



St Anne's School and Sixth Form College

Health Care Policy

Adopted in the spring term 2015, and updated September 2018

1. INTRODUCTION

The Children and Families Act 2014 includes a duty on schools to support children with medical conditions.

Staff are responsible for following the standards of conduct laid down in this policy and should understand how this policy relates to the School Ethos, SRE, PSCH, Health and Safety, Behaviour, Safeguarding and Well-being, including the Mental Capacity Act.

2. FUNDAMENTAL PRINCIPLES

St. Anne's actively promotes the health care of each child / young person in the following ways:-

- Each child / young person has a clear written medical care plan that is completed by parents or carers. This is updated as necessary - and is sent home twice annually or as necessary for checking and signing. These will be colour coded yearly, for quick reference of updates.
- For some children / young people this medical care plan is accompanied with additional guidance on areas such as suction, non-oral tube feeding or epilepsy management.
- A senior member of staff oversees the plans along with the School Nurse* on specific medical issues and staff training needs.
- All children / young people have an annual Education Health Care Plan meeting, allowing all agencies involved in the child's / young person's health care needs to work together in their best interest.
- The school implements any treatment, in agreement with parents, within the capabilities of the staff, which are included and prescribed in a child's / young person's health plan.
- Staff are trained in first aid; with nominated staff across the school and residence holding the 3 day qualification.
- Immunisation and screening is carried out by the Health Authority Nursing Team. Parents receive information via the school nurse and return relevant permission slips to school.
- External professionals, for example; Occupational Therapist, Physiotherapist, Learning Disability Nurse, Epilepsy Nurse coming on site to assist with medical / health care needs will require consent from the parent / carer prior to the visit.

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- Children / young people attending the school are encouraged to be physically active throughout the day. There is a planned rolling programme of P.E and pupils also have regular outdoor play opportunities. Where appropriate children / young people have time to rest - this is particularly relevant for those with cerebral palsy or other medical conditions.
- Issues of personal hygiene are taught as part of the PSCHE and SRE curriculum and are always dealt with sensitively.
- Lower school – key stage 1 and 2 school pupils will follow a programme with regard to their personal capabilities, this will be through an individual programme featuring small groups, 1:1 work and the use of SEAL (Social and Emotional Aspects of Learning)
- Upper school – key stage 3, 4 and 5 school pupils continue to follow the themes from key stage 1 and 2, which includes a rolling programme of life skills. When it is felt that pupils are ready they will move on to more specific work on sexuality. Parental consent is sought before pupils study these programmes.
- Some children / young people with Epilepsy who access the Residence may use overnight monitors (please refer to the separate policy)
- The school has good links with health agencies, including specialist services where appropriate, such as Child and Adolescent Mental Health Services and sexual health services.
- The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
- The needs of children / young people from minority and ethnic groups are understood by staff and specialist advice is sought when necessary.
- The school holds liability and indemnity insurance (with Allianz) which covers staff being able to support children and young people requiring medical assistance.

3. STAFF RESPONSIBILITIES

- The school makes sure all staff understand their duty of care to children / young people in the event of an emergency – whatever the emergency may be.
- Staff are trained in emergency first aid and first aid boxes are provided in the school and residence. Consent is requested by parents / carers for First Aid to be applied as necessary.
- At least one member of staff who holds a current 3 day First Aid certificate is present at any one time in School and Residence.
- First aid and minor illnesses treatment are given by a First Aider.
- An on-site School Nurse* over-see the daily care for those children / young people who meet their criteria for complex medical care needs; they liaise with parents or carers and professionals as necessary.
- St Anne's kitchens cater for all children / young people's specific dietary needs. Information on each young person is held centrally and also in meal-time information folders.
- There are regular feeding clinics led by the speech therapist; these are attended by parents, dietician, school, and residence staff. These meetings review the specific needs of individual children / young people who have non-oral tube feeds or specific eating difficulties.
- Staff understand the medical conditions that affect our children / young people, and that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
- Staff receive induction training on the impact medical conditions can have on children / young people and their families, refresher training is given as and when required.

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- Any staff member carrying medication of their own should store this in their bag in a locked away area. If required lockable storage can be provided.

4. PARENT & CARERS RESPONSIBILITIES

- Parents and carers are advised that all young people should be kept at home for:
 - 48 hours following diarrhoea and vomiting, or when they are acutely unwell,
 - 48 hours after discharge from hospital following a general anaesthetic,
 - 24 hours after administration of emergency medication.
- Children / young people who are absent from school during the day due to illness will not be able to attend the Residence that same evening.
- Consent for medical intervention is the responsibility of parents. For Looked After Children / Children Looked After it is sought through the Local Authority.
- Parents make themselves available (or will send a responsible person) to hospital in the event of an emergency with their child.
- Parents will send in correctly labelled prescribed medications, and will not expect staff to alter doses without a clinician's letter.
- Any parent / carer that is unhappy with the arrangements of care for their child, can follow the Schools complaints procedure.

5. STORAGE AND ADMINISTRATION OF MEDICATION

The information below is in accordance to the guidance provided by:

- Supporting pupils at School with Medical Conditions
- Special Educational Needs and Disability Code of Practice 0-25 years
- Department for Education 'Managing Medicines in Schools and Early Years Settings',
- Royal Pharmaceutical Society 'The Handling of Medicines in Social Care'
- The Medicines Standards of the National Framework (NSF) for Children
- Equality Act 2010
- Asthma UK.
- Diabetes UK.

St. Anne's understands the importance of medication and care being taken as directed by healthcare professionals and parents.

STORAGE

- All medication must be kept in the locked drug cupboards or lockable medication fridges (parents are made aware of this); they should never be kept in young people's Residence areas or classrooms – this allows for safety and for medications to be accounted for at all times. In exceptional circumstances a care plan may state the need for the medication to be to hand at all times ie. epipen or midazolam that is required at the start of an attack.
- Some medications stored may be classed as controlled drugs.
- Medication should not be placed in a child's / young person's bag but be handed over to escorts. On arrival in School, medication should be immediately signed in and locked away.
- All medication is sent home at the end of term and new supplies requested for the next term. This ensures that medication is kept within expiry dates.
- Medication due to expire (for those that have a short time expired life) will be sent home for disposal, we do not dispose of any medication on site.

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ADMINISTRATION

- Only medication prescribed by a doctor for the individual child / young person should be administered.
- Consent will be requested from the parent for School / Residence to administer medication.
- A child / young person cannot “share” medication with another, even if they are usually prescribed the same type of drug.
- Medication which has been taken out of its container as originally dispensed will not be accepted (secondary prescribing)
- Non-prescription medication will not be administered – at St. Anne’s we take the administration of medication seriously and therefore request that medications (Calpol etc) are prescribed and the reason of need clearly identified on the health care plan.
- Prescription medication with instructions ‘as and when necessary’ will not be administered unless the care plan clearly states the reasons behind this.
- Young people are given medication as prescribed on the box, unless consent has been received by the prescribing clinician as to why this is different eg. gradual increase or decrease following a CAMHS visit, or for safeguarding reasons
- Refusal to take medication is recorded and parents / carers will be notified. If frequent refusal is noted, this will be reported to the prescribing practitioner.
- Tablets / capsules will not be crushed, unless consent has been received by the prescribing clinician.
- Some children / young people need to have their medications given via their feeding tube.
- Covert administration of medicines – when medicines are administered in a disguised format without the knowledge or consent of the person receiving them ie.in food or drink. Covert medication is sometimes necessary and justified, in all cases consent would be given by parents / carers. This will be covered within the care plan.
- Where possible young people will be encouraged to have a role in the administration or application of medications – with adult supervision.

RECORD KEEPING AND CONSENT

- Information about medication should correspond with the information on the young person’s care plan. If in doubt do not administer the medication until you have confirmed dosage and type. Please notify senior staff, Child Care Manager or the Head teacher of any discrepancies.
- If a young person is prescribed any new medication a covering letter needs to be provided by parents or carers noting the medication type, dosage and what it has been prescribed for. Alternatively we must be provided with a notification letter from the GP.
- For non-prescriptive creams e.g. Sudocrem, written parental permission should be received stating when and where the cream is to be applied. The cream tub must be clearly labelled.
- All medication administration is recorded on the Medication Administration Records (MAR) sheets within the files in the School or Residence.
- Weekly drug checks for monitoring are in place within the School and Residence. Any errors will be marked with an * or altered in a coloured pen to indicate the change.
- Medications within the controlled drugs category have records on coloured paper.
- When further supplies of medication are required requests are sent home to parents and carers.
- Written permission is gained from parents and carers on the administration of first aid and appropriate treatment and to seek medical or dental treatment when required.
- Written records are kept of all treatment and First Aid given as well as significant illnesses, accidents or injuries to young people during their time at St. Anne’s.

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- Dropped tablets will be 'double' counter signed out as wastage and the method of disposal entered onto the sheet, ie crushed and poured down the sink with boiling water.
- A child / young person refusing to take medication will be closely monitored for ill effects. No child / young person will be forced to take medication. A record will be made on the MAR sheets and staff will monitor for any trends of refusal.

EMERGENCY MEDICATION FOR SEIZURES

- All emergency medications are stored with emergency procedures and record sheets for their administration. Medications within the controlled drugs category have records on coloured paper.
- Rectal medication is only administered by trained staff following the written authorisation of the prescribing doctor. (This would also apply to other skilled health tasks e.g. buccal midazolam, catheters, administration of oxygen etc.)
- A 'test dose' of the emergency medication should have been given under medical supervision, before this is sent into School or Residence.
- Parents are informed by telephone when their child has had midazolam or rectal diazepam administered and arrangements will need to be made for the child to be sent home or to hospital. A further dose cannot be given, and an ambulance will be called if required.
- For children or young people experiencing a seizure for the first time, with no emergency medication prescribed – an ambulance will be called immediately, and parents / carers will be contacted.
- The dosage and administration of midazolam or rectal diazepam should be witnessed by a second adult (where possible) and recorded on the appropriate form. As far as possible privacy is ensured when administering rectal diazepam.
- If a child / young person is sent home after administration of emergency medication, parents / carers are expected to keep their child off school and residence for a minimum of 24 hours.

EMERGENCY MEDICATION FOR ASTHMA

- All emergency medications are stored with emergency procedures and record sheets for their administration.
- Staff will be trained (and updated) as required on the signs and symptoms of asthma.
- Puffs from the reliever are at a rate of 1 puff per minute.
- The care plan / prescription will be followed when there are signs of an asthma attack – in most instances this is 2 puffs. If no improvement after 2-3 minutes administer up to another 8 puffs, if so no improvement, 999 will be called and up to another 10 puffs given.
- It is unusual for a child / young person to be sent home after routinely using their reliever inhaler; parents will be informed of usage.
- In the unlikely event of another using someone else's inhaler there is little chance of harm, the drug in relievers is very safe and overdose is very unlikely.
- Please note; children / young people with asthma should not be excused from PE, however the inhaler should be to hand if required.
- For children or young people experiencing breathing difficulties for the first time, with no emergency medication prescribed – an ambulance will be called immediately, do not use an inhaler. Parents / carers will be contacted.

ANTIBIOTICS

- Young people can attend the school or residence whilst taking antibiotics, however the child must be well.

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- Parents / carers should contact the school or residence prior to sending antibiotics in with their child.
- Parents or carers are required to give the first days dose ie. 2, 3 or 4 times daily – as stated on the prescription label.
- Like with daily medication, the prescription label must be visible, in date, give clear instructions and be prescribed for the child.
- If whilst at school or residence (as per the normal procedure) parents will be contacted if their child appears unwell.
- At St. Anne's we recognise that by not administering routine antibiotics this could be detrimental to a child's / young persons education.

MEDICATION / PROCEDURES FOR DIABETES

- Children or young people with type 1 diabetes can attend the school or residence.
- Staff will be trained and over seen by a Pediatrics Diabetes Specialist Nurse (PDSN)
- Snacks will be made available as necessary.
- Privacy for injections will be made available as per the child's / parents' wishes.
- Written records will be kept of all treatment administered.

MEDICATION USED FOR BEHAVIOUR (CHEMICAL RESTRAINT)

- This refers to the use of prescribed medication by Child and Adolescent Mental Health Services (CAMHS) for the purpose of quickly controlling or subduing disturbed / violent behaviour.
- A care plan accompanies the medication and is only to be administered by allocated staff members.
- The administration / frequency of use are closely monitored by the prescriber.

SCHOOL OR RESIDENCE TRIPS

- When children and young people are on visits out of school or residence staff should check the medical files for procedures.
- The bottle or box of medication/s should be taken by the group leader (if they are deemed a responsible person to administer the medication), however if this is not safe to do so doses should be given on the return and parents notified. Upon return records should be updated to confirm the medication was taken by the child.
- Emergency medication and care plans should be checked by all staff going on the trip (so they are aware of what medication they are in possession of) taken where necessary.
- Controlled drugs should be taken out in a lockable container; hard shell / lockable ruck sacks are available.
- Medications should be returned to the original storage place as soon as the visit is over.
- Support and training is available to any staff member to develop their medical competencies in this area.

RESIDENTIAL TRIPS (with overnight stays away from site)

- All the above section applies ie. taking medication out on a trip
- No child or young person will be excluded from the opportunity of a residential trip based on their health care needs.
- A lead person will be responsible for administration, record keeping and safety of medications
- Storage facilities will be prearranged within the facility for storage of medications
- In the event of a child or young person requiring a medication that can be purchased over the counter ie. paracetamol, anti-histamine, cough medicine. Parental consent will

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be sought for the purchase and administration of this, as we recognise that without intervention this could be detrimental to the child / young person's health. However if symptoms persist then arrangements will need to be made for the child / young person to be collected from the trip.

- Discussions about procedures and protocols will take place with parents / carers prior to a trip taking place.

6. UNWELL CHILDREN / YOUNG PEOPLE

IF A CHILD / YOUNG PERSON IS UNWELL

- Any child or young person who is unwell should be seen by a first aider before a decision is made regarding their welfare. For those children with complex medical needs they will also be seen by the school nurse.
- A decision will be taken by the first aider and senior staff whether the child / young person needs to be sent home, and parents or carers will be contacted and the necessary arrangements made.
- If it is not possible to contact parents or carers every effort will be made to make the child / young person comfortable. If necessary a G.P will be called out to look at the child / young person, or an ambulance called if the child is thought to be in a more critical condition.
- For those children or young people able to recognise that they are feeling unwell, this will be identified on their Medical Health Care Plan; staff will communicate with parents should this situation arise.
- When a child / young person has a seizure their individual care plan will be followed. If required a first aider will be called. At any time staff will call for an ambulance if they feel the child / young person is not coming out of the seizure, has not responded to the emergency medication or is experiencing breathing difficulties. Parents will be informed immediately.

MINOR INJURY OF A CHILD

- The child / young person will be checked by a first aider if necessary and the appropriate treatment given.
- All accidents will be recorded on School Pod.
- Parents will be informed mainly by the home school diary / residence communication book system.

SERIOUS INJURY OF A CHILD

- The child / young person will be checked by a first aider and the appropriate treatment given.
- All head injuries should be checked out medically.
- A decision will be made by the first aider and senior staff whether an ambulance is required or if parent or carer should be contacted to collect their child and seek follow up medical attention.
- Wherever possible a staff member will escort a child or young person in the ambulance to hospital and remain with them until parent or carer arrives. Staff should always take the child's / young person's medical care plan with them and details of the accident.
- All accidents and telephone / contact logs will be recorded on School Pod.

EMERGENCY PROCEDURE FOR A CHILD

- Call for first aider
- Inform the headteacher, assistant head, child care manager or senior child care officer.
- Call for an ambulance.

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- Inform parents and make the necessary arrangements ie. meet at school if they live nearby or meet at hospital.
- Ring ahead to the hospital to inform of the child's / young person's medical condition (this may help with preparation of an area eg. if the child is severely autistic or displays behaviours which challenge)
- Move other children / young people as necessary, giving dignity to the child / young person who is unwell.
- In case of seizures, where specific instructions apply seek assistance from staff that are familiar with the child / young person and the procedure.
- If this is the first known seizure then call for an ambulance immediately.
- If the child / young person has problems breathing after a seizure or has injured themselves as a result of a seizure, an ambulance will be called.
- Wherever possible a staff member will escort a child / young person in the ambulance to hospital and remain with them until parent or carer arrives. Staff should always take the child's medical care plan and emergency medication with them and details of the incident.

HYGIENE AND INFECTION CONTROL

- All staff should be familiar with normal precautions for avoiding infection control and follow basic hygiene procedures at all times.
- Staff have access to disposable gloves, aprons and masks for dealing with non-oral feeds, pupil personal care and spillages of blood or other body fluids.
- First aiders and the school nurse will refer to the 'Guidance on Infection Control in Schools and Other Childcare Settings' provided by the Health Protection Agency when making a decision about an illness.
- When there is an outbreak of a contagious or infectious disease the school will seek advice from the appropriate authority and inform parents accordingly along with any expectant staff members.

7. INTIMATE CARE

Female children / young people are always be cared for by female staff members in all personal care matters.

- Girls should be supported to be as independent as possible with personal care matters such as menstruation (refer to PSCE policy for further details)
- Where possible older boys should be supported by male members of staff.
- When changing a child's nappy / pad consideration should be given to the following:-
 - The child should be shown respect and courtesy throughout.
 - The child's own toiletries / supplies to be used.
 - Staff should wash pupils using wipes and water only (unless parents have sent in named wipes from home)
 - Cream should only be applied that is labelled as the child's and that is included on the child's care plan.
 - Staff must wear protective gloves and aprons.
 - Nappies / pads should be disposed of in bins provided.
 - Any wet / soiled clothes should be rinsed, and sent home for laundry.
 - The changing bed should be cleaned after each use.

In residence every child will have the opportunity to shower or bath every evening and morning or more often if required.

- The level of support and supervision required is determined by individual need but would generally be 1:1 staffing, unless the child / young person's Risk Assessment, De-Escalation Plan or Moving and Handling Plan states otherwise.

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- Safety, privacy and thorough hygiene are paramount.
- Children / young people should be encouraged to be as independent as possible with staff using appropriate levels of verbal, gesture and physical support.
- Children / young people should never get into a bath before the water temperature is checked (the hot water is regulated and dipping thermometers are provided).
- Levels of supervision can range from full to regular unobtrusive checks for safety and thoroughness.
- Bath times must be a safe, private and pleasurable experience for children as well as an opportunity to develop PSHE skills.

8. EMOTIONAL HEALTH AND WELL-BEING

Throughout the PSHE curriculum pupils are taught how to build resilience and strategies to keep themselves healthy and safe. ELSAs (Emotional Literacy Support Assistants) are available across the school and residence to work with pupils on a 1:1 basis, when identified.

In addition St. Anne's offers a 24 hour support to all parents / carers in a response to emerging concerns over child and parental well-being.

9. MONITORING

The school uses the School Pod MIS system, with integrated Behaviour Watch. Incidents, accidents and safeguarding are now all recorded and stored online. Staff have a 3 point access code including username, password and pin code. All amendments are recorded electronically and have a full chronology.

The new forms introduced in 2015 are now in an electronic version which improves data protection and efficiency of completion. Kay O'Neill and Debbie Johnson are responsible for training of new staff and creating usernames/passwords.

Forms are checked off daily / weekly by members of the SLT. This ensures effective use of recording by staff and considers the wellbeing of all young people involved in incidents and accident.

Data and trends are presented to governors through the Safeguarding and Wellbeing, and Health and Safety committee meetings.

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This policy is overseen and scrutinised by the Headteacher and Governing Body. It is reviewed annually, or as required.

10. USEFUL CONTACT NUMBERS

School:- 01482 667379 (9am-4.30pm, Monday - Friday)

Residence:- 01482 666217 (24 hour)

Complex Care Team Nurse (based in school):- 01482 334695 (9am-5pm, Monday - Friday)

East Riding School Nurse:- 01482 336807 (9am-4pm, Monday - Friday)

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