



A student centred learning community



Medical Policy

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| Signpost 3: | Students feel safe, supported and included |
| Signpost 4: | Preparing everyone for their future |
| Signpost 6: | Attendance |

Approved 21st March 2018

1.0 Policy Statement

The school is an inclusive community that welcomes and supports students with medical conditions. We provide all students with medical conditions the same opportunities as others at school. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The school will help to ensure they:

- are safe from harm.
- do well at all levels of learning and have the skills for life.
- choose healthy lifestyles.
- have fun growing up.
- are active citizens who feel they have voice and influence.

The school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. Equally the school accepts the importance of medication being given as directed by healthcare professionals and parents.

All relevant staff understand the medical conditions that affect students at the school. All our staff understand their duty of care to students in the event of them requiring medical intervention.

The named member of staff responsible for this Medical Policy and its implementation is the Medical and Welfare Officer, Sarah Beckwith.

The Medical Policy is updated upon publication of revised guidance.

2.0 Policy Framework

The policy framework describes the essential criteria for how Royds School meets the needs students with long-term conditions, including diabetes and asthma. No student will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

Royds School environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

Staff receive training on the impact medical conditions can have on students in order to be safe, welcoming and supportive of students with medical conditions. The school strives to provide students with medical conditions the same opportunities and access to activities, both on and off site, as other students. All reasonable adjustments are made to enable students with medical needs to participate fully and safely on visits. Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included.

It is understood that students with the same medical condition will not necessarily have the same needs. Staff understand their duty of care to students with medical conditions and know what to do in the event of an emergency.

The Medical Policy has been agreed in consultation with students, parents, on site medical support, staff, governors, and relevant local health services. It is supported by a clear communication plan for staff, parents and other key stakeholders to ensure full implementation.

There is clear guidance on record keeping, providing care and support and administering medication. The school has clear guidance on the storage of medication and equipment

This school takes responsibility for ensuring that there are named staff with explicit responsibility for administering medication and providing care. All staff, whether explicitly responsible for providing care or not, have received suitable training and have access to ongoing support.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

3.0 Roles and Responsibilities

Supporting a student with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. The school is committed to partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and students will be critical to ensure that the needs of students with medical conditions are met effectively.

3.1 The Governing Body

The Governing Body will:

- make arrangements to support students with medical conditions in school.
- ensure that a policy for supporting students with medical conditions in school is developed and implemented.
- ensure that a student with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions.
- ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

3.2 The Headteacher

The Headteacher will:

- ensure that the school's policy is developed and effectively implemented with partners.
- ensure all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.

- ensure that all staff who need to know are aware of a student's condition.
- ensure that sufficient numbers of staff are trained and available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- have overall responsibility for the development of individual healthcare plans
- ensure that school staff are appropriately insured and are aware that they are insured to support students in this way.

3.3 Business Manager and Medical and Welfare Officer

The Business Manager and Medical and Welfare Officer will ensure the Headteacher's responsibilities are met and correctly implemented.

With the support of the Business Manager, the Medical and Welfare Officer will:

- be the primary carer for students with long term conditions and those requiring first aid.
- liaise with students' families regarding medical conditions.
- administer medication where required but support students to increase confidence and promote self-care.
- offer advice and expertise to school staff in understanding and supporting students with medical conditions.
- create and monitor healthcare plans.
- Ensure other documentation such as medication agreements, risk assessments, personal emergency evacuation plans are completed with students and their families and share them with staff as appropriate to meeting the student's needs.
- promote health and wellbeing throughout the school.
- ensure appropriate measures are in place for students with medical conditions for school visits, holidays, and other school activities outside the normal timetable.
- Arrange staff first aid training.

3.4 School Staff

School staff may be asked:

- to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.
- it is recognised that administering medicines is not part of teachers' professional duties however they should take into account the needs of students with medical conditions that they teach.
- to attend training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions.

Although the school employs a Medical and Welfare Officer, any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.5 Parents

Parents are key partners and are asked to:

- promptly inform the school if their child has a medical condition
- provide the school with sufficient and up-to-date information about their student's medical needs.
- be involved in the development and review of their child's individual healthcare plan
- carry out any action they have agreed to as part of the implementation of a healthcare plan e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times
- parents will ensure that all emergency contact numbers are kept up to date.

3.6 Students

It is recognised that students with medical conditions are often best placed to provide information about how their condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Students are asked to:

- tell staff if they feel they need help with any medical condition
- handle medication responsibly and within the agreed plan
- be involved in discussions about their healthcare plan
- be sensitive to the needs of others with medical conditions

3.7 School Nursing Team

The school has access to the School Nursing Team. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, this is done the child student joins the school. They will support staff to implement a child's individual healthcare plan and provide advice and liaison, for example on training.

3.8 Advice on the Role of Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians, should notify the School Nursing Team when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. They will not normally liaise directly with the school and will require explicit consent to discuss a condition with the school.

4.0 Staff Training and Support

Any member of school staff providing support to a student with medical needs will have received suitable training. Training needs will be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will choose to arrange training themselves and should ensure this remains up to date. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans) or consent. A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Where necessary, whole school awareness training will be arranged so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. New staff will also be advised of any students with medical conditions and receive any necessary training. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

It is recognised that the student or their family will often be key in providing relevant information to school staff about how their (or their child's) needs can be met. Students and parents will be asked for their views, provide specific advice but will not be the sole trainer.

5.0 Procedure when Notified of a Student with a Medical Condition

The school does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where there are any disagreements or uncertainty, the Headteacher will evaluate the evidence and make a decision based on the risks and what the school can safely accommodate while allowing the student to access as much of an activity as they would be able to as possible.

5.1 Existing Students

When the school is notified that a student has a medical condition, symptoms, triggers, medication and all areas of managing the condition will be considered. The student, their parents, health care professionals and agencies involved in the student's care, will be contacted (assuming parents and the student consent) and invited to provide information for a healthcare plan. The student and their parents will be invited to meet with designated school medical staff to formulate a care plan that will effectively support their needs.

Any emotional support that the student may require will be accessed through school nursing team or family support alongside support through the school medical staff, ACE or pastoral staff.

Parents are asked to liaise closely with the school in the management of conditions. This is particularly relevant to providing information for the school attendance team to explain for any absences for attend medical appointments or periods of illness, and registers will be amended.

Where a student is returning to school following a period of hospital education or alternative provision, the school will work with the local authority and education provider to ensure that the individual healthcare plan would be updated to reintegrate the student effectively. Any special

requirements for extra time to complete exams will be arranged through schools examinations officer. The site manager will be contacted to arrange a risk assessment where necessary.

5.2 New Students

When notification is received during transition from primary school or for an in-year transfer from another high schools, the procedure outlined for existing students (above 5.1) will be followed.

6.0 Individual Healthcare Plans

Individual healthcare plans are used to ensure that the school effectively support students with medical conditions. They are developed with the student's best interests in mind and ensure that the school assesses and manages risks to the student's education, health and social wellbeing, and minimises disruption to them and how they might work with other statutory services. Not all students will require one however a plan will be put in place unless it is agreed a plan would be inappropriate or disproportionate.

The school, student, parents and, where appropriate, healthcare professionals will agree the plan. If consensus cannot be reached, the Headteacher is best placed to take a final view.

Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. They will capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the student's condition and the degree of support needed. It is recognised that different students with the same health condition may require very different support.

6.1 Agreeing a Plan

Individual healthcare plans and their review may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the student. Plans should be drawn up in partnership between the school, student, parents, and any relevant healthcare professional.

The aim should be to capture the steps which a school should take to help the student manage their condition and overcome any potential barriers to getting the most from their education. It will be agreed who is best placed to write the plan but responsibility for ensuring it is finalised and implemented rests with the school.

Plans will be reviewed annually or earlier if evidence is presented that the student's needs have changed.

Where the student has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

6.2 Contents of the Plan

Information which may be recorded on individual healthcare plans include:

- the medical condition, its triggers, signs, symptoms and treatments

- the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
- specific support for the student's educational, social and emotional needs e.g. how absences will be managed, requirements for extra time in exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the extent to which the student can manage their own condition. This may cover arrangements for emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- any staffing implications e.g. who will provide medical support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional and cover arrangements for when they are unavailable
- who in the school needs to be aware of the student's condition and the support required
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent / student, the designated individuals to be entrusted with information about the student's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

6.3 Home to School Transport

Transport is the responsibility of local authorities. Where appropriate and the student and their parents consent, a plan will be shared with transport providers.

7.0 The Student's Role in Managing their Medical Needs

It is recognised that many students will be competent to manage their own health needs and medicines. After discussion with parents and the student concerned, students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, students will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

8.0 Student Support

Students with medical conditions will often be best placed to provide information about how their condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Other students are expected to be sensitive to the needs of those with medical conditions.

The school recognises that many of the medical conditions that require support will affect quality of life and can be potentially life-threatening. The school will ensure that the focus is on the needs of each individual child and assess how their medical condition impacts on their school life.

8.1 Impact of Conditions

The school aims to ensure the arrangements made will give parents and students confidence in the school's ability to provide effective support for medical conditions in school. The school seeks to understand how medical conditions impact on each student's ability to learn, as well as increase their confidence and promote self-care. Where required, staff will be properly trained to provide the support that students need.

In addition to the educational impacts, it is recognised that there are social and emotional implications associated with medical conditions. Students may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.

8.2 Long Term Absences

Long-term absences due to health problems affect student's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school following absences should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a student's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

8.3 Admissions

Students with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no student with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, the school will ensure that students' health is not put at unnecessary risk, for example infectious diseases. The school will not accept a student in school at times where it would be detrimental to the health of that student or others to do so.

9.0 Managing Medicines on School Premises

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. When the school has received a Parental Request to Administer Medicine Agreement where the dosage agrees with the medication container dispensed by the pharmacist, where possible, the school will support the student to take the medication. The ability to support this will however depend on the training requirements as specified in students' individual health care plans.

Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps

No student under sixteen will be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student or young person to involve their parents while respecting their right to confidentiality.

10.1 Non-Prescription Medicines

The school will allow non-prescription medication if requested to by parents. Parents must give written consent on a Parental Request to Administer Medicine Agreement. This must clearly specify the medication and the dosage. The medication is stored for the student and they must come to the medical room to take it. This is recorded in the medical book.

Students under sixteen will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

10.2 Prescription Medicines

Where possible, it is expected that medicines will be prescribed in dose frequencies which can be taken outside of school hours. Where this is not possible, the school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container. Spare insulin may be kept in school, stored in the medication fridge.

All medicines will be stored safely. Students will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to students and not locked away.

10.3 Controlled Drugs

A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence.

Monitoring arrangements will be necessary and will be part of a healthcare plan, if applicable. The school will otherwise keep controlled drugs that have been prescribed for a student securely stored in

a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school

School staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

The exception to this is epi-pens, specific diabetic medication and asthma inhalers which may be kept by the student.

11.0 Record Keeping

The school recognises that comprehensive records offer protection to staff and students as well as providing evidence that agreed procedures have been followed. The following records are kept:

- any medicines administered are recorded in the medication book located in the main office
- student visits to the medical room are recorded in the medical book
- Diabetic students are provided with a personal book to record all daily blood readings and units of insulin administered
- Calls made home to parents regarding illness or accidents will be recorded in the medical book and in the student communication log on SIMS.
- First Aid kits are stocked and supplied for outside activities such as school visits and sporting fixtures. Within these are accident record books in which staff involved will record any medical occurrence and action taken.

12.0 First Aid

Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises which includes the provision of first aid. In schools this includes responsibility for the head teacher and teachers, non-teaching staff, students and visitors. The arrangements for first aid are based on a risk assessment and include:

- numbers of first aiders/appointed persons
- numbers and locations of first-aid containers
- arrangements for off-site activities / trips
- out of school hours arrangements eg lettings, parents evenings.
- that appropriate training is provided and that correct procedures are followed.

The Headteacher will regularly review the school's first-aid needs to ensure the provision is adequate however this is delegated to the Business Manager and Medical and Welfare Officer. This will include informing staff and publicising who first aiders are and where the equipment is.

The number and coverage of first aiders ensures:

- adequate provision for lunchtimes and breaks
- adequate provision for leave and in case of absences
- first-aid provision for off-site activities i.e. school trips.
- adequate provision for practical department
- adequate provision for out of hours activities
- any agreements with contractors and subcontracted staff
- adequate provision for trainees working on site.

12.1 Training

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. Adequate, appropriate training and guidance will be given for staff who volunteer to be first aiders / appointed persons.

Refresher training will be arranged at as required.

12.2 Duties of First Aiders

The main duties of a first aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- when necessary, ensure that an ambulance or other professional medical help is called.

An appointed person is someone who:

- takes charge when someone is injured or becomes ill.
- looks after the first-aid equipment e.g. restocking the first-aid container.
- ensures that an ambulance or other professional medical help is summoned when appropriate.

12.3 Equipment

The school has a fully stocked medical room with first aid equipment. There are also arrangements for mobile activities or remote areas. The Medical and Welfare Officer is responsible for ensuring appropriate stock and siting of equipment.

All staff will take precautions to avoid infection and must follow basic hygiene procedures. Staff will have access to single-use disposable gloves and hand washing facilities. They will take care when dealing with blood or other body fluids and disposing of dressings or equipment.

12.4 Reporting

The school will maintain records of any reportable injury, disease or dangerous occurrence. This will include:

- the date and method of reporting
- the date, time and place of the event
- personal details of those involved
- a brief description of the nature of the event or disease.

Whenever first aid treatment is given, the following will be recorded:

- the date, time and place of incident
- the name and form of the injured or ill person
- details of the injury / illness and what first aid was given
- what happened to the person immediately afterwards e.g. went home, resumed normal duties, went back to class, went to hospital
- name and signature of the first aider or person dealing with the incident

12.0 Emergency Procedures

Where a student has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in school will know what to do in general terms, such as informing a teacher immediately if they think help is needed.

12.1 Calling an Ambulance

If a member of staff decides that it is necessary to call an ambulance for a student:

- the main school office are to be contacted and asked to call the ambulance. To enable an effective response they will require the student's name, where they are located, and the nature of the emergency.
- parents will be contacted immediately.
- the office will provide any relevant medical information relating to the student and records of any medication taken that day.
- staff will stay with the student until the parent arrives or accompany the child in the ambulance.
- a record of the process will be recorded in the medical book and on CPOMS. Accident forms will be completed as appropriate.

Following any incident, the effectiveness of school procedures will be reviewed to assess whether there are any areas that could be improved both in terms of the incident itself and the emergency response.

12.2 Emergencies During Trips and Visits

During school trips and visits, the lead member of staff will be responsible for emergency procedures, and to ensure that sufficient staff are available for any first aid required, all medical conditions and information will be taken into account as identified on EVH2 forms and related healthcare plans.

All actions taken will be recorded in the accident record book located in first aid bags.

12.3 Defibrillators

Royds school holds two defibrillator machines; in main school office and in the PE department. Any member of staff who takes a first aid course will be given defibrillator training although all staff are aware that they should use defibrillators in an emergency and training is not a pre-requisite.

13.0 Day Trips, Residential Visits and Sporting Activities

Students with medical conditions will be actively supported to participate in school trips and visits or in sporting activities. Teachers will be made aware of how a student's medical condition will impact on their participation but every effort will be made to allow all students to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school will carefully consider the reasonable adjustments that can be made to enable students with medical needs to participate fully and safely on visits. Risk assessment will be carried out during the planning stages to take account of any steps needed to ensure that students with medical conditions are included. This will be done with consultation with parents and students in addition to advice from the relevant healthcare professional to ensure that students can participate safely. Information will normally be collected during the creation of an individual healthcare plan. Students with individual healthcare plans will be asked to provide additional information to inform trip planning.

Any medications required will be stored safely, held by the lead member of staff and administered as instructed by parent in accordance with dispensers instructions. Medications must arrive in original packaging with this information clearly visible.

Medications taken will be recorded by appointed staff member in accident record book and clearly record:

- student's name
- medication taken
- dose administered
- times taken
- signed by pupil and staff member.

Epi-pens, diabetic medication and equipment and asthma inhalers may be kept with the student.

Students are allowed to carry emergency inhalers and use these when they have parental consent to do so, providing all of the following are in place and checked:

- parents' written permission must be obtained, containing full details of student's inhaler
- ensure that it is the same inhaler
- ensure the inhaler is in date
- ensure the dosage is the same
- the group leader makes the decision to allow its use and that it is clearly recorded what has been done.

14.0 Liability and Indemnity

The school's insurance is provided through Leeds City Council and there is adequate cover and indemnity provided in relation to medical procedures provided:

- staff are adequately trained
- procedures are documented
- staff act within the parameters of the role at school

15.0 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint through the school's Complaints Procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Appendices

Appendix A: Procedures for Specific Conditions

Appendix B: Asthma Guidance

Appendix C: Cardiac Arrest and Heart Attacks

Appendix D: Flowchart for the Creation of an Individual Healthcare Plan

Appendix E: Individual Healthcare Plan Template

Appendix F: Parental Agreement to Administer Medicine

Appendix G: Invite Letter for Parents to Contribute to Individual Healthcare Plan

Appendix H: Letter to Inform Parents of Emergency Salbutamol Inhaler Use

Appendix A: Procedures for Specific Conditions

Epi Pens

- The governors will ensure that whole school epi pen training will be arranged and delivered through the School Nursing Team at regular intervals.
- Medical staff will record expiry dates of students' spare epi pens and ensure they are stored safely
- Reminder letters will be sent to parents twice yearly to ask for updates in any change of child's condition, and it will be parent's responsibility to provide new and up to date medication.
- Regular and updated profiles showing photograph of child with name and form will be circulated to staff, a copy of which will be shared during staff briefing. They will also be shown during a supply cover teacher briefing.
- Individual line managers will be responsible to ensure cover for epi pen students in cases of staff absence.

Diabetes

- The governors will ensure that whole school diabetic training is arranged through the Children's Diabetes team at regular intervals.
- Medical staff will meet and liaise with student's Diabetic Nurse and parents regularly to ensure care plans are updated, and daily care requirements met.
- Insulin will be safely stored at correct temperature within the medication fridge in the Medical Room.
- Arrangements will be made for the child to attend the Medical Room to take insulin in private and to record their blood sugar levels.
- The student will be supported by medical staff and encouraged to maintain their supplies of glucose tablets and blood meter within their own bag for immediate treatment to correct hypos. The student and parent will be responsible for renewing all supplies.
- Diabetic students will be given a sticker to place in their planner which outlines the procedure to follow in class which they can use as a reminder or show to class teacher.
- Toilet passes will be issued to diabetic students, alongside a red card with which they can indicate to a member of staff that they are experiencing a hypo if they wish to. The student will be encouraged to treat themselves in class and staff will contact medical staff to attend the student if required.
- Medical staff will see diabetic students daily and will support and encourage the student to manage their condition well. A strong working relationship has been built with the Children's Diabetes Team and with the support of parents, any issues occurring will be dealt with efficiently.
- Individual line managers will be responsible to ensure cover for diabetic students in case of staff absence.

Epilepsy

- The governors will ensure that whole school epilepsy training is arranged at regular intervals and that a sufficient number of staff across school are first aid trained.
- Medical staff will liaise with parent, student and Epilepsy Nurse regularly to ensure that care plans are updated. It will be parents' responsibility to update school with any changes in their child's condition.
- Teaching staff will be made aware of each individual student's pattern of symptoms so that they are able to recognise them, and also how they should respond. First aid for epilepsy profiles will be available to teaching staff.

- Staff will be made aware that students with epilepsy may have difficulty maintaining consistency with learning, performance can be slower, side-effects of antiepileptic drugs can cause behavioural changes and memory difficulties. Subject teachers will monitor performance and contact parents with any concerns.
- If a seizure occurs in school, first aid will be given and observations recorded on a witnessing a seizure sheet.
- If a child requires emergency medication and this is administered, this will be recorded on a use of emergency medication sheet. Emergency services will be called and parents informed.

Appendix B: Asthma Guidance

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it will be easily accessible to them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. Royds School has emergency salbutamol inhalers which will normally only be used by students, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the student's prescribed inhaler is not available.

Arrangements for the Supply, Storage, Care, and Disposal

The Medical and Welfare Officer is responsible for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- that replacement inhalers are obtained when expiry dates approach.
- replacement spacers are available following use.
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The inhaler and spacers are kept in the Medical Office which is a safe and suitably central location in the school. This is known to all staff and to staff have access to at all times. The inhaler is stored at the appropriate temperature, usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers are kept separate from any student's inhaler which are stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

Asthma Register

The emergency salbutamol inhaler should only be used by students who:

- have been diagnosed with asthma and prescribed a reliever inhaler
- have been prescribed a reliever inhaler and for whom written parental consent for use of the emergency inhaler has been given.

This information is recorded in a student's individual healthcare plan and also in a student's planner. The asthma register will detail which students have asthma and when parents have consented to students using the emergency inhaler. This will be recorded on CPOMS.

Symptoms of Asthma and Responding to Attacks

Common routine symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising.
- Shortness of breath when exercising.
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- persistent cough when at rest.
- a wheezing sound coming from the chest when at rest.
- being unusually quiet.
- the student complains of shortness of breath at rest, feeling tight in the chest.
- difficulty in breathing (fast and deep respiration).
- nasal flaring.
- being unable to complete sentences.
- appearing exhausted.
- a blue / white tinge around the lips.
- going blue

If a child is displaying the above signs of an asthma attack, the following procedure should be followed:

1. Call an ambulance immediately and commence the asthma attack procedure without delay if the student:
 - appears exhausted.
 - has a blue/white tinge around lips.
 - is going blue.
 - has collapsed.
2. Keep calm and reassure the student.
3. Encourage the student to sit up and slightly forward.
4. Use the student's own inhaler. If this is not available, use the emergency inhaler.
5. Remain with student while inhaler and spacer are brought to them
6. Immediately help the student to take two separate puffs of the salbutamol via the spacer immediately.
7. If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
8. Stay calm and reassure the student. Stay with the student until they feel better when they can return to school activities if they feel better
9. If the student does not feel better or you are worried at anytime before you have reached 10 puffs, call 999 for an ambulance.
10. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
11. The student's parents or carers should be contacted after the ambulance has been called.
12. A member of staff should always accompany a student taken to hospital by ambulance and stay with them until a parent or carer arrives.

Record Keeping

of the emergency inhaler will be recorded. This includes where and when the attack took place, how much medication was given, and by whom. The student's parents must be informed in writing so that this information can also be passed onto their GP.

Training and Support

The school ensures that there are a reasonable number of designated members of staff to provide sufficient coverage. Staff have appropriate training and support, relevant to their level of responsibility. All staff receive training on supporting common medical condition which includes:

- trained to recognise the symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms.
- aware of school asthma procedures.
- awareness of how to check if a student is on the register.
- awareness of how to access the inhaler.
- aware of who the designated members of staff are and how to access their help.

Designated members of staff are trained in:

- recognising asthma attacks and distinguishing them from other conditions with similar symptoms.
- responding appropriately to a request for help from another member of staff.
- recognising when emergency action is necessary.
- administering salbutamol inhalers through a spacer.
- making appropriate records of asthma attacks.

Appendix C: Cardiac Arrest and Heart Attacks

Cardiac Arrest

Cardiac arrest is when the heart stops pumping blood around the body. It can be triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm or to stop beating entirely. Oxygen will not be able to reach the brain and other vital organs.

When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced.

Cardiac arrest can happen at any age and at any time. Possible causes include:

- heart and circulatory disease such as a heart attack or cardiomyopathy.
- loss of blood.
- Trauma.
- electrocution.
- sudden arrhythmic death syndrome (SADS) which is often caused by a genetic defect.

When a cardiac arrest occurs, CPR can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

Heart Attack

A heart attack (sometimes referred to as a myocardial infarction), is caused by a clot forming in one of the arteries that supply blood to the heart muscle. This prevents oxygen from getting to a particular region of the heart. As a result, cells in this region start to die. The longer this continues, the more damage is caused to the muscle. This damage is permanent. However, as the heart is still beating, CPR and defibrillation are not appropriate.

Response

There are four stages to the chain of survival and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.
3. Early defibrillation to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of

survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR. Some cardiac arrest patients will not present with a shockable rhythm (i.e. one which is suitable for defibrillation), and the AED will not administer a shock. In such cases, it is essential that CPR is maintained until the emergency services arrive.

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same, and require different interventions. CPR and/or the use of an AED is not appropriate for an individual experiencing a heart attack and who is conscious, as the heart will still be beating, and the device will not administer a shock in these circumstances. However, a heart attack is still a life-threatening situation, and the emergency services should be alerted immediately. A heart attack can also very quickly lead to cardiac arrest, in which case administration of CPR and use of an AED may help to save the person's life.

Appendix D: Flowchart for the Creation of an Individual Healthcare Plan



Appendix E: Individual Healthcare Plan Template



Individual Health Care Plan

Basic Information			
Student's name:		Address:	
Form:			
Date of Birth:			
Diagnosis / Condition		Date:	
		Review:	

Family Contact Information			
Contact 1 name:		Contact 2 name:	
Relationship to student:		Relationship to student:	
Phone – mobile:		Phone – mobile:	
Phone – home:		Phone – home:	
Phone – work:		Phone – work:	

Medical Professionals Information			
Hospital contact:		GP name:	
Location:		Surgery:	
Phone number:		Phone number:	
Email address:		Email address:	

Who in school is responsible for providing support?	
---	--

Describe the student's medical needs:	
Symptoms:	
Triggers:	
Signs:	
Treatments:	
Facilities needed:	
Equipment or devices:	
Other e.g. environmental issues.	

Medication information:		
Name of medicine:	1	
	2	
	3	
	4	
Dosage:	1	
	2	
	3	
	4	
Method of administration:	1	
	2	
	3	
	4	
When it is to be taken:	1	
	2	
	3	
	4	
Side effects / contra-indications:	1	
	2	
	3	
	4	
Administered by / self-administered and supervision level required:	1	
	2	
	3	
	4	
Other notes:		

Describe the student's daily care requirements:

Blank area for describing the student's daily care requirements.

Describe any support required for the student's educational, social and emotional needs:

Blank area for describing any support required for the student's educational, social and emotional needs.

Describe any additional arrangements for school visits or trips:

Blank area for describing any additional arrangements for school visits or trips.

Describe what constitutes an emergency and the action to take if this occurs:

Empty text box for describing emergencies and actions.

Who is responsible in an emergency?

Empty text box for identifying responsible parties.

Please add any information which has not been given:

Empty text box for additional information.

Staff training identified:

Empty text box for listing staff training.

Plan developed with

Name	Role	Name	Role	Name	Role

Appendix F: Parental Agreement to Administer Medicine



Parental Agreement to Administer Medicine

Where possible, the school will support students to attend school by supporting them to take medication at school. Royds School will not administer any medicines or allow a student to take medicine without this form being completed fully and signed by a parent or carer who is recorded as a contact for the named student.

Basic Information			
Student's name:		Contact name:	
Form:		Relationship:	
Date of Birth:		Mobile number:	
Illness / condition		Work number:	
Date:		Home number:	

Medicine			
Name of medicine:		Dosage and method:	
Expiry date:			
Self-administration?		Timing:	
Special precautions / other instructions:			
Known side-effects:			
Emergency procedures:			
<ul style="list-style-type: none"> ▪ Prescription medication must be in the original container as dispensed by the pharmacy. ▪ Medication MUST be handed in to Student Services as the student arrives at school. 			

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

Signature:		Date:	
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Appendix G: Invite Letter for Parents to Contribute to Individual Healthcare Plan



Dear Parent

Developing an Individual Healthcare Plan for XXX

Thank you for informing us of **XXX**'s medical condition. I enclose a copy of the school's Medical 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 each student needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students and the relevant healthcare professional who can advise on **XXX**'s case. The aim is to ensure that we know how to support **XXX** 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 **XXX**'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 **XXX**'s Individual Healthcare 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 would be happy for you contact me by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix H: Letter to Inform Parents of Emergency Salbutamol Inhaler Use



Dear Parent

Name:		Date:	
Form:		Time:	
Inhaler used:	Own / School Emergency	Puffs given:	

This letter is to formally notify you that **XXX** has had problems with their breathing today. This happened when **ADD DETAILS**.

A member of staff helped them to use an asthma inhaler. If they did not have their own asthma inhaler with them, a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Appendix I: Personal Emergency Evacuation Plan

Personal Emergency Evacuation Plan (PEEP)

Building:	
Name:	
Location:	

Reason for assistance:	
Number of people required to assist:	

Allocated student support:	Name:	Telephone No.

Support staff if required:	Name:	Telephone No.

Escape Plan or Procedure:	
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Details of any equipment required to assist evacuation:	
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Location of Assembly point	East Block Yard
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	Signature	Print Name	Date
Staff signature:			
Student signature:			

Appendix J: CF50 Accident Form

		CF/50: Report of an Accident, Injury or Dangerous Occurrence				 LEEDS CITY COUNCIL		
<p>1. This form is for reporting ALL incidents (not including violence), dangerous occurrences and accidents involving any person on premises controlled by Leeds City Council and/or to any employee of Leeds City Council on any premises.</p> <p>2. All relevant parts should be completed and sent to Schools HS&W Team, Level 4, Leonardo Buildings, 2 Rossington Street, Leeds, LS2 8HD immediately after the incident.</p> <p>3. In cases of accidents resulting in death, broken bones, amputation, dislocation, eye injury, loss of consciousness, acute illness or immediate admission to hospital, or in the event of a Dangerous Occurrence telephone 0113 247 5763 immediately.</p> <p>4. In cases involving violence please complete form CF/50a: Report of an assault / violent incident</p>								
Person Injured								
Full Name:		Category	Employee		Address:			
DOB:			Student					
Gender:			Contractor					
Registered disabled?			Visitor					
Employee role:		Location:	Royds School	Pay no:				
Student school:	Royds School	Year:		Form:				
Details of Incident								
Date of incident:	Day		Month		Year		Time	
Exact location:								
Was person taken direct to hospital from the scene of the accident?						Yes / No		
Will injury prevent member of staff from normal working capacity for more than 3 days following the date of the accident?						Yes / No		
Will injury prevent member of staff from normal working capacity for more than 3 days following the date of the accident?						Yes / No		
State what happened as fully as possible:								
Did the condition of the premises contribute to or cause the accident? If yes, give details						Yes / No		

--

Give details of first aid treatment given and by whom:

--

Witness 1		Witness 2	
Name:		Name:	
Address:		Address:	

Injury Details

Type of injury	Amputation		Concussion		Electric shock		Multiple		Sprain / strain	
	Break / fracture		Cut / abrasion		Irritation		Poisoning		Swelling / bruise	
	Burn / scald		Dislocation		Mark		Respiratory		None stated	
	Near miss		Other, please state:							

Affected body part	Arm		Ankle		Back		Eye		Finger	
	Foot		Hand		Head / face		Internal		Leg	
	Muscular		Neck		Toes		Torso		Wrist	
	None Stated		Other:		Left or Right?					

Cause	Animal		Bite		Collision		Crush / trap		Drowning	
	Electrical		Equipment		Fighting		Fall above 2m		Fall below 2m	
	Fire		Glazing		Hit by object		Illness		Intervention	
	Manual handling		PE		Slip / trip		Spillage		Substance	
	Vehicle		Trap in door		Unknown		None stated			
	Other:									

Investigation Details

Has the school carried out an investigation to establish the cause of the accident?	Yes / No
Name of investigator:	
Has any action been taken or is action proposed to be taken to prevent recurrence?	Yes / No
If yes, please give details:	

Data Protection Declaration

Under the terms of the General Data Protection Regulations 2018 we must inform you of the following: By signing this form you are giving your explicit consent to Royds Learning Trust and Leeds City Council to process your data. You give consent to Royds Learning Trust to share the information on this form and any other information relating to accident investigation with Leeds City Council. The processing involved will be for the purpose of monitoring health and safety in Royds Learning Trust and Leeds City Council in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies. I consent to Leeds City Council and Royds Learning Trust processing the information detailed in this form. I understand that this will be used by the company in pursuance of its business purposes and my consent is conditional upon Leeds City Council and Royds Learning Trust complying with their obligations under the General Data Protection Regulations 2018.

Name of person completing form:		Signature:		Date:	
Name of injured person:		Signature:		Date:	
Headteacher name:		Signature:		Date:	
If the form has not been completed by the person who has had the accident have they been consulted with and provided with a copy of this form?					Yes / No

Appendix K: CF50a Accident Form Following a Violent Incident

		CF/50a: Report of an Assault or Violent Incident				 LEEDS CITY COUNCIL		
<ol style="list-style-type: none"> This This form is for reporting assaults and violent incidents to any employee of Leeds City Council on any educational premises. All relevant parts should be completed and sent to Schools HS&W Team, Level 4, Leonardo Buildings, 2 Rossington Street, Leeds, LS2 8HD immediately after the incident. In cases where a member of the public – but not a pupil – is violent or aggressive and the school wishes details to be forwarded to Legal Services the Personnel Officer for the school should be contacted immediately. All other accidents and incidents should be reported on report form CF/50 Report of an Accident, Injury or Dangerous Occurrence. 								
Person Subject to Violence								
Full Name:		Category	Employee		Address:			
DOB:			Student					
Gender:			Contractor					
Registered disabled?			Visitor					
Employee role:		Location:	Royds School	Pay No:				
Student location:	Royds School	Year:		Form:				
Details of Incident								
Date of incident:	Day		Month		Year		Time	
Exact location:								
Was the subject injured?	Yes / No	Detail of injury:						
Will injury prevent member of staff from normal working capacity for more than 3 days following the date of the accident?						Yes / No		
Will injury prevent member of staff from normal working capacity for more than 3 days following the date of the accident?						Yes / No		
Summarise what happened (e.g. “student swore at teacher” or “parent threatened members of staff”):								
Please give a more detailed account of what happened, including any relevant events leading up to the incident and details of any property damage, verbal abuse and anti-social behaviour. Use additional sheets if necessary and attach them to this form.								

--

Details of Alleged Assailant (if known)

Full Name:		Address:		Have there been any previous incidents concerning this person?
Age:				
Gender:				

Witness 1		Witness 2		Witness 3	
Name:		Name:		Name:	
Address:		Address:		Address:	

Type of Incident

Verbal abuse	Threat(s)	Physical assault (no injury)	Physical assault (injury sustained)
Affected body part	Arm	Ankle	Back
	Foot	Hand	Head / face
	Muscular	Neck	Toes
	None Stated	Other:	Left or Right?

Have the police been notified?	Yes / No
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If YES please give the name, number and station of the officer(s) concerned:

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Investigation Details

Has the school carried out an investigation to establish the cause of the incident?	Yes / No
Name of investigator:	
Has any action been taken or is action proposed to be taken to prevent recurrence?	Yes / No

If yes, please give details:

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Data Protection Declaration

Under the terms of the General Data Protection Regulations 2018 we must inform you of the following: By signing this form you are giving your explicit consent to Royds Learning Trust and Leeds City Council to process your data. You give consent to Royds Learning Trust to share the information on this form and any other information relating to accident investigation with Leeds City Council. The processing involved will be for the purpose of monitoring health and safety in Royds Learning Trust and Leeds City Council in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies. I consent to Leeds City Council and Royds Learning Trust processing the information detailed in this form. I understand that this will be used by the company in pursuance of its business purposes and my consent is conditional upon Leeds City Council and Royds Learning Trust complying with their obligations under the General Data Protection Regulations 2018.

Name of person completing form:		Signature:		Date:	
Name of injured person:		Signature:		Date:	
Headteacher name:		Signature:		Date:	
If the form has not been completed by the person who has had the accident have they been consulted with and provided with a copy of this form?					Yes / No



Royds