



Supporting Students with Medical Needs Policy

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Date to be reviewed (Every three years)	June 2023
Date of last review	June 2020
Governors Committee accountable for review	Education Committee
Senior Leadership Team member accountable for review	DCB



Supporting Students with Medical Needs Policy

Context

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting students at school with medical conditions.

Aim

Every member of the Royal Grammar School community should, if necessary, receive the highest standard of medical care whilst in the school's charge or on the school site, and be treated with respect and confidentiality.

The school policy sets out to ensure that:

- students with medical conditions are risk assessed to ensure they receive proper care and support whilst in school including school trips and physical education so that they have full access to education, can play a full and active role in school life, remain healthy and achieve their academic potential
- everyone, including parents, is clear about their respective roles and responsibilities
- medicines are handled responsibly in the school setting
- all staff are clear about what to do in a medical emergency

Support for Students with Medical Conditions

It is Matron's responsibility to ensure that the Supporting Students with a Medical Condition Policy is acted upon at all times. Matron will care for any individual in need of medical assistance to the best of her ability and knowledge and make decisions based on that knowledge and training. However, supporting a student with a medical condition during school hours is not the sole responsibility of Matron:

Parents are responsible for:

- making the school aware of any new medical concerns or diagnosis, or any changes to their son's medical circumstances
- ensuring that routine medical and dental appointments are scheduled out of school hours
- ensuring that any physical or mental health conditions are declared on the medical information forms for any residential trips
- making sure that parent contact details are fully up to date
- ensuring their son only attends school on crutches when the crutches are provided by a medical practitioner /hospital and relate to a specific injury

- following guidance in this policy.

Students:

- will be encouraged to self-manage and self-medicate their medical conditions wherever possible
- should carry their own medication devices, for example, an inhaler, EpiPen, diabetic testing kit
- should be involved in all aspects of planning for their care.

Provision of First Aid during the School Day

- Matron is responsible for first aid and minor illness treatment and will liaise with parents as necessary.
- Lists of other trained first aid staff are displayed around school and these members of staff should be called upon in Matron's absence. Staff in the Student Development Hub are also appropriately trained in dispensing medication.
- An Automated External Defibrillator (AED) is kept in the Boarding House overnight and in the medical room during school hours. There is also an AED in the Staff Common Room.
- Matron is responsible for transferring the AED daily, or allocating a deputy if she is unavailable. The AEDs are checked by Matron at least weekly to ensure the batteries are working and this information is logged.
- The device can be operated by anyone as it gives precise instructions. However, this is at the discretion of the First Aider who arrives at the scene. It is expected that where possible the AED is brought to the casualty if required.
- Matron will ensure that members of staff are updated annually on the treatment of illnesses such as asthma and anaphylaxis and the use of the AEDs. A register of staff who have received this training is kept and those who have missed it attend follow-up training.

Documentation of First Aid Treatment

- Matron records all treatment given on Medical Tracker.
- If first aid is given in a department, the person giving treatment should record this with Matron at the first available opportunity.
- If the injury is due to an accident, an accident form must be completed on Medical Tracker. The Health and Safety Officer will receive a copy of this via email.
- In the event of a near miss this should be recorded on the relevant accident form on Medical Tracker.

Medication: Storage, Administration and Documentation

Medication will be stored in Matron's room as follows:

- All medication, with the exception of emergency medication, will be stored in a locked cupboard.
- Medication requiring refrigeration must be supplied in an airtight container and will be stored in a fridge.

- Emergency medication such as EpiPens, inhalers and diabetic kits will be stored in a clearly labelled, unlocked cupboard. Parents should supply Matron with emergency medication in a clear box, labelled with the type of medication, expiry date, name and date of birth of the student. Matron will add a copy of their care plan to the box.
- Matron will keep a record of all medicines provided as above and will regularly review this list and ensure that parents are informed when medication is nearing its expiry date and request new medication is supplied to the school. Parents will collect medication that is reaching its expiry date.

1. Prescribed Medication

- Medication should only be brought into school when essential.
- It is the boy's responsibility to arrange with Matron a suitable time to take his medication, and to ensure that he attends her room at that time. There may occasionally be exceptions to this, and parents should contact Matron to make other arrangements.
- Matron will document that she has given the medication and the boy will countersign.

Parental Responsibility regarding Prescribed Medication

- If parents wish Matron to administer prescribed medication, it must be provided in the original container as dispensed by a pharmacist, and include the prescriber's instructions for administration, dosage and storage.
- If a boy is prescribed an EpiPen or asthma inhaler, he must carry it with him at all times.
- It is parental responsibility to ensure that medication remains in date.
- If parents wish their son to carry his own medication, it is their responsibility to ensure that he knows how often to take it, how to store it responsibly and that under no circumstances should he give it to another boy.
- If a student is prescribed a controlled medicine parents must ensure that the school are aware of this information. Legally a student who has been prescribed a controlled medicine may have it in their possession if they are competent to do so. Passing such medication to another student is an offence. Matron will discuss and monitor the use of the controlled medication with the student and parent.

2. Non-Prescribed Medication

- Students taking medication that can be administered out of school hours will be required to do so, for example, hay fever medication and eye drops.
- Matron keeps a stock of non-prescription medication to administer for minor illnesses such as headaches.
- Ibuprofen will not be given to boys under 16yrs of age unless specifically requested by parents, and provided that the boy has taken it before without adverse effects.
- As part of the admissions procedure all parents will complete a Permission to Administer Medication Form, indicating which medicines, if any, they give permission for Matron to give.
- Matron or a relevant member of staff will document details of any medication given. Within boarding the student will countersign as well as Matron or a relevant member of staff.

Individual Health Care Plans

Matron will be responsible for writing and monitoring Individual Health Care Plans (IHCPs) and for maintaining an up-to-date Health Care Register for staff to access. IHCPs will be reviewed annually or on the receipt of evidence which indicates the student's needs have changed. An IHCP will be drawn up in consultation with parents, the student and relevant health care professionals. The following should be considered when writing an IHCP:

- the medical condition, its triggers, signs, symptoms and treatments
- the student's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the student's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition
- who in school needs to be aware of the student's condition and the support required
- arrangements for written permission from parents for medication to be administered by a member of staff or self-administered (where appropriate)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with the information about the student's condition
- what to do in an emergency, including who to contact and contingency arrangements.

Statement of Principles and Practice for matters relating to the Boarding House

There is a comprehensive Medical Policy and guidelines that exists for all boarders at the Royal Grammar School, High Wycombe. This school policy should be read in conjunction with the Fraser Youens House Medical Policy and guidelines which relate to all boarders.

Appendix

Anaphylactic Shock Guidance

Anaphylaxis is a severe allergic reaction that may occur in someone who is allergic to specific foods, drugs or insect stings. The reaction causes substances to be released into the blood that dilate blood vessels and constrict air passages. Blood pressure falls dramatically and breathing becomes difficult. Swelling of the tongue, face and neck increases the risk of suffocation. The amount of oxygen reaching the vital organs becomes severely reduced.

Students with anaphylaxis are welcome in school, both as day and boarding pupils. They will be encouraged to take a full part in all activities in the school, including school trips.

The school will work closely with the pupils and parents, and individual care plans will be kept for each pupil with anaphylaxis.

All students with anaphylaxis will be expected to carry their treatment at all times and their parents are asked to provide spare prescribed medications. Spares for day pupils will be kept in a labelled, unlocked cupboard in Matron's room, and for boarders in the Duty room in the boarding house.

Staff will receive regular updates on how to manage pupils with anaphylaxis.

All staff will have access to a protocol of information on how to help a pupil who has an anaphylactic episode. This protocol is available on the staff area of SharePoint. The boarding house will also have copies of individual care plans as relevant.

Matron keeps an updated list of students with important medical needs, and circulates this to all staff, including the catering manager, at the beginning of the year. She will inform staff of any changes or new diagnoses as they occur. This information is also highlighted on SIMS in the "Quick Note" section.

Anaphylactic Shock Protocol

An anaphylactic episode is a medical emergency. In its most severe form, it is life threatening.

Each diagnosed student with anaphylaxis has a care plan with individual signs and symptoms and management. However, it is possible that a reaction might occur in an undiagnosed pupil.

General signs and symptoms

Any of the following may occur within seconds or minutes after exposure;

- Tingling or numbness around the mouth
- Difficulty swallowing
- Sneezing
- Itching
- Generalised flushing of the skin
- Widespread red, blotchy skin eruption
- Swelling of the tongue, face and neck
- Difficulty breathing ranging from a tight chest to severe difficulty. The casualty may wheeze or gasp for air.
- Pounding heart – pulse rapid but weak
- May feel sick or vomit
- Sudden feeling of weakness or floppiness
- May lose consciousness

General management

DO NOT LEAVE STUDENT

- Observe signs and symptoms continually
- Give antihistamine and inhaler medication as prescribed, if he is alert and talking.

- If conscious sit pupil up to aid breathing; if collapsed lay him down and raise his legs; or if unconscious lay on his side in recovery position.
- **If no signs of recovery and symptoms become worse e.g. difficulty speaking/breathing, swelling of lips/tongue, loss of consciousness then: Administer Adrenaline EpiPen, as prescribed, into the outer side of the thigh, midway between the knee and hip.**
- Dial 999 for an ambulance and inform emergency services of anaphylactic shock.
- Get someone to collect the AED from reception during school hours or boarding out of school hours.
- NB Cardiopulmonary resuscitation may be needed.
- Await ambulance, escort to hospital, contact Head of Boarding or Housemaster (boarders), parents (day pupils).

Asthma Guidance

The Royal Grammar School recognises that asthma is a widespread, serious but controllable condition affecting many students in the school. The school positively welcomes all students with asthma. This school encourages students with asthma to achieve their potential in all aspects of school life by ensuring that staff, parents and students work together and have a clear policy to help the student remain safe in school.

Each student with Asthma will have an individual care plan that has been drawn up by either the school matron, school nursing team or specialist asthma nurse. Parents will have input into the creation of the care plan along with the student.

Asthma Medicines

Immediate access to reliever medicines is essential. Students with asthma must carry their reliever inhaler whilst in school.

Parents are asked to make sure that the student knows how and when to use the inhaler. Parents must also ensure that the student always carries an inhaler that is in date and contains enough medication for the day at school.

School staff are not required to administer asthma medicines to students (except in an emergency). All school staff will let students take their own medicines when they need to.

Emergency Salbutamol Inhalers kept in school

The school will have three emergency asthma inhalers. One will be kept in reception, one will be kept in the boarding house and one in the medical room.

With each of these inhalers will be a list of students who have been prescribed inhalers by their GP or have been diagnosed as having Asthma. If a student is not on this list, they will not be given the emergency inhaler unless in an emergency situation at the discretion of Matron or a trained first aider.

Parents will be asked to sign their child's care plan and return it to matron which will contain the consent for use of the emergency inhaler as necessary.

If the emergency inhaler is used a record will be kept on matron's medical data or an incident form will be completed, and parents will be informed by email.

Information on how to recognise an asthma attack and what to do in an emergency is to be kept with the emergency inhaler.

Matron will be responsible for purchasing, storing, and checking half termly that it is in date, clean and contains enough medication.

The spacer that is with the emergency inhaler will be either given to the pupil to use or disposed after each use.

School staff will receive training on Asthma on an annual basis either via a whole school training or by information sent from matron with the list of students concerned at the start of each academic year.

Matron will be available for staff, parents and students to discuss this protocol and any training needs that they may have.

Procedure for Managing Medical Needs/ Medicines on Trips, Visits and Events

For residential trips parents will be asked to provide medical information and contact details and may be invited into school to discuss their child's medical needs with staff accompanying the trip.

The trip leader needs to be aware of:

- any specific medical needs and emergency procedures;
- the arrangements for medication requirements;
- ensuring they have access to the appropriate Health Care Plans.

Procedure for Managing Medical Needs/ Medicines for Sporting Activities

Most students with medical conditions can participate in physical activities and co-curricular sport. Any restrictions should be recorded in their Individual Health Care Plan. Some students:

- may need to take precautionary measures before or during exercise and will be allowed immediate access to any emergency medicines such as asthma inhalers;
- some students might require increased levels of supervision;
- some students might not be able to take part in all sporting activities.

Head Injuries and Concussion Protocol

Protocol aims:

- To provide a safe environment
- To ensure all staff have a clear understanding of how to manage someone who has sustained or potentially sustained a head injury
- To be able to recognise the signs and symptoms of concussion and manage it correctly
- To ensure all significant head injuries are reported on an accident form
- To ensure all parents and students receive appropriate advice on managing a head injury.

Head Injuries:

Not all head injuries cause damage to the brain but minor ones can have symptoms including:

- Nausea
- Headaches
- dizziness
- tiredness

Students who sustain a head injury should be assessed by Matron or a qualified first aider and head injury advice given to the students and parents in every case.

All head injuries occurring during the school day should be reported to Matron and recorded on Medical tracker. Students should be accompanied to Matron, and not left alone until assessed.

For potentially more serious head injuries, where any of the following are observed, an ambulance for urgent medical assessment may be required:

- Deteriorating conscious state
- Increased confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizures or convulsions
- Double vision or deafness
- Weakness in arms or legs
- Clear fluid coming out of ears and/or nose
- Slurred speech, difficulty speaking and understanding.

Concussion

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination.

Concussion can occur at any time within the school environment if a student's head comes into contact with a hard surface such as a floor or a desk. It can also happen during sporting activities. Concussion can also occur when the head and the upper body are violently shaken, such as whiplash injuries. The school takes concussion seriously to safeguard the long-term welfare of students.

Concussion during sporting activities

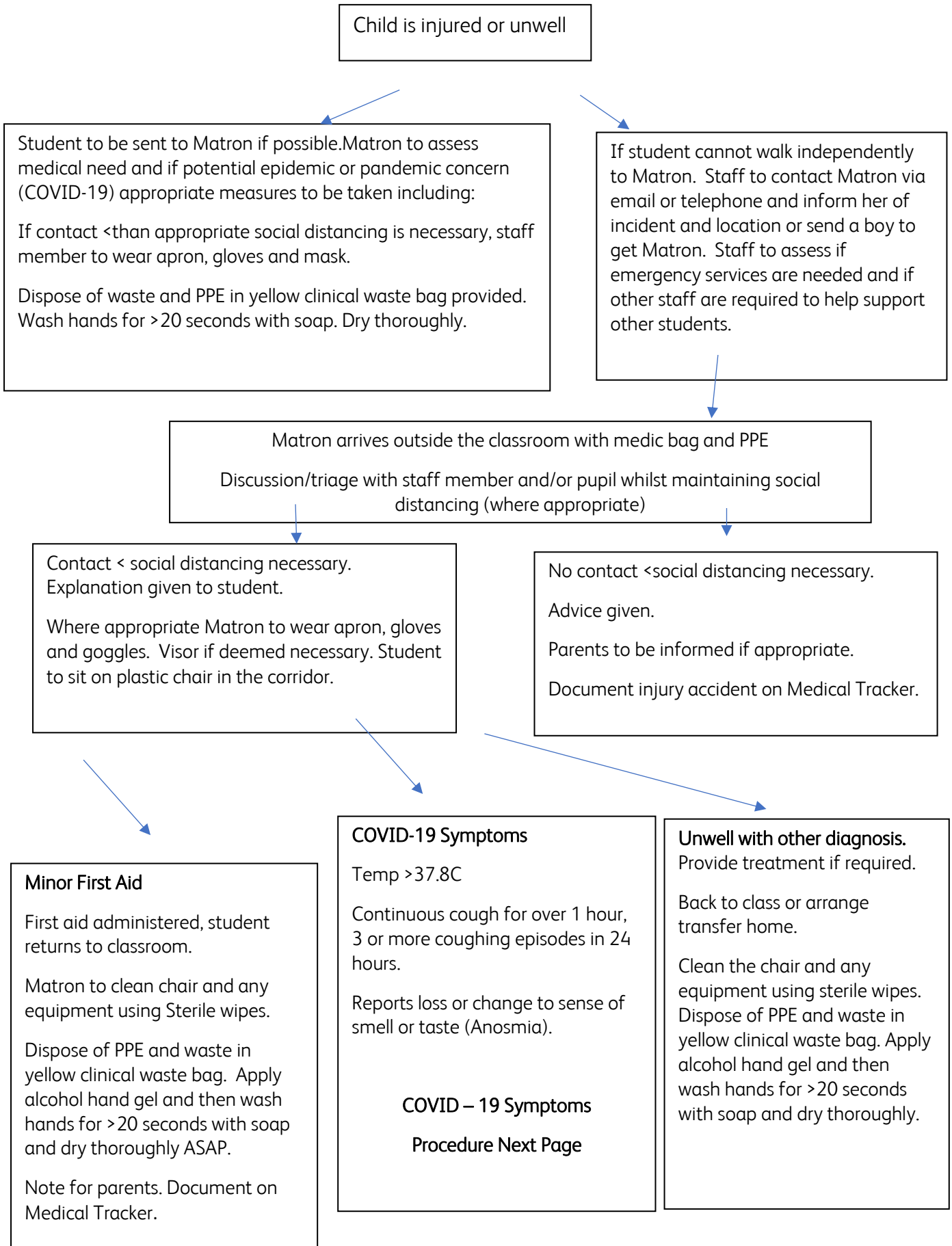
- Students who sustain a head injury during sports sessions (practice, training and fixtures) will be removed from play and initially assessed by the sports teacher and/or Matron
- If concussion is suspected it is the responsibility of the member of staff in charge of the activity or Matron to communicate immediately by phone with the parents what has happened and recommend that the student should undergo diagnosis and assessment from a medical practitioner or visit an emergency department for further assessment
- Staff will ensure that an injured student is accompanied home or to hospital, and will not be left to travel alone

- The student and parents will be given a head injury advice sheet
- The student and parents will be informed that the student should see Matron on the student's return to school
- An accident report form will be completed by the responsible member of staff or Matron will be provided with all the necessary information to do this.
- The student may not return to sport until they have successfully returned to school and learning without worsening of symptoms. It is the responsibility of the parents to organise for medical clearance before returning to play.

Other sources of information

- The FA's concussion guidelines: <http://www.thefa.com/get-involved/coach/concussion>
- The RFU's concussion guidelines: <http://www.englandrugby.com/my-rugby/players/playerhealth/concussion-headcase/>
- World Rugby concussion guidance: <http://www.irbplayerwelfare.com/?documentid=158>

Procedures for Injured or Unwell Student at Royal Grammar School



Apply face mask with reassurance and explanation.
Clean the chair and any equipment using sterile wipes.

Transfer to Isolation room.

Monitor student's condition and ensure they have adequate food and drink.
Isolation bathroom to be available.

If appropriate to leave student, Matron to dispose of PPE in yellow clinical waste bag in room, apply alcohol gel to hands.
Leave room, wash and dry hands thoroughly.
Return to Medical Room.

Parent/carer to call reception on arrival. Matron to escort student to parent.

Info given re: testing procedure (book on-line www.gov.uk/apply-coronavirus-test).
Request test ASAP and inform school of the result. Self-isolation in accordance with [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)

Negative Test Result

Student can return to school if test is negative
Family members can return to work/school.

Positive Test Result

If a student or staff member tests positive, the school will contact the local health authority protection team who will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate. The health protection team will work with the school in this situation to guide us through the actions we need to take.

Matron to remove PPE if not done so already and dispose of in yellow clinical waste bag.

Wash hands immediately for >20 seconds with soap and dry thoroughly ASAP.

If Matron stayed with child, she is to dress in clean uniform allowing her to see other students during the remainder of the day

Room to be cleaned thoroughly by cleaners wearing PPE

Matron to write up documentation on Medical Tracker.

Discuss and reassure child's teacher/staff member. Explain if develop symptoms to self-isolate following [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)

Staff (ST or Matron) to regularly contact self-isolating parents/staff member to offer support.

Prepare & Protect

Guidance for healthcare staff on personal protective equipment

PUTTING ON personal protective equipment (PPE)

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is: APRON, SURGICAL MASK, EYE PROTECTION and GLOVES.



APRON (OR GOWN)

- Pull over head and fasten at back or waist



SURGICAL MASK (OR RESPIRATOR)

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit check respirator



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Place over face and eyes and adjust to fit



GLOVES

- Extend to cover wrist

- USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF INFECTION**
- Keep hands away from face
 - Limit surfaces touched in the patient environment
 - Change gloves if they become torn or heavily contaminated
 - Regularly perform hand hygiene
 - Always clean hands after removing gloves

REMOVING personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order for removing PPE is GLOVES, APRON, EYE PROTECTION and SURGICAL MASK.



GLOVES

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove
- Discard in a lined waste bin



APRON (OR GOWN)

- Untie or break ties
- Pull apron away from neck and shoulders, touching inside only
- Fold or roll into a bundle
- Discard in a lined waste bin



EYE PROTECTION (GOGGLES/ FACE SHIELD)

- Handle only by the headband or the sides
- Discard in a lined waste bin



SURGICAL MASK (OR RESPIRATOR)

- Untie the ties – first the bottom, then the top
- Pull away from the face without touching front of mask/respirator
- Discard in a lined waste bin

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

All PPE should be removed before leaving the area and disposed of as healthcare waste.

FOR MORE INFORMATION CONTACT:

These images are for illustrative purposes only. Always follow the manufacturer's instructions.