

MEDICAL POLICY



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This policy is complementary to other college policies, particularly those relating to *Individual Needs, Child Protection and Safeguarding, Intimate Care, and Drugs*.

Landau Forte College is an inclusive community which supports and welcomes students with medical conditions.

All students experience illness, most commonly transient and self-limiting infections or injury. Some students have long term conditions or longer-term medical needs that require additional support at College to minimise the impact of their medical conditions and ensure they have full access to the curriculum.

Staff working with students who have specific medical conditions should understand the nature of their needs and work with the family and other professionals to offer the best support possible. The College Principal has overall responsibility for policy implementation but duty of care is delegated to the College Nurse, and other relevant staff as appropriate, to support the daily management of students with medical conditions.

This policy has taken account the following documentation:

- i) *Supporting pupils at school with medical conditions*, Department for Education, December 2015
- ii) *Supporting pupils at school with medical conditions, links to other useful resources*, Department of Education, August 2017
- iii) *SEND Code of practice: 0 to 25 years*, Department for Education and Department for Health, 2014
- iv) *Every child matters*, Department for Education, 2003

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MEDICAL GUIDANCE

MANAGING CONDITIONS AND ADMINISTERING MEDICINES

On occasion, students may need to take medicines whilst in College. Some students are on long term regular medication for Long-Term Conditions conditions or may need to take emergency/as needed medication.

The administration of the medicine is the responsibility of parents/carers. However, there are cases where the responsibility for administering medicine can and should rest with the student. There is no legal duty on staff to administer medicines but, where they agree to do so, good practice guidelines are helpful.

Short-term illness / injury

- Students who are suffering from short-term illness and who are clearly unwell should not be in College and the Principal or staff with delegated responsibility are within their rights to ask parents/carers to keep them at home.
- Some students may bring non-prescribed medicines into College, such as cough mixture or paracetamol. As with prescribed medicines, these medicines must be handed to the College Nurse at the start of the day and must be accompanied with a consent letter from parents/carers, indicating frequency and level of dosage to be administered.
- There are recommended times away from College to limit the spread of infectious disease.
- Students who have had sickness and/or diarrhoea should not attend College until 48 hours symptom-free.

Long-term conditions / disability

- It may be necessary for students with long-term conditions to take prescribed medicines during College hours. All medication must be handed to the College Nurse at the start of the day. The exceptions are inhalers for asthma and epipens for allergy, which should be carried by the student at all times. Spare inhalers and epipens are kept in an unlocked cupboard in the medical room. Reasonable adjustments to learning environments will be made in liaison with the dedicated Local Authority professional.
- It is important that written instructions are received from the parent/carer specifying medication involved, the circumstances in which medicine should be administered, and the dosage and frequency of administration.

Acute illness / injury

- In cases where a student is suddenly taken ill, the College Nurse will liaise with parents/carers to determine the best course of action.
- In the event of a medical emergency, all staff are expected to react promptly and reasonably. The College Nurse or qualified first aider, in the event of College Nurse not being present, will ensure that an ambulance or other professional medical help is called,

when necessary. A member of staff will accompany the student to hospital until a parent/carer arrives.

- Where a child has an individual healthcare plan (Appendix E), this should clearly define what constitutes an emergency and explain what to do. Individual healthcare plans are attached on student SIMs records. Paper copies are also located in the medical room and all workrooms for easy access in an emergency.

Mental health conditions

At any one time, 15-25% of the general population experience mild to moderate mental health conditions, and a smaller percentage will experience severe symptoms. However, students are often reluctant to ask for support when they are struggling, especially if their problems relate to a mental health condition.

In addition to those SEND conditions addressed in the Individual Needs policy, some of the most common conditions students will encounter include:

- Stress (which can lead to more serious problems emerging)
- Depression
- Anxiety disorders
- Substance and alcohol misuse
- Eating disorders
- Self harm

College has a responsibility to ensure the wellbeing and welfare of all students, and will either encourage students to seek appropriate support from their GP or specialist services (such as CAMHS, YPSS, PTS, Clinical Psychology), or will signpost to internal support services such as counselling and the School Health Nurse. Please refer to Child Protection and Safeguarding policy and Individual Needs policy for further details.

If a student is not coping with their academic studies or if performance is affected, relevant staff members will talk to him/her and parents/carers about the concerns. Support and advice will be offered and reasonable adjustments made where necessary.

Standard practice for administering medicines

1. Ask the parent/carer to complete an 'Administration of medicine request form' (Appendix C).
2. Refer to this form prior to giving the medicine
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Measure out the prescribed dose. The student can do this if appropriate.
8. Check the child's name again and administer the medicine.
9. Complete and sign the 'Record of medicines administered to students form' (Appendix D) when the student has taken the medicine.
10. If uncertain, DO NOT GIVE – check with parent/carer or doctor first.
11. If a student refuses medication, record and inform parent/care as soon as possible.

Training

College staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support students with medical conditions. In addition, the College Nurse will provide and make available appropriate training and guidance for non-routine administrations of medicines.

Medicine storage

It is the responsibility of the College Nurse to ensure safe storage of medicines.

All medicines should be kept in the container supplied and should be clearly labelled with the student's name, date of birth and instruction for usage.

All students with medical conditions should have easy access to their emergency medication.

Some medicines require refrigeration and the College allows students to use the fridge in the Medical room (adjoining the College Nurse's room) for this purpose.

Medicine disposal

It is the responsibility of parents/cares to collect and dispose of out of date medicines. If this does not occur, medication will be taken to a pharmacy for disposal.

Sharps boxes are used to dispose of needles. These can be obtained on prescription and Parent/Carers should send these in for the attention of the College Nurse. The College Nurse will inform Parent/Carers when these need to be collected and taken to GP for disposal.

A log is kept by the College Nurse for both storage and disposal.

GENERAL MEDICAL ISSUES

Record keeping

- Staff must protect a student's confidentiality at all times, except when there are safeguarding concerns.
- Student Confidential Information Forms should highlight any health condition (Appendix B). These are completed for all new Year 7, Year 12 and in-year starters, and for all returning Year 12 students, to review any changing needs.
- There is a centralised register of students with medical needs, maintained by the College Nurse.
- Individual healthcare plans give details of individual student's medical needs in College (e.g. for students with diabetes or prescribed epipens). These need to be updated after a medical emergency or if there is a change of treatment, and should be reviewed at least annually. They should be kept in a secure location but specified members of staff should have access to copies. The plans are agreed with and signed by parents/carers.
- If relevant, healthcare information may be included in the Education, Health and Care (EHC) Planning Pathway.
- Requests to administer medicines at College.
- There is a record kept centrally of staff training relevant to medical conditions.

Medi-alerts (Bracelets/necklaces alerting others to a medical condition)

As with normal jewellery, these are a potential source of injury in Physical Education, Performing Arts, or some practical sessions and should be temporarily removed or covered with sweatbands for these sessions.

Impaired mobility

Providing the GP or hospital consultant has given approval, students can attend College with plaster casts or crutches. There will be obvious restrictions on practical activities to protect the student (or others). Some relaxation of normal routine in relation to times of attendance or movement around the College may need to be made in the interests of safety.

Off-site visits - including day visits, residential visits and sporting activities

All staff attending off-site visits should be aware of any students with medical conditions. They will be provided with information by the College Nurse about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

In some cases it is appropriate for staff to carry a First Aid kit when students are taken off site.

Staff completing student referrals for alternative provision will consult with the College Nurse in all instances to ensure accurate information about medical conditions and/or medicines is passed to providers.

Employee's medicines

Staff may need to bring their own medicine into College. They have clear personal responsibility to ensure that their medication is not accessible to children.

Staff protection

'Universal precautions' and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable:

- Always wear gloves.
- Wash hands before and after administering first aid and medicines.
- Use the hand gel provided in the medical room.

CONFIDENTIAL INFORMATION

CONFIDENTIAL – LEGAL PARENT/CARER CONTACT INFORMATION

	LEGAL PARENT/CARER	LEGAL PARENT/CARER
TITLE (MR, MRS, MS, MISS ETC)	<input type="text"/>	<input type="text"/>
FORENAME:	<input type="text"/>	<input type="text"/>
SURNAME:	<input type="text"/>	<input type="text"/>
RELATIONSHIP TO STUDENT:	<input type="text"/>	<input type="text"/>
ADDRESS: (IF DIFFERENT FROM STUDENT)	<input type="text"/>	<input type="text"/>
HOME TELEPHONE NUMBER:	<input type="text"/>	<input type="text"/>
WORK TELEPHONE NUMBER: (IF APPLICABLE)	<input type="text"/>	<input type="text"/>
MOBILE TELEPHONE NUMBER:	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	<input type="text"/>
DAYTIME LOCATION:	<input type="text"/>	<input type="text"/>

DEFINITION OF A PARENT: SECTION 576 OF THE EDUCATION ACT 1996 DEFINES 'PARENT' AS:

- ALL NATURAL PARENTS, WHETHER THEY ARE MARRIED OR NOT
- ANY PERSON WHO, ALTHOUGH NOT A NATURAL PARENT, HAS PARENTAL RESPONSIBILITY FOR A CHILD OR YOUNG PERSON
- ANY PERSON WHO, ALTHOUGH NOT A NATURAL PARENT, HAS CARE OF A CHILD OR YOUNG PERSON (HAVING CARE OF A CHILD OR YOUNG PERSON MEANS THAT A PERSON WITH WHOM THE CHILD LIVES AND WHO LOOKS AFTER THE CHILD, IRRESPECTIVE OF WHAT THEIR RELATIONSHIP IS WITH THE CHILD, IS CONSIDERED TO BE A PARENT IN EDUCATION LAW)

PARENTAL RESPONSIBILITY: HAVING PARENTAL RESPONSIBILITY MEANS ASSUMING ALL THE RIGHTS, DUTIES, POWERS, RESPONSIBILITIES AND AUTHORITY THAT A PARENT OF A CHILD HAS BY LAW. PEOPLE OTHER THAN A CHILD'S NATURAL PARENTS CAN ACQUIRE PARENTAL RESPONSIBILITY THROUGH:

- BEING APPOINTED AS THE LEGAL GUARDIAN OF A CHILD
- BEING GRANTED A RESIDENCE ORDER
- ADOPTING A CHILD
- BEING NAMED IN AN EMERGENCY PROTECTION ORDER

IN ADDITION, A LOCAL AUTHORITY CAN ACQUIRE PARENTAL RESPONSIBILITY IF IT IS NAMED IN THE CARE ORDER FOR A CHILD.

FATHERS WHO ARE NOT MARRIED TO THE MOTHER OF THE CHILD MAY ACQUIRE PARENTAL RESPONSIBILITY THROUGH A PARENTAL RESPONSIBILITY AGREEMENT THROUGH WHICH MOTHERS AGREE TO SHARE THE RESPONSIBILITY WITH THE FATHER.

A STEP-PARENT CAN MAKE AN AGREEMENT TO OBTAIN PARENTAL RESPONSIBILITY FOR HIS OR HER STEP-CHILD PROVIDING THAT ALL THOSE WITH PARENTAL RESPONSIBILITY AGREE.

PARENTAL RESPONSIBILITY: Yes No Yes No

EVERYONE WHO IS A PARENT, AS DEFINED ABOVE (WHETHER THEY ARE A RESIDENT OR NON-RESIDENT PARENT) HAS A RIGHT TO PARTICIPATE IN DECISIONS ABOUT A CHILD'S EDUCATION AND RECEIVE INFORMATION ABOUT THE CHILD (EVEN THOUGH, FOR DAY TO DAY PURPOSES, THE COLLEGE'S MAIN CONTACT WILL BE A PARENT WITH WHOM THE CHILD LIVES ON COLLEGE DAYS). THE COLLEGE WILL, THEREFORE, PROVIDE ALL PARENTS WITH PARENTAL RESPONSIBILITY INFORMATION ABOUT THEIR CHILDREN UNLESS THERE IS A COURT ORDER IN PLACE OR WE ARE SPECIFICALLY INSTRUCTED NOT TO DO SO. THIS WILL INCLUDE REPORTS AND GENERAL INFORMATION ABOUT THE COLLEGE.

COURT ORDER: COURT ORDERS UNDER SECTION 8 OF THE CHILDREN ACT 1989 SETTLE AREAS OF DISPUTE ABOUT A CHILD'S CARE OR UPBRINGING, AND CAN LIMIT AN INDIVIDUAL'S PARENTAL RESPONSIBILITY.

COURT ORDER: Yes No Yes No
CONTACT PRIORITY: 1ST 2ND 3RD 4TH 1ST 2ND 3RD 4TH

SIGNATURE:

CONFIDENTIAL – OTHER EMERGENCY CONTACT INFORMATION (INCLUDING STEP PARENTS)

	OTHER CONTACT	OTHER CONTACT
TITLE (MR, MRS, MS, MISS ETC)	<input type="text"/>	<input type="text"/>
FORENAME:	<input type="text"/>	<input type="text"/>
SURNAME:	<input type="text"/>	<input type="text"/>
RELATIONSHIP TO STUDENT:	<input type="text"/>	<input type="text"/>
ADDRESS: (IF DIFFERENT FROM STUDENT)	<input type="text"/>	<input type="text"/>
HOME TELEPHONE NUMBER:	<input type="text"/>	<input type="text"/>
WORK TELEPHONE NUMBER: (IF APPLICABLE)	<input type="text"/>	<input type="text"/>
MOBILE TELEPHONE NUMBER:	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	<input type="text"/>
DAYTIME LOCATION:	<input type="text"/>	<input type="text"/>
CONTACT PRIORITY:	1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH <input type="checkbox"/>	1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH <input type="checkbox"/>

CONFIDENTIAL – MEDICAL INFORMATION

NAME OF STUDENT:	<input type="text"/>
DOCTOR'S NAME:	<input type="text"/>
DOCTOR'S ADDRESS:	<input type="text"/>
	<input type="text"/>
DOCTOR'S TELEPHONE NUMBER:	<input type="text"/>

STATE PAST AND PRESENT ILLNESS:	ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> EPILEPSY <input type="checkbox"/> HEARING PROBLEMS <input type="checkbox"/> WEARS GLASSES <input type="checkbox"/> ALLERGIES <input type="checkbox"/> PLEASE SPECIFY: _____ _____ _____
STATE ANY LONG TERM MEDICATION BEING TAKEN:	<input type="text"/>
OTHER USEFUL/RELEVANT MEDICAL INFORMATION:	<input type="text"/>

CONFIDENTIAL– STUDENT INFORMATION - NEW ENTRY

ETHNIC ORIGIN:

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. ***Ethnic background is not the same as nationality or country of birth.*** Please study the list below and tick **one box only** to indicate the ethnic background of your child.

Asian or Asian British		White	
Indian	<input type="checkbox"/>	White – Cornish	<input type="checkbox"/>
Mirpuri Pakistani	<input type="checkbox"/>	White – English	<input type="checkbox"/>
Kashmiri Pakistani	<input type="checkbox"/>	White – Scottish	<input type="checkbox"/>
Other Pakistani	<input type="checkbox"/>	White – Welsh	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other White British	<input type="checkbox"/>
African Asian	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Kashmiri Other	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>
Nepali	<input type="checkbox"/>	Albanian	<input type="checkbox"/>
Sri Lankan Sinhalese	<input type="checkbox"/>	Bosnian-Herzegovinian	<input type="checkbox"/>
Sri Lankan Tamil	<input type="checkbox"/>	Croatian	<input type="checkbox"/>
Sri Lankan Other	<input type="checkbox"/>	Greek	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	Greek Cypriot	<input type="checkbox"/>
Black or Black British		Italian	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Kosovan	<input type="checkbox"/>
Black – Angolan	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Black – Congolese	<input type="checkbox"/>	Serbian	<input type="checkbox"/>
Black – Ghanaian	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Black – Nigerian	<input type="checkbox"/>	Turkish Cypriot	<input type="checkbox"/>
Black – Sierra Leonean	<input type="checkbox"/>	White Eastern European	<input type="checkbox"/>
Black – Somali	<input type="checkbox"/>	White Western European	<input type="checkbox"/>
Black – Sudanese	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Other Black African	<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>
Black European			
Black North American	<input type="checkbox"/>	Any Other Ethnic Group	
Other Black	<input type="checkbox"/>	Afghan	<input type="checkbox"/>
Chinese		Arab	<input type="checkbox"/>
Hong Kong Chinese	<input type="checkbox"/>	Egyptian	<input type="checkbox"/>
Malaysian Chinese	<input type="checkbox"/>	Filipino	<input type="checkbox"/>
Singaporean Chinese	<input type="checkbox"/>	Iranian	<input type="checkbox"/>
Taiwanese	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>
Other Chinese	<input type="checkbox"/>	Japanese	<input type="checkbox"/>
Mixed / Dual Background		Korean	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Latin/South/Central American	<input type="checkbox"/>
White and Pakistani	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>
White and Indian	<input type="checkbox"/>	Libyan	<input type="checkbox"/>
White and any other Asian Background	<input type="checkbox"/>	Malay	<input type="checkbox"/>
Asian and any other ethnic group	<input type="checkbox"/>	Moroccan	<input type="checkbox"/>
Asian and Black	<input type="checkbox"/>	Polynesian	<input type="checkbox"/>
Asian and Chinese	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Black and any other ethnic group	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Black and Chinese	<input type="checkbox"/>	Yemeni	<input type="checkbox"/>
Chinese and any other ethnic group	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
White and any other ethnic group	<input type="checkbox"/>		
White and Chinese	<input type="checkbox"/>		
Other mixed background	<input type="checkbox"/>		

I do not wish an ethnic background category to be recorded

Signed: _____ Date: _____

CONFIDENTIAL– OUT OF COLLEGE VISITS & COLLEGE PHOTOGRAPHS

OUT OF COLLEGE VISITS:

Your child will sometimes be involved in visits which will mean they are out of College for all or part of the day (local visits to museums etc.) For this we must have your written permission. *This permission will only apply when the visit is entirely in College time and is 'free of charge'. For all other visits a separate letter and permission slip will be issued.*

This will confirm that I give permission for my child..... (Student's Name) to take part in day visits which involve him/her leaving the College premises.

COLLEGE PHOTOGRAPHS:

Your child's photo may also feature in future College publications, such as Newslink. For this we must also have your written permission.

This will confirm that I give permission for my child's..... (Student's Name) photo to feature in College publications.

Signed: _____

Date: _____

ADMINISTRATION OF MEDICINES REQUEST

ADMINISTRATAION OF MEDICINE REQUEST FORM

The College will not give your child medicine unless you complete and sign this form:

Date of review to be initiated by	
Name of Student	
Date of birth	
Personal Tutor	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the College need to know about?	
Self-administration	Yes / No
Procedures to take in an emergency	

NB: Medicines must be in the original container, as dispensed by or purchased from the pharmacy

Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to College staff administering medicine in accordance with the College policy. I will inform the College immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

INDIVIDUAL HEALTHCARE PLAN

INDIVIDUAL HEALTH CARE PLAN

Name of Student	
Tutor Group	
Date of birth	
Home address	
Medical diagnosis/condition	
Date	
Review date	

Emergency Contact Information:	
Contact 1	
Name	
Home Tel No	
Mobile Tel No	
Work Tel No	
Contact 2	
Name	
Home Tel No	
Mobile Tel No	
Work Tel No	

Clinic/Hospital/Nurse Specialist Contact	G.P.
Name	Name
Telephone Number	Telephone
Medical condition and details of student's individual symptoms:	
Known Allergies:	
Daily Care Requirements (e.g. before sport/at break time or lunchtime):	
Describe what constitutes an emergency and the action to take if this occurs:	
Follow up care:	
Special Education Needs:	
Form Copied to:	(parent/guardian)