



Supporting Students with Medical Needs (Including First Aid Policy)

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Signed:

Chief Executive Officer

Chair of Trustees

SECTION 1

INTRODUCTION

This policy is closely based on DfE guidance “Supporting pupils at School with Medical Conditions”. A copy of this document is available on the DfE website:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

It is important that responsibility for students’ safety is clearly defined and that each person involved with students with medical needs is aware of what is expected of them. Close co-operation between the school, parent/carers, health professionals and other agencies will help provide a suitably supportive environment for students with medical needs. The Orion Academy has an appointed Medical Coordinator who takes responsibility for coordination and sharing of information.

There is no legal duty which requires school staff to administer medication; this is a voluntary role. However support staff have specific duties to provide medical assistance as part of their contract.

This document gives specific guidelines with regards to the administration of medicines to students. Individual students with high level special medical needs may require an Individual Health Care Plan to be produced, in consultation with school staff, parent/carers, student, School Health Nurse and the Paediatrician. (There is no copy of this document included, as this document is produced by health care professionals.)

This document should be made known to all members of staff who may be involved in administering medicines to students.

Students with Medical Needs

Most students will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some students however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example students with well-controlled epilepsy, cystic fibrosis or diabetes.

Others may require medicines in particular circumstances, such as students with severe allergies who may need an adrenaline injection (Epi-Pen). Students with severe asthma may have a need for daily inhalers and additional doses during an attack.

Students may not require medical assistance during normal school hours but will need support if out of school hour trips are taken.

Most students with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

Some students with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities.

Under Part 4 of the DDA, the school **must not** discriminate against disabled students in relation to their access to education and associated services – a broad term that covers all

aspects of school life including school trips and school clubs and activities. The school should make reasonable adjustments for disabled students including those with medical needs at different levels of school life; and for the individual disabled child in practices, procedures and in policies.

Support for students with Medical Needs

Parents/carers have the prime responsibility for their child's health and should provide school with information about their child's medical condition. Parents/carers, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. Health professionals linked to the school, e.g. doctor, nurse, or health visitor and any specialist voluntary bodies may also be able to provide additional background information for staff.

SECTION 2

ADMINISTERING MEDICINES IN SCHOOL (Prescribed)

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. School should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the label clearly stating the child's name, prescriber's instructions for administration and dosage.

Only staff who have received First Aid training can administer medicines.

School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parent/carer instructions.

Parents/carers are responsible for bringing medication into school with specific written instructions: students should not be responsible for bringing medicines into school however Transport Drivers or Escorts may bring in medication. The medication must be handed to the driver by parents/carers and from the driver to a member of Orion staff.

All prescribed medication administered by school staff must be supported by a parent/carer completing a 'Consent to Administer Prescribed Medication' form.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by students, e.g. methylphenidate.

Any member of staff who is first aid trained may administer controlled drugs to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession to bring it into school from home. It is permissible for school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. (In line with school policy, this medication would be handed by the parent/carer to the taxi driver).

Schools and settings should keep controlled drugs in a locked non-portable container and

only named staff should have access. A **'Record of medication administered book'** (this is not an additional document provided with this policy as it is a hardback bound book kept for each student in reception) is kept for audit and safety purposes. Medication is stored in containers, which clearly identifies the student's name.

When controlled medication is administered to a student by a first aid trained member of staff, this should be recorded in the **'Record of medication administered book'** and **signed by two members of staff**. Student information, name, strength of medication and dosage should be written in the book. (If students are accessing an off-site provision and need to have medication whilst off-site, a **'Record of administration-off site trip'** document will be taken with the group for each student requiring medication and added to the **'Record of medication administered book'** as soon as the group return to school, by the Group Leader giving this completed document to reception.

If a student requires controlled medication in school then the **'Individual plan for student requiring controlled medication in school'** document needs to be completed. This is based on the **DfE IHCP** document but is adapted to ensure parents/carers are not required to repeat information across different documents. This should be completed by school and in conjunction with the students' parents/carers.

A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a student unless there is specific prior written permission from the parents/carers. Only over the counter medicine can be given without a pharmacy label.

Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents/carers have certified this is the case – a note to this effect should be recorded on the form **'Consent to administer Non Prescribed Medication'**. If the non-prescribed medication is for paracetamol, the same form is to be completed.

Where a non-prescribed medicine is administered to a child it should be recorded on **'Non Prescribed record of medicine administered form'** and the parents/carers informed. If a child suffers regularly from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

A child under 16 should **never** be given aspirin-containing medicine unless prescribed by a doctor.

Short-Term Medical Needs

Many students will need to take medicines at some time during their time at school or within the school setting. This will usually be for a short period only to allow students to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a student's health if it were not administered during the day.

Long-Term Medical Needs

If a student's long term medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. Programmes of study also need to be in place if medical needs equate to long absences.

Individual Health Care Plan

The school needs to know about any particular needs before a student begins at the Orion Academy. During the transition period before a student starts at the Orion academy the **'New Student Form'** and **'Medical Information Form'** is shared with parents/carers. If a student develops a medical need these documents are also shared with parents/carers. For students who attend hospital appointments on a regular basis, special arrangements may also be necessary. For high level medical needs a written individual health care plan, involving the parent/carers and relevant health professionals, may be necessary. This document is led and completed by medical professionals.

The main purpose of an individual health care plan for a student with medical needs is to identify the level of support that is needed.

An individual health care plan clarifies for staff, parents/carers and the student the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Not all students who have medical needs will require an individual plan.

High-Level Medical Needs

Students with high level medical needs at the Orion Academy are students who are more likely to require a 999 call during the school day. For each of these students a detailed 'profile' has been created. This includes their name and date of birth, an up-to-date photograph, their medical needs and symptoms, any other relevant medical information and information for staff on how to respond in the event of an emergency. The 'profile' also includes contact names and numbers for parents/carers or carers and their GP. This information is contained on the reverse side of a document.

On the front side of this A4 document is the 'Communication Guidelines for a 999 Call'. These are the Orion Academy guidelines which have been created to give clear guidance to staff in the event of needing to make a 999 call.

This document is intended to be kept in the student's own classroom - easily accessible. The 'Communication Guidelines for a 999 Call' are displayed on the front, facing out. The detailed, personal profile should be hidden from sight on the reverse-side.

These high level medical profiles have been created in order for us to support these students with their medical needs and to be able to respond quickly and appropriately in a medical emergency.

Parent/carer permission to have this information easily available, accessible (not locked away) - but not visible to other students - have been sought (for GDPR).

Administering Medicines

No child under 16 should be given medication without their parents/carer's written consent. Verbal consent is not acceptable but may be permissible in exceptional circumstances as a one-off while written consent is obtained.

Any member of staff giving medicine to a student, should be First Aid trained and check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicines but check with the parents/carers, SLT or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parents/carers, if appropriate, or with a health professional attached to the school or setting.

A written record must be kept using the documents '**Non Prescribed record of medicine administered form**' or '**Record of medication administered book**' (for controlled medication) '**Prescribed record of medicine administered form**' or '**Record of administration for off-site trips**'.

Parent/carers must be told if a child has been unwell at school.

Self-Management

It is good practice to support and encourage students who are able to take responsibility to manage their own medicines from a relatively early age and school should encourage this. The age at which students are ready to take care of, and be responsible for, their own medicines, varies. As students grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility, if appropriate.

Older students with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent/carer. Students develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a student or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a student of any age to self-manage. Health professionals need to assess, with parents/carers and students, the appropriate time to make this transition.

At Orion, students can take their medicine themselves, staff only need to supervise them, although their medication will be kept securely by the school as detailed in this policy.

If students are required to carry their own medication at all times, at Orion school this refers to an asthma inhaler only, parent/carer consent will be obtained through the '**Asthma inhaler use document**'. Parent/carers who wish their child to carry their own medication are responsible for making sure that this medication is in-date and not empty. This form identifies if parents/carers wish for the student to have a spare inhaler kept in reception's first aid cabinet and whether permission is given for the student to use the school's inhaler in case of an emergency.

Refusing Medicines

If a student refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents/carers should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Record Keeping

Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Details of medicines should be recorded on the '**Consent to administer Prescribed Medication**' or '**Consent to administer non Prescribed Medication**' forms.

Staff should check that any details provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

Educational Visits

Students with medical needs should participate fully wherever possible in visits. Schools should consider what reasonable adjustments they might make to enable students with medical needs to participate fully and safely on visits. This might involve the preparation of risk assessments for such students. HSE guidance should also be consulted.

It may be that an additional supervisor, a parent/carer or another volunteer might be needed to accompany a particular student. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a student's safety, or the safety of other student on a visit, they should seek parent/carer views and medical advice from the school health service or the child's GP. The Medical Coordinator will advise the Educational Visits Coordinator which students have medical issues which may affect their participation in visits, or for whom arrangements/adjustments should be made. Medicines must be kept in a safe place and be easily accessible if required.

Sporting Activities

Most students with medical conditions can participate in physical activities and extra curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their

educational health care plan. All adults should be aware of issues of privacy and dignity for students with particular needs.

Some students may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some students, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures. Checks should be made of Inhaler use before the lesson begins.

Home to School Transport

Local Authorities arrange home to school transport where legally required to do so. They **must** make sure that students are safe during the journey. Most students with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities. The Local Authority is responsible for informing and training drivers and escorts regarding students' medical needs.

Medicines should preferably be the responsibility of the parent/carers to bring into school. However we are aware that this cannot always be the case and therefore taxi drivers and escorts are permitted to carry medicines and deliver them to reception.

Off-site education or work experience

Work experience placements must be suitable for students with particular medical conditions, and school is responsible for students with medical needs who, as part of their provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. Consideration must be given by the Work Experience Coordinator as to whether it is necessary to carry out additional risk assessments before a young person is educated off-site or has work experience.

The general suitability of all off-site provision including college and work placements must be assessed by the Work Experience Coordinator in liaison with the Medical Coordinator and SLT. This includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when students below the minimum school leaving age are on site.

Schools should refer to guidance from DfE, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding (e.g. Increased Flexibility Programme). Generally schools should undertake an overall risk assessment of the whole activity and schools or placement organisers should visit the workplace to assess its general suitability. Responsibility for risk assessments remains with the employer or the college. Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. parents/carers and students must give their permission before relevant medical information is shared on a confidential basis with employers.

SECTION 3

ROLES AND RESPONSIBILITIES parent/carers and Carers

Parent/carers, as defined in section 576 of the Education Act 1996, include any person who is not a parent/carer of a child but has parent/carer responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent/carer, but excludes baby sitters, child minders, nannies and school staff.

The student Act 1989 introduced the concept of parent/carer responsibility. The Act uses the phrase "parent/carer responsibility" to sum up the collection of rights, duties, powers, responsibilities and authority that a parent/carer has by law in respect of a child. In the event of family breakdown, such as separation or divorce, both parent/carers will normally retain parent/carer responsibility for the child and the duty on both parent/carers to continue to play a full part in the child's upbringing will not diminish. In relation to unmarried parent/carers, only the mother will have parent/carer responsibility unless the father has acquired it in accordance with the student Act 1989. Where a court makes a residence order in favour of a person who is not a parent/carer of the child, for example a grandparent/carer, that person will have parent/carer responsibility for the child for the duration of the Order.

If a child is a 'Child we care for' by a local authority, the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of a local authority and gives the Local Authority parent/carer responsibility for the child. The local authority will have the power to determine the extent to which this responsibility will continue to be shared with the parents/carers. A local authority may also accommodate a child under voluntary arrangements with the child's parents/carers. In these circumstances the parent/carers will retain parent/carer responsibility acting so far as possible as partners of the local authority. Where a child is looked after by a local authority day-to-day responsibility may be with foster parents/carers, residential care workers or guardians.

Parents/carers should be given the opportunity to provide the school with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the school, reach agreement on the school's role in supporting their child's medical needs. Sharing information is important if staff and parents/carers are to ensure the best care for a child. They should be involved with the development of the health care plan and ensure they keep all details up to date and provide the relevant medications.

Parents/carers should keep students at home when they are acutely unwell.

Parents/carers are responsible for bringing medication into school with specific written instructions: students should not be responsible for bringing medicines into school.

Parents/carers are responsible for updating on medical conditions even if not formally diagnosed to allow judgement to be made with other professionals to ensure the right support is in place.

The Headteacher

The Headteacher is responsible for overseeing the detailed procedures developed by the Medical Coordinator.

Staff must receive proper support and training where necessary.

All parents/carers and all staff should be aware of the policy and procedures for dealing with medical needs and information sharing.

Where parents/carers' expectations appear unreasonable, the Headteacher will seek advice from the school nurse, the child's GP or other medical advisers and, if appropriate, the Gallery Trust.

Teachers and Other Staff

Staff with students with medical needs in their class or group will be informed about the nature of the condition by the Medical Coordinator, and when and where the student may need extra support. The child's parent/carers and health professionals should provide this information, in liaison with the Medical Coordinator.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover will be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for students, such as lunchtime supervisors. It is important that they are also provided with training and advice. The Medical Coordinator will keep an up-to-date record of all training received by staff.

Any member of school staff may be asked to provide support to students with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions. 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.

Local Authorities

As commissioners of school nurses they have a duty to promote co-operation between relevant partners. Local authorities and clinical commissioning groups must make arrangements for education, health and care provision for students and young people with SEN and disabilities. They should provide support and Guidance including suitable training for school staff.

Health Professionals

The main health contact for school is the Oxford Health School Nursing Team. The team will advise on training for school staff on administering medicines and will undertake training.

Every child should be registered with a GP. A GP owes a duty of confidentiality to patients, and so any exchange of information between a GP and a school or setting should normally be with the consent of the child if appropriate or the parent/carer. They should notify the school nurse when a child has been identified as having a medical condition that will require support in school e.g. Epilepsy, Asthma, and Diabetes.

Medical Coordinator

The Medical Coordinator is responsible for the coordination of medical issues and the administration of medicine, through ensuring that appropriate guidance, policies and procedures are followed in connection with students' health and welfare.

Specifically:

- To be a consistent point of contact for parent/carers, staff and agencies regarding medical issues
- To be aware of the medical needs of all students on roll and ensure that this information is shared and updated regularly with appropriate staff. To ensure that appropriate staff are aware of those students who require emergency medication
- To ensure that systems are in place to meet the medical needs of all students, and that concerns regarding individual students are addressed promptly
- To ensure that all staff are aware of their respective roles in connection with students with medical needs, and what to do if a medical emergency occurs
- To work with the relevant Health Care professionals and SLT to ensure that Individual Health Care Plans are in place to support students
- To make recommendations to the Headteacher regarding the need for first aid, administration of medication and emergency medication training to ensure that staff are adequately equipped
- To ensure that the Educational Visits Coordinator and the Work Experience Coordinator is made aware of any medical needs which may require special arrangements to be made during visits. To prepare Risk Assessments with up-to-date medical information for such students for teachers and school staff to use when they are planning school trips. To coordinate in advance medical support required with parent/carers/carers with relevant paperwork.
- To ensure that the correct procedures are followed with regard to the administration of medication, and that the correct consent forms are used
- To work with the office staff to ensure that medicine is stored safely, to liaise with parent/carers so that medication is kept in date, transported properly to school via the parent/carer and taken home by the parent/carer and disposed of safely.
- To report any concerns relating potential breaches of the Disability Discrimination Act to the Headteacher
- To monitor and ensure clear and current records are kept
- To ensure that medical information is treated confidentially
- To liaise with SLT to ensure sufficient staff are suitably trained and records kept for ease of reference. The right number of staff must be trained to cope with absence and staff turnover.

SECTION 4

DEALING WITH MEDICINES SAFELY

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH). No child under 16 is to be given Aspirin.

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been given to school by the child's parents/carers or carers with written permission (or one-off verbal consent if this is not possible). Prescribed medication must be in its original packaging with the prescription label. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Medication should be stored in a secure place in a container for that individual child. The container should have the student's name on the outside box and lid. The box should contain the medication, and a copy of the 'Consent to administer prescribed medication' or 'Consent to administer non prescribed medication' form correctly filled in and signed. Non-healthcare staff should never transfer medicines from their original containers.

Students should know where their own medicines are stored. The Medical Coordinator is responsible for working with the admin team to make sure that medicines are stored safely and they are in date. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to students and if in a locked cupboard there should be easy access to the keys via staff. Students need to have immediate access to their medicines when required. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. Other non-emergency medicines should generally be kept in a secure place not accessible to students.

A few medicines need to be refrigerated. They can be kept in the medication refrigerator in reception. Food or other items are not kept in this fridge. Medication is to be in a plastic box and clearly labelled.

Disposal of Medicines

Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents/carers do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services or in person by parents/carers.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Yellow clinical waste bags are available in school for disposal of first aid dressings or equipment which can be put in the general waste when required.

Emergency Guidance

Students should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on calling an ambulance is outlined on the 'Communication Guidelines for a 999 Call' which is on display in classrooms and outside school offices. Any member of staff can make a 999 call but must alert a member of SLT as soon as possible. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

Staff should never take students to hospital in their own car; it is safer to call an ambulance.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

Procedure in the event of an illness

If a student falls ill while in school, they should tell a member of class staff. The student will be kept in class until any further decisions are made. A member of class staff should discuss their concern with a member of SLT, who may liaise with the medical coordinator, depending on the concern. Students who are clearly in pain and distress, or injured will always be accompanied and kept in a safe environment whilst staff work to support the student.

If the student is too ill to remain in school, after consultation with SLT, parents/carers will be called to collect their child from school. If the parent/care cannot get to the school, SLT will make a plan for next steps. This may include monitoring the student or arranging for a staff member to take the student home.

First aid boxes

Reception has first aid boxes. This can be replenished by coordinating with the medical coordinator. It is the responsibility of all first aid trained members to ensure first aid boxes are stocked and to work with the medical coordinator to gain new supplies and to ensure supplies are in date.

First aid boxes should only be used by qualified first aiders.

For school transport (Orion vehicles), there will be first aid packs in each vehicle. These are to be maintained by the medical coordinator.

SECTION 5

TRAINING, ROLES AND SHARING INFORMATION

Coordinating and sharing information on an individual student with medical needs on a day to day basis is the responsibility of the Medical Coordinator.

Staff Training

Staff should not give medicines without certified First Aid training and relevant drug training e.g.: Epipens/Buccal. The Medical Coordinator will ensure that staff administering medicines have appropriate training and that it is up to date and that an accurate log is kept. Training should ensure staff are confident and competent.

First Aiders

First aiders who are members of staff who have completed a Health and Safety Executive (HSE) approved first aid course and hold a valid certification. First aiders work with the Medical Coordinator to ensure their training is kept up to date. First aiders are required to give immediate first aid to staff, students and visitors to the school when it is needed and to ensure that emergency services are called when necessary. First aiders support the administration of student medication, in line with the completed paperwork, collated by the medical coordinator. All off site trips must have at least one first aider present. First aiders are not paramedics.

A list of current first aiders can be found on the Medical Google Drive.

There will be at least one first aider on the school site when students are present

School Staff

All staff should be aware of this policy. Staff should ensure:

- They are familiar with this policy and medical procedures
- Keep the medical coordinator informed of any developments or changes that may impact the school's first aid provision, including any incidents that have occurred
- Ensure that all correct provisions are assessed and in place before the start of any activity
- Ensure that activities in school that they are supervising or organising are risk assessed, and in line with the school's health and safety policy, to reduce risk of accident or injury
- Be aware of the medical needs of students they teach and work with
- Know what to do and respond accordingly when they become aware that a student with a medical condition needs help
- Ensure that any equipment used is properly cared for and in the proper working order, including first aid boxes around the school. Any defects should be reported to the medical coordinator
- Where appropriate, staff may be asked to provide student support, including administering of medicines. Where this is the case, staff should receive sufficient and suitable training to achieve the necessary level of competency before taking on the responsibility to support students with medical needs
- Staff will not be asked to undertake healthcare procedures without the appropriate training
- The medical coordinator will ensure all new staff are briefed about the medical procedures in place and the specific needs of students they are work with

Students

Students should be aware of who staff first aiders are. If they are unsure they should ask. Students can help the school to ensure the first aid provision is effectively put into practice by:

- Reporting any medical emergencies or incidents to a member of staff immediately
- Taking care of their own safety and the safety of others (this statement needs to take into consideration the students SEND need)
- Where a student has an Individual Health Care Plan, where possible the student is to be involved in discussions as to the medical support they need.

Parents/Carers

Parents/carers can help the school maintain effective first aid provision by:

- Alerting the school to any ongoing or temporary medical conditions that may require first aid. This is extremely important and parents/carers are required to contact the school with this information
- When a student requires an Individual Health Care Plan, the parents/carers will be involved in the development of the plan. They will be expected to carry out any action which they have agreed to as necessary for its implementation, e.g. provision on medicines and equipment, ensuring they or a nominated adults are contactable at all times
- It is important that parents do not send their children to school with prescribed medication or other medication without the knowledge of school staff

Reporting accidents and emergencies

If a student or adult is involved in an accident, the Accident Report Form should be completed and passed to SLT

Serious Incidents

Serious incidents will be recorded and where necessary investigated, and reviewed by the Head Teacher. The Head Teacher and Governing Body will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future.

Reporting to HSE

The school is legally required to report certain injuries, diseases and dangerous occurrences to the HSE. Where there is a death or major injury this should be reported by calling the Incident Contact Centre (ICC) on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm). All other reportable injuries should be reported online (<http://www.hse.gov.uk/riddor/report.htm>)

It is the responsibility of the Head Teacher or Business manager to report to HSE when necessary. Incidents that need to be reported include but are not limited to:

- Work related accidents resulting in death or major injury (including as a result of physical

violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than fingers, toes of thumbs)

-Work related accidents that prevent the injured person from continuing with his/her normal work for more than seven days, which must be reported within 15 days

-Cases of work related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)

-Certain dangerous occurrences (near misses-reported examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of substance which may cause injury to health

Confidentiality

Staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent/carer, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Transition

When students transfer from other schools the medical co-ordinator will liaise with the Orion Academy SEN team and/or parents/carers and the school nurse, if required. Medical requirements should be understood before students join the academy so the appropriate support can be put in place.

SECTION 6

OTHER UNACCEPTABLE PRACTICES

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent student from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- send student with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise student for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to

accompany the child.

Liability & indemnity

Orion Academy is a member of the Department for Education's Risk Protection Arrangement (RPA). The RPA will provide an indemnity (under Third Party Liability section to an unlimited level) if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to students with medical conditions and has received sufficient and suitable training.

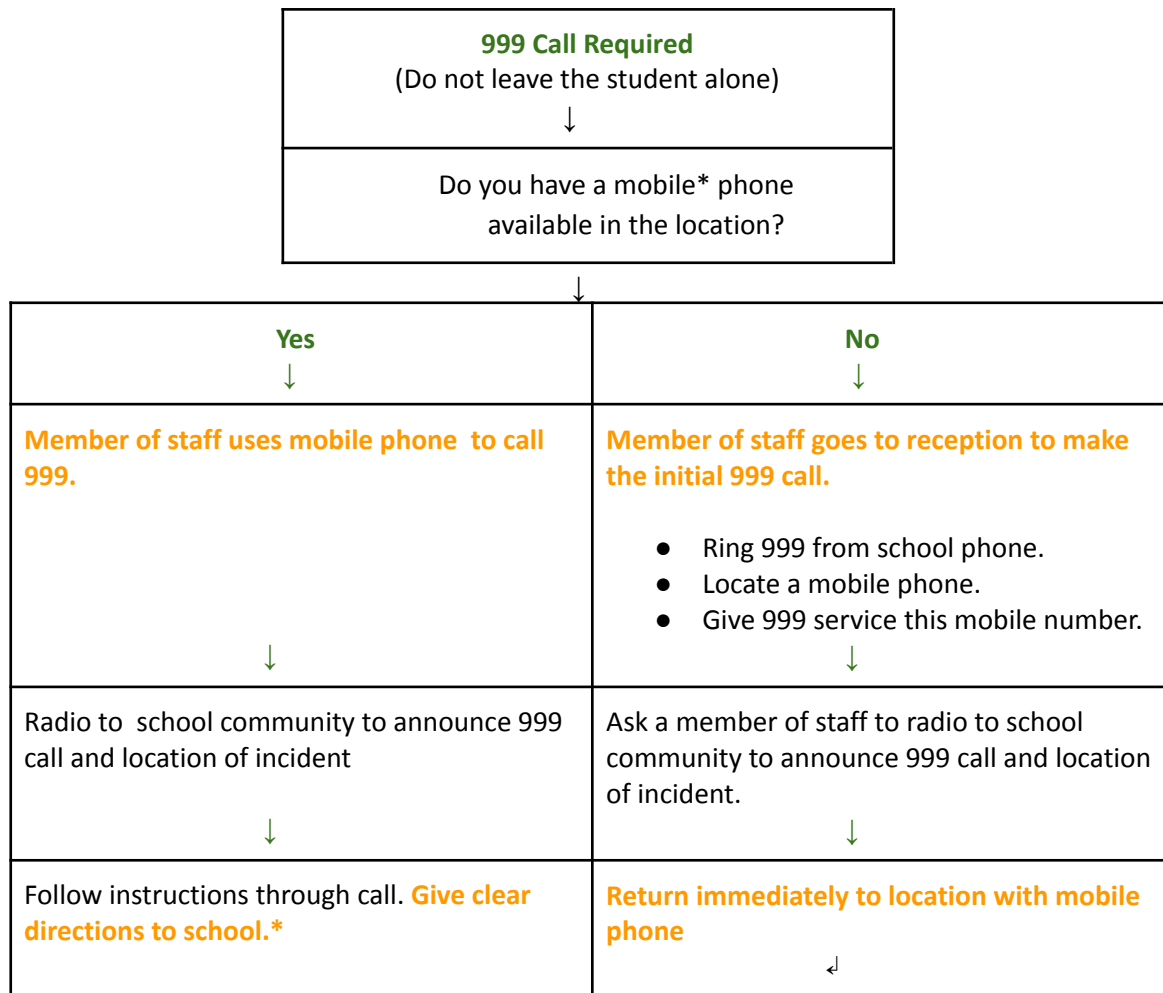
Complaints

Should parents/carers or students 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 via 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.

Communication Guidelines for a 999 Call

To ensure contact has been made with the emergency services

Any member of staff can make a 999 call. Do not rely on radio contact. Ensure communication throughout the incident is consistent. (One person needs to oversee the whole procedure, can swap in and out of role as required.)



Dynamically risk assess and consider the roles below:

1st Responder: First aider (or most appropriate member of staff) stays with student and works through first aid response - DRAB – Danger/Response/Airway/Breathing.

2nd Responder: Makes 999 call (provide: phone no; name of patient and date of birth)

3rd Responder: Stays in the area and assists as required by the 1st/2nd responder and radios for more assistance if required or moves other students out of vicinity.

*Give clear directions to school for ambulance: The Orion Academy, Knight Road, Oxford, OX4 6DQ. School phone number: 01865 771703