



MEDICAL TREATMENT OF STUDENTS POLICY

Date Approved by Governors	May 2017
Review Date	May 2019
On behalf of Governors signed	Signed Copies On File
Print name	
On behalf of Governors signed	
Print name	
Principal's signature	

All One In A Million Free School Policies have been devised to ensure that:

- Students from all backgrounds and all abilities are welcome
- Each student has the opportunity to flourish and achieve their potential
- We value the individuality of each student within the context of membership of our community
- We are committed to raising educational attainment and improving our students' life chances
- We provide an environment in which all students will be self aware, self disciplined and confident
- All students will understand how to make a positive contribution to our extended community
- We support academic, creative and personal achievement through our focus on Sport, the Arts and Enterprise.



Introduction

One In A Million School is committed to giving all its students opportunities to access the curriculum. Every effort will be made to ensure that students with medical needs experience the best possible care whilst at the OIAMFS. This policy provides a sound basis for ensuring that students with medical needs receive proper care and support at OIAMFS. In addition, OIAMFS has adopted the guidance published by the DfE/Department of Health entitled "Supporting Students with Medical Conditions".

All medical information received by OIAMFS will be treated confidentially. Information to ensure the safety and care of individual students will be disclosed as appropriate to staff of the OIAMFS. Such procedure will be discussed with the student and parent/CARER for their agreement prior to the disclosure. (Throughout this policy, the term "parents/carers" means all those having parental responsibility for a child.)

Students with long-term medical needs

Students with medical needs entering OIAMFS from local primary schools will usually be identified through discussions with the Year 6 teacher. Such information will be checked with the parent/carer to ensure appropriate records are kept and appropriate provision can be made.

Parents/carers are requested to approach the school with any information that they feel the OIAMFS will need to care for individual students. Good practice would suggest that this process begin when the child is in year 5. The parent/carer will be required to complete a Medical Statement form to identify any medical needs. This may require endorsement from the student's General Practitioner.

Parents/carers are responsible for informing OIAMFS of medical issues that arise during the student's time in OIAMFS.

Medicines in OIAMFS

OIAMFS's reception should be informed of any medication brought into OIAMFS at any time.

Information regarding any prescribed medication should be made available to both the student's Learning Coach and the Head of Year.



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In the event of any special form of administration of medication being required, the parent/carer must contact OIAMFS so that arrangements can be made for this to occur.

Following DfE Guidance, OIAMFS has adopted a number of proformas which staff are asked to use when managing or administering medicines. These are provided as Appendices and are available from the Central Administration Folder on Google Drive. As a general rule, only trained First Aiders will administer medicines.

OIAMFS's Responsible First Aider will coordinate the storage and administration of medicines brought into OIAMFS for students.

Illness in OIAMFS

If a student becomes ill in a lesson and the teacher feels that medical treatment is required, the student should be sent to Student Reception, accompanied by another student if necessary.

OIAMFS has a strict policy that no medication will be given orally or externally unless permission has been given by the parent (See First Aid Policy). Parents/carers will be contacted depending upon the nature of the medical problem.

If the teacher feels that the student is too ill or injured to be moved, then a designated First Aid member of staff should be called. First Aid should be administered, as appropriate. If it is thought that follow-up treatment is required, the parent/carer will be contacted or a letter sent home with the student.

OIAMFS would prefer that students are picked up from OIAMFS and taken home by their parents or nominated person. Students will only be sent home with parental/carer permission. In more serious cases, where hospital attention is deemed necessary, OIAMFS will contact parents/cares, who will be expected to take their child to hospital.

In an emergency, an ambulance must be called and the parent/carer contacted by OIAMFS. In the absence of a parent/carer, a member of staff will accompany the student to the hospital and remain there until the parent/carer arrives.

If a parent/carer cannot be contacted, the OIAMFS will act in loco parentis and give permission for any emergency treatment.



School off-premises visits

OIAMFS believes that all students are entitled to participate fully in activities associated with OIAMFS and will attempt at all times to accommodate students with medical needs (see Off-site and Residential Policy). However, consideration must be given to the level of responsibility that staff can be expected to accept.

Policy on specific medical issues

OIAMFS welcomes all students and encourages them to participate fully in all activities.

OIAMFS will advise staff on the practical aspects of management of:

- Asthma attacks
- Diabetes
- Epilepsy
- Anaphylactic Reaction – see section on pages 5 - 7

OIAMFS will keep a record of students who may require such treatment.

OIAMFS expects all parents/carers whose children may require such treatment to ensure that appropriate medication has been lodged with OIAMFS together with clear guidance on the usage of the medication.

Monitoring, Evaluation And Review

The Governing Body will review and amend this policy and procedure at least every two years or as required by:

- Changes in legislation
- Changes in guidelines from advisory bodies
- The effectiveness of the policy

References



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“Supporting Students with Medical Conditions” DfE/Department of Health; May 2014

Anaphylactic Reactions, Procedures and Epi-pens

OIAMFS seeks to provide a safe environment for staff and students who are at risk of severe allergic reactions. It undertakes to ensure that anyone suffering a severe allergic reaction will be treated appropriately and enabled to access emergency services promptly.

Anaphylaxis is a severe systemic allergic reaction. At the extreme end of the allergic spectrum, the whole body is affected usually within minutes of exposure to the allergen. It can take seconds or several hours.

Anaphylaxis involves one or both of two features:

- a) Respiratory difficulty (swelling of the airway or asthma)
- b) Hypotension (fainting, collapse or unconsciousness).

The symptoms are swelling of the mouth or throat, difficulty in swallowing or speaking, alterations in the heart rate, hives anywhere on the body, abdominal cramps and nausea, sudden feeling of weakness, difficulty in breathing, collapse and unconsciousness.

PROTOCOL FOR EMERGENCY TREATMENT FOR AN ALLERGIC REACTION

ASSESS THE SITUATION – ACT PROMPTLY

Send someone to get the EPIPEN, which is kept in the medical cupboard in the First Aid/Treatment Room.

MILD REACTION

Itching eyes/swelling eyelids
Itching lips, mouth, throat
Burning sensation in mouth



Give antihistamine
Stay with the child, reassure them. If symptoms worsen:

SEVERE REACTION



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Wheezy, difficulty breathing, coughing, choking
Difficulty speaking
Pale, sweaty, floppy
A rash may also be present
The child may collapse/become unconscious

Get someone to CALL 999 FOR AN AMBULANCE
Stating possible anaphylactic shock

ADMINISTER EPIPEN (reference www.epipen.co.uk)

Use of Epipens in School

Adrenaline (Epipen) should only be administered to children to whom it has been prescribed. This should be by a person who has received training and feels competent to use the device. If a child is suspected of having an anaphylactic reaction for the first time the Emergency Services should be called immediately (999)

- Grasp Epipen in dominant hand with thumb closest to grey safety cap
- With other hand, pull off the grey safety cap
- Hold Epipen approximately 10cm away from the outer thigh
- Black tip should point to outer thigh
- Jab firmly into outer thigh so the Epipen is at a right angle to outer thigh, through clothing
- Hold in place for 10 seconds
- Epipen should be removed and handed to team taking over management of patient
- Massage injection area for 10 seconds
- Patient must go to A&E as relapse can occur within a few hours and/or further management may be required.

If conscious, lay child on the floor

If unconscious, place in recovery with legs elevated position to maintain airway

Stay with child until further help arrives



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IF CONDITION DETERIORATES AND THE CHILD STOPS BREATHING



BEGIN RESUSCITATION (CPR)





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- The medical histories of all new students should be carefully searched to identify possible cases of allergy sufferers. Any medical questionnaires not returned should be vigorously pursued. Health Care Plans are written in consultation with parents, led by the school's pastoral team
- The presence in school of a susceptible student must be made aware to all those who need to know.
- Children are identified by photographs held at reception.
- If a particular allergen is identified, consideration should be made to consider the removal of this ingredient from menus.
- OIAMFS has a "nut free" canteen and food service
- Adrenaline in the form of EpiPens are stored in the medicine cabinet in the First Aid/Treatment Room
- A written protocol for treatment of anaphylaxis is kept at each EpiPen location
- Parents are responsible for checking the EpiPen expiry dates regularly
- Children who have been prescribed an EpiPen should keep it near them at all times.
- A spare EpiPen, which should be provided by the child's own GP will be kept in the First Aid/Treatment Room



Medical Form 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows
One In A Million School
3. State that the postcode is BD8 7DY
4. Give exact location of the school
5. Give your name
6. Give name of student and a brief description of student's symptoms

Speak clearly and slowly and be ready to repeat information if asked

Medical Form 2

One In A Million School - Health Care Plan



Medical Treatment of Students Policy

Name of school

One In A Million School

Student's name

Group/class/form

Date of birth

/ /

Student's address

Medical diagnosis or condition

Date

/ /

Review date

/ /

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.



Medical Treatment of Students Policy

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements (e.g. before sport/at lunchtime)

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency for the student, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Medical Form 3

Parental Agreement for School Staff to administer medication

Date for review to be initiated by	
Name of school/setting	One In A Million
Name of child	
Date of birth	
Group/class/form	
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 school/setting needs to know about?	
Self-administration - y/n	
Procedures to take in an emergency	

Please note that all medicines must be supplied in the original packaging or tablet blister packs. No more than 4 weeks supply.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Liam Brennan, Chloe Fisher, Caroline Cummings or Lyndsey Parkin



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

Signature(s) _____

Date _____





Medical Treatment of Students Policy

Record of medicine administered to an individual child:

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		

Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		



Medical Treatment of Students Policy

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



Medical Treatment of Students Policy

Staff training record – administration of medicines:

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



Medical Treatment of Students Policy

Letter template - inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of OIAMFS's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each student needs and how this will be provided. Individual healthcare plans are developed in partnership between OIAMFS, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely