the School, neither should health and safety be used as a reason to prevent pregnant children and young people attending the School.

A child who becomes pregnant is entitled to up to 18 calendar weeks authorised absence to cover the time before and after the birth of the child. The School will recognise and consider the needs that School age fathers, and fathers to be, may have.

Unacceptable Practice: Although School staff should use their discretion and judge each case on its merits with reference to the student's Individual Health Care 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 ignore medical evidence or opinion, (although this may be challenged)
- if the student becomes ill, send them to the School office or Clinic 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
- prevent students from participating, or create unnecessary barriers to children participating in any aspect of the School life, including School trips.

Complaints: An individual wishing to make a complaint about the School's actions in supporting a student with medical conditions should discuss this with the School in the first instance. If the issue is not resolved, then a formal complaint may be made, following the complaints procedure for the School.

Staff Medications and Medical Conditions: Any member of staff who is taking regular medications requiring administration during the school day must take individual responsibility to keep these medications secure and away from students. If a member of staff has any concerns about their medication they must seek advice from their own GP and inform the School Nurse (or Principal). If the medication or the medical condition is likely to affect the staff members ability to fulfill their job role, the staff member should not come to school and must seek guidance from their doctor. It is recommended that any staff member undergoing invasive medical treatment such as chemotherapy notify the nursing team for support and guidance. If a female member of staff becomes pregnant during the course of her employment at Ashwicke Hall School, it is suggested that they inform the School Nurse, so they can be supported in the workplace and notified of any health concerns around the school that could affect them or their unborn child.

Staff can be provided with over the counter medications (OTCs) by the School Nurse. Staff are encouraged to complete details of medical issues and next of kin contact details, via an information form completed on arrival, and updated annually. These are stored securely and confidentially by the HR Officer for use in an emergency.

Appendix 1 – Daily and Weekly Routines

Stock Checks

There is a weekly stock check of all medicines (inclusive of controlled drugs, prescription medication and over the counter medicines) undertaken by the nurse and witnessed by a responsible adult.

Controlled Drugs

- Controlled drugs are administered by the school nurse and one responsible witness.
- They are stored in medical room in the locked controlled drugs cabinet, inside the main locked medicines cabinet.
- Their administration is recorded in the controlled drugs book.

Prescription medication

- Prescription medication is administered in the medical room.
- They are stored in a locked medicine cabinet in the medical room.
- Their administration is recorded in the student's medical record notes on a prescribed medication sheet.

Over the counter medicines

- Over the counter medicines are kept in a locked medicine cabinet in both the medical room and the boarding houses.
- They are administered in both the medical room and the boarding houses
- Their administration is recorded in the student's medical record.
- If they are administered in the boarding house, then this is recorded on the daily handover report which is transferred each morning from the boarding house to the medical room.

Daily Handover report

From the medical room to the boarding houses

- This is delivered by hand and forwarded by email each evening to the boarding houses and SMT

From the boarding houses to the medical room

- This is delivered by hand to the medical room at Breakfast time, or locked in the Nurse's office if the Medical Room is unstaffed.

Appendix 2

Daily Medical Handover Report

NURSE ON DUTY: XXXXXX **DATE:** XX-XX/XX/2018

Over-the-Counter medication given:					
Time	**Name**	**Drug**	**Dosage**	**Care**	**Initials**

Students admitted to Medical Centre today for Observation		
Time	**Name**	**Care**

Other issues or concerns

Boarding House Report

Appendix 3: List of Notifiable Diseases:

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

Acute encephalitis
Acute infectious hepatitis
Acute meningitis
Acute poliomyelitis
Anthrax
Botulism
Brucellosis
Cholera
Diphtheria
Enteric fever (typhoid or paratyphoid fever)
Food poisoning
Haemolytic Uraemic Syndrome (HUS)
Infectious bloody diarrhea
Invasive group A streptococcal disease
Legionnaires' Disease
Leprosy
Malaria
Measles
Meningococcal Septicaemia
Mumps
Plague
Rabies
Rubella
SARS
Scarlet fever
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever

As of April 2010, it is no longer a requirement to notify the following diseases:
Dysentery
Ophthalmia Neonatorum
Leptospirosis
Relapsing fever

Source: Health Protection Agency website September 2013

Medical Rota Checklist Term 3 Week 2

Date:

Duty Manager:

CHECKS:	8.00am - Med Centre staffed or cover organised	☐	Appendix 4: Medical Rota Daily Checklist
	8.00am - Med Centre has handover folders from boarding houses	☐	
	Have boarding house staff completed paperwork correctly?	☐	
	Have students requiring medication been attended to?	☐	
	Are there any controlled drugs in the cabinet?	☐	
	If yes, are they securely stored?	☐	

Drop-in checks on the Med Room.
Please check in with the nurse to make sure everything is ok as they can feel isolated. Tick to confirm you visited the Med Room.

Morning	
Midday	
Evening	

Note any Follow up:

Signed:

Appendix 5: Regular Medications Form

Form for Regular Medications

Name of Student:	
Date of Birth:	
Grade:	
Boarding/Day Student:	
Reason for Medication:	
Type of Medication:	
Medication Name:	
Medication Dose:	
Medication Route:	
Frequency of Medication:	
Times of Day to be administered:	
Date Medication Prescribed (if known):	
How long is Medication Course:	
Prescribed by Doctor:	
Side Effects of Medication:	

Appendix 6: Over the Counter Medicines Administration Guidance

Medicine	Indication	Dose	Max. dose in 24 hour period	Contra-indications & special precautions	Can be given by:	Max. duration of treatment
Medicine	**Indication**	**Dose**	**Max. dose in 24 hour period**	**Contra-indications & special precautions**	**Can be given by:**	**Max. duration of treatment**
Arnica cream	Bruising	Smooth sparingly onto affected area		Skin must be intact	Nurse	2-3 days
Bite & Sting Relief cream	Mild pain, itching and swelling caused by insect stings, bites & nettles	Smooth sparingly onto affected area	2-3 times	Skin must be intact, Allergy to ingredients or antihistamines, Eczema, Pregnancy or breast-feeding	Nurse	2-3 days
Calamine lotion	Itchy skin Chicken pox	Apply topically			Nurse	Seek advice re rash initially
Cetirizine Hydrochloride 10mg tablets (Cetirizine, Zirtek, Benadryl)	Allergy such as hayfever. Mild allergic reaction	10 mg daily	10mg (one tablet)	Drowsiness rare, but can occur. Prostatic hypertrophy, urinary retention, glaucoma, pyloro-duodenal obstruction, liver disease.	Nurse	2-3 days
Chlorphenamine 4mg tablets (Piriton)	Mild allergic reaction	4mg every 4-6 hours	24mg (six tablets)	May cause drowsiness & blurred vision – can seriously affect ability to drive or operate machinery		
Deep Heat rub	Stiff muscles	Apply to affected area with gentle massage		Skin must be intact, avoid contact with eyes & mucous membranes	Nurse	2 days
E45 cream	Dry skin Mild eczema	Smooth sparingly onto affected area			Nurse	2-3 days

Ibuleve gel	Muscle sprains Backache	Apply sparingly. Gently massage into skin	3 times daily NB. dosage if taking orally at same time	Asthma, Peptic ulcer Avoid contact with eyes, mucous membranes, inflamed or broken skin Discontinue if rash develops Wash hands after use	Nurse	2-3 days
Ibuprofen 200mg tablets (Nurofen)	Mild to moderate pain, musculoskeledental, earache	1-2 tablets 4 hourly	1200mg (six tablets)	Asthma, may cause gastrointestinal irritation – should be taken after food	Nurse	2-3 days
Medicine	**Indication**	**Dose**	**Max. dose in 24 hour period**	**Contra-indications & special precautions**	**Can be given by:**	**Max. duration of treatment**
Olbas Oil	Congestion due to common cold	2-3 drops on tissue or in hot water as an inhalation		Avoid contact with eyes & mucous membranes	Nurse	2-3 days
Olive Oil	To soften ear wax – only if WCMC request	2 ml daily			Nurse	N/A
Paracetamol 500mg	Mild to moderate pain, relief of viral illness symptoms	1g every 4-6 hours	4g (eight tabs)	Ensure patient is not taking any other Paracetamol-containing product, liver or kidney impairment, alcohol dependence	Nurse	2-3 days
Paracetamol 500mg (soluble)	As above	1g every 4-6 hours	4g (eight tabs)	As above	Nurse	2-3 days
Petroleum jelly	Dry lips	Apply sparingly	As necessary		Nurse	
Rennie tablets	Indigestion	2 tablets to be sucked or chewed	Sixteen tablets	Pregnancy	Nurse	2-3 hours. If symptoms severe, contact WCMC

Rinstead pastilles	Mouth ulcers, Dental irritation	1 pastille every 2 hrs	Twelve pastilles	Allergy to any of the ingredients	Nurse	7 days
0.9% Saline pods	Superficial wounds Eye bath	Topically			Nurse	2 days / 1 day
Simple Linctus	Mild, non-specific cough	5ml 3-4 times daily	20ml	Encourage fluids	Nurse	7 days
Throat lozenges	Sore throat	As per packet	As per packet	Encourage fluids	Nurse	3-4 days
Medicine	**Indication**	**Dose**	**Max. dose in 24-hour period**	**Contra-indications & special precautions**	**Can be given by:**	**Maximum duration of treatment**
Adrenaline	Suspected anaphylactic reaction	Epipen 0.3g or Adrenaline 500mcg IM		Cardiac condition	Anyone in emergency situation	
Benzyl Penicillin	Suspected meningococcal meningitis				Stock for GP use	
Chloramphenicol eye drops	Acute infective conjunctivitis				Stock for GP use	
Dioralyte	Diarrhoea & vomiting for ≤ 48 hours if dehydrated	After each loose motion		More than 48 hour history, recent overseas travel, diabetes, kidney and liver impairment	Nurse	2 days
Fluorescein eyedrops					Stock for GP use	
Hydrocortisone 100mg IM amps	Suspected anaphylactic reaction				Stock for GP use	

Hyoscine hydrobromide 300mcg (Kwells, Joyrides)	Prevention of Motion sickness	300mcg thirty mins. before journey, then 6 hrly if req.	900 mcg	Can cause drowsiness, glaucoma, cardiovascular disease, kidney impairment	Nurse	
Loperamide 2mg tablets	Treatment of diarrhoea for travel or work requirements	2 tablets initially, then 1 after every loose stool	16mg (eight tablets)	Keep hydrated, known liver disease	Nurse	5 days
Sodium Bicarbonate 5% eardrops	Deafness caused by excessive ear wax	3 drops to affected ear twice daily		Recurrent otitis media or pain/itching in ears Previous ear surgery Perforated ear drum or persistent deafness No wax visible on initial examination	Nurse	3 days