



MEDICAL PROTOCOL AND PRACTICE

This policy, which applies to the whole school, is publicly available on the school website and upon request, a copy (which can be made available in large print or another accessible format if required) may be obtained from the School Office.

Document Details:

Information Sharing Category	Public Domain
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Authorised by (if required)	The Chair of Governors, the Head of OLA and the Chief Operating Officer
Responsible Area	Senior Leadership and Governors

Declaration: All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All new employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the Policies Register.

Monitoring and Review: This document will be subject to continuous monitoring, refinement and audit by the Head. This document was reviewed and agreed upon by the Board of Governors in December 2021 and will next be reviewed no later than December 2023 unless significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Reviewed: December 2021
Next Review: December 2023

Signed:

Daniel Gibbons
Head of OLA

Ellie O'Neill
Nurse

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Chief Operating Officer

Freddie El Turk
Chair of Governors

Legal Status: Independent School Standards Regulations Standard 3 - Welfare, health and safety of pupils, paragraph 13

Related Documents: Health and Safety Policy, Safeguarding and Child Protection and First Aid Policy.

Availability: This policy is made available to parents, staff and pupils in the following ways: via the School website and Share point.

Monitoring and Review: This policy will be subject to regular monitoring, refinement and audit by the Chief Operating Officer (COO) and the Head of OLA. The COO will undertake a full annual review of this policy and procedures, inclusive of its implementation and the efficiency with which the related duties have been discharged. This discussion will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the update/reviewed policy and it is made available to them in either a hard copy or electronically.

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COVID-19: Please refer to the Management of General Health and (Suspected) Cases of COVID-19 Procedure along with our risk assessments. Please note that this policy is subject to adaptation under COVID-19 measures, where government guidance is applicable to the situation and there is a risk to staff or pupils. At all times, the safety of pupils and staff is paramount. Details will be issued in line with the current situation as it changes. In the event of a pupil falling ill with symptoms of the virus, he/she/they will be isolated until collected. PPE will be provided for those caring for pupils with Covid-19 symptoms. At such times as, the UK government or local public health advice reintroduces social distancing, other than in an extreme emergency, individuals will be asked to phone ahead before coming into the Medical centre and will be asked to wear a mask and wait outside if there are already two people waiting inside. Outside of these restrictions, individuals may come to the Medical centre within opening hours.

Rationale: The care of our pupils is paramount, we endeavour to help our pupils to remain healthy, enabling them to continue to access their education without stigma or exclusion. For this to occur, parents, pupils and staff need to work closely together. The school employs a Registered General Nurse. Our Lady's Abingdon (OLA) is an inclusive community that aims to ensure that pupils with medical conditions are given the same opportunities as others in the school environment. Parent/Guardian/Carer's cultural and religious views should always be respected

Scope: This policy applies to all staff who work directly with pupils including after school activities and volunteers.

Objectives: The objective of this policy is as follows:

- Ensure that pupils with medical conditions are well supported in school and have full inclusion to field trips and Physical Education
- Ensure that there is clarity around the holding and administering of medication including controlled Drugs at school
- Ensure that information about a pupil's needs is shared appropriately by health professionals, school staff, parents and pupils
- To develop staff knowledge and training in all areas necessary for pupils, and ensure staff roles are understood

Definition of Medical Conditions: Pupils' medical needs may be broadly but not limited as being two types:

- Short-term: for example, an ear infection, a short course of medication.
- Long-term: potentially limiting their access to education and requiring extra care and support (deemed special medical needs) e.g. anaphylaxis, asthma, epilepsy. Generally, a Health Care Plan (HCP) is required.

Provisions: There is a designated Medical Centre in the School that is open when the School Nurse/First Aider is on-site from 8:30–5:00 pm Monday-Friday. The medical centre contains a consultation area and a restroom for unwell pupils. The AED is kept here, along with Allergy response kits, Asthma inhaler kits and Acid attack response Kit in the event of an emergency.

A stock of over the counter (OTC) medications is kept in the medical centre along with dressings, plasters. The controlled drug cabinet and record book are also kept in the medical centre. First Aid Kits are available around the school site, a plan of which is available from the School office or see First aid policy.

Guidance: Most pupils and young people will at some time have a medical condition that may affect their participation in school activities. For many, this will be short term; perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having long term medical needs.

The majority of pupils with medical needs can attend school regularly and, with some support from OLA staff, can take part in most normal school activities. However, school staff may need to take extra care in supervising/making adaptations to some activities to make sure that these pupils, and others, are not put at risk.

Pupils with medical conditions are encouraged to take an active role in managing their condition and to feel confident with the support they receive from school staff to help them do this. OLA aims to be an inclusive environment for all pupils including those with a medical condition for all school activities, wherever possible. Parents of pupils with medical conditions should feel secure with the care their children receive at OLA. OLA ensures all staff understand their duty of care to pupils and are confident in knowing what to do in an emergency.

OLA understands that certain medical conditions are serious and can be potentially life-threatening, particularly if poorly managed or misunderstood. Staff receive regular training on the impact and management of medical conditions and the effect this can have on pupils psychologically. The Medical Protocol and Practice Policy is understood and supported by the whole school community.

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A Health Care Plan (HCP) if required, helps to identify the necessary safety measures to support pupils with significant medical needs and ensure that they and others are not put at risk. These will be drawn up in consultation and partnership with the Parent/Guardian/Carer.

Roles and Responsibilities: Parents/Guardians/Carers have prime responsibility for their child's health and should provide OLA with appropriate, relevant information to allow the School to act in their child's best interests. Information should be provided at enrolment on the medical questionnaire, but any changes must be notified to the School as soon as possible. OLA aims to work together with appropriate bodies to ensure pupils with medical needs are supported, as well as to provide appropriate support to school staff. Where it is felt that a formal referral (on Child Protection grounds) should take place, the School will seek Parent/Guardian/Carer consent and this will be coordinated by the School Nurse.

The OLA Governors have a responsibility to:

- Ensure the health and safety of their employees and anyone else, on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips;
- Ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions;
- Make sure the Medical Protocol and Practice policy is effectively monitored and evaluated, and regularly updated;
- Report to parents, pupils and school staff about the successes and areas for improvement of OLA's Medical Protocol and Practice policy.
- Ensure the school has a robust system for dealing with medical emergencies and critical incidents any time pupils are off-site or on field trips.
- Adhere to the Children's and Families Act 2014 while making arrangements for supporting pupils with medical conditions.

The Head and Deputy Head:

- Ensure the School is inclusive and welcoming and that the medical protocol and practice policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including pupils, school staff, pastoral support/welfare, teachers, school nurses, parents, guardians, carers and local emergency care services
- Ensure the policy is put into action, with good communication of the policy to all
- Ensure every aspect of the policy is maintained
- Ensure that information held by the School is accurate and up to date and that there are good information sharing systems in place
- Ensure pupils' confidentiality (see note below)
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the Medical Protocol and Practice policy
- Monitor and review the policy at least once a year, with input from the Governors, pupils, parents/guardians/carers and staff, and in accordance with review recommendations and recent local and national guidance and legislation.
- Ensure records are maintained in accordance with the regulations and standards.

All OLA staff have a responsibility to:

- Hold, and renew as appropriate, a current First Aid Certificate including Medical emergencies.
- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand the School's medical protocol and practice policy.
- Know which pupils in their care have a medical condition and if necessary be familiar with the content of the pupil's Health Care Plan (HCP).
- Allow all pupils to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Know the telephone numbers of the school senior leadership team and school nurse if there is a need to seek assistance in the event of an emergency.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- Understand the common medical conditions and the impact they can have on pupils (pupils should not be forced to take part in any activity if they feel unwell).
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Follow universal hygiene procedures if handling bodily fluids.

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Teaching staff also have a responsibility to:

- Ensure pupils who have missed school due to medical reasons are given every opportunity to catch up on missed school work.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it in liaison with the SENCO.
- Liaise with parents and/or the pupil's Health Care professionals if a child is falling behind with their work because of their condition.
- Use opportunities such as PSHE and PE to raise awareness to pupils about the impact of medical conditions and health.

The School Nurse:

- Help update the School's Medical Protocol and Practice and First Aid policies
- Help provide regular training for school staff in managing the most common medical conditions at school
- Generate, update and circulate HCPs for pupils, as appropriate, (to include signs and symptoms and emergency medical procedures for those with known conditions)
- Oversee the day-to-day health care of pupils when in the School's care
- Ensure school staff are informed about any pupil with a condition or disability that might lead to their being placed at risk in certain activities, e.g. defects of vision or hearing, epileptics, diabetics, asthmatics, etc.
- Ensure teaching, pastoral and kitchen staff are notified of significant allergies, e.g. nut allergy
- Ensure that pupils' medication is within expiry dates
- Provide information about where the School can access specialist training
- Complete update training as required in order to maintain RCN/NMC registration

First aiders at OLA have a responsibility to:

- Be aware of the location of First Aid kits
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the School
- When necessary ensure that an ambulance or other professional medical help is called
- Ensure their training is updated as appropriate
- Be aware and adhere to the First Aid policy

Pastoral support/welfare staff at OLA has the responsibility to:

- Know which pupils have a medical condition and which have special educational needs because of their condition
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in

Please note, there is no legal duty that requires teaching staff to administer medication; this **is a voluntary role**. Teachers' conditions of employment do not include giving medication or supervision of a pupil taking it, although staff may volunteer to administer medication in exceptional/emergency circumstances where the school nurse is unavailable or whilst on a school trip, after receiving appropriate training e.g. AAI.

If staff follow the Schools' procedures, there is an indemnity for them should there be unforeseen complications as a result of undertaking an agreed procedure. First Aiders supervise pupils taking medication and record it. They do not administer it unless they have been trained to do so e.g. AAI's. Health Care Plans (HCPs) are drawn up by the Nurse for pupils with significant medical needs (e.g. AAI users). Training is given to teaching and support staff and is updated annually, along with the HCP, with Parent/Guardian/Carer consent. HCPs are electronically circulated to all teachers who teach the pupils.

The pupils at OLA have a responsibility to:

- Treat other pupils with and without a medical condition equally
- Tell their parents, teacher or nearest staff member when they are not feeling well
- Let a member of staff know if another pupil is feeling unwell
- Let any pupil take their medication when they need it, and ensure a member of staff is called
- Treat all medication with respect
- Know how to gain access to their medication in an emergency
- Ensure a member of staff is called in an emergency situation

The parents have a responsibility to ensure:

- On enrolment, that the School has a complete and up-to-date medical questionnaire for their child, including details of medical conditions, allergies, vaccinations, medications etc.
- That the School is promptly made aware of any changes to their child's health, medical condition or medications
- Provide the School with in date medication in the original box labelled accordingly

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- That appropriate spare medication is available or that the School know how to obtain it in consultation with the pupil's GP
- Regular dental checks are carried out during the holidays with the family dentist
- A Parent/Guardian/Carer is available in the event of a medical emergency

Administration of Medication: The School has clear guidance on the administration of medication at school. A Pupil's emergency medication is readily available to those who require it at all times during the School day or at off-site activities. Staff administering medication are appropriately trained and certificated to do so. No pupil under 16 should be given any medication without written Parent/Guardian/Carer consent.

Consent to Administer Medicines: Parental consent for the School to administer both prescribed and non-prescribed medications is requested on the Medical Questionnaire and Permission Form completed at enrolment; please see the section below on 'Record Keeping' for further details. Medicines will only be accepted for administration if they are:

- Prescribed (see also section below regards non-prescribed medications)
- In-date
- Labelled (with the pupil's name)
- 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 be in date but will generally be available inside an insulin pen or pump, rather than in its original container)

If a pupil wishes to bring medication from overseas: Any pupil bringing medication from overseas should be accompanied by the original doctor's prescription with a translation if required and a follow-up letter from the Parent/Guardian/Carer permitting for their child to take this in the UK. Most importantly, the drug must be licensed in the UK. If not, the UK equivalent should be sourced which must be verified by a UK doctor. Any medicines from overseas must be brought into the UK in their original packaging. The School Nurse will check **and take in all pupil medication in the first few days of arrival.**

Drug storage and administration

Controlled drugs: Some prescription medicines are controlled under the Misuse of Drugs legislation in the UK (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. The Misuse of Drugs Regulations 2001 has a full list of controlled medicines, see:

<http://www.legislation.gov.uk/ukxi/2001/3998/schedule/1/made>

Medications within this category commonly used in schools include drugs used in the treatment of Attention Deficit Disorder ADHD. If a pupil is prescribed a drug which is a controlled drug, a Controlled Medications Form should be completed, supported where possible by a doctor's letter detailing diagnosis, medications, frequency, dose, route and when to administer. The name and address of the prescribing physician must appear on the pupils' Controlled Medications form. If there is any doubt about the nature of the medication, the GP is consulted about the appropriate action to take. Any controlled drug which needs to be administered will be stored in a locked cabinet within the main locked cabinet in the School Medical Centre. The key to this must be held in a secure key safe. When administering, two members of staff, who have received training in 'Over the counter medicine training' must witness and also sign in the 'Controlled Drug Register' to record the dosage, time and other details necessary such as how much of this drug remains. In the instance that any controlled medication must be chilled, this will be locked in the medical fridge.

Additionally, each week two members of staff (one of whom will be the School Nurse), who have received training in 'Over the counter medicine training' (see below), must carry out a weekly stock check of how much of each controlled drug remains, which should match the records in the controlled drug book. This check should be signed and dated by both members of staff. If any discrepancies are found, these should be reported to the AHO and escalated to the COO, who will safeguard the incident, along with contacting the police. When new medicines come into the school, they must be checked, counted (if controlled) by two people and added into the Controlled Drug book detailing the pupil's name, medication name, dosage, lot number, expiry date, quantity. If controlled drugs leave the premises, these must be counted out and signed out of the book to show that the school no longer has responsibility for this drug. Parents are urged to collect all unused controlled drugs for their child when no longer needed. It is recommended that the school only store 30 days' worth of medication.

All pupils' own medication is recorded on iSAMS under the pupil's record.

Prescription Only Medication (POM) inclusive of supplements: Any prescription medication which is bought onto the school Our Lady's Abingdon is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

premises will be stored in the locked cabinet within the medical centre. They must come in the original packaging, in the pupil's name, with clear instructions as to the dosage and instructions for administration. A Medication Consent form must be filled in by parents/guardians/carers before administration. Medication will be recorded in iSAMS as per the type, amount and expiry date. Any POM administered to pupils will be given only by the Registered Nurse on-site; if unavailable it can be given by the advanced first aiders who have undertaken the medication training. In the instance that any prescription medication must be chilled (for example insulin), this will be locked in the medical centre fridge.

Over-the-Counter Medicines OTC inclusive of those issued as first aid: Any OTC medication which is bought onto the school premises will be stored in the locked cabinet in the medical centre. They must come in the original packaging, in the pupil's name, with clear instructions as to the dosage and instructions for administration. A Medication Consent form must be filled in by parents/guardians/carers before administration. Medication will be recorded in iSAMS as per the type, amount and expiry date. Any OTC administered to pupils will be given only by the Registered Nurse on-site; if unavailable it can be given by the advanced first aiders who have undertaken the medication training.

Refrigerated medicines:

- All refrigerated medication is stored in an airtight container and is clearly labelled.
- Refrigerators used for the storage of medication are in a secure area inaccessible to unsupervised pupils or lockable as appropriate.
- The drug fridge must be kept locked and regular checks of its temperature recorded. If the temperature is outside the normal limit (2-8°C) it should be reported to the AHO.

Asthma, Anaphylaxis, Epilepsy, and Diabetes medication: In the cases where pupils require specific medicines for epilepsy, diabetes, anaphylaxis or asthma, this medication will be kept on the pupil at all times, who will self-administer if deemed Gillick Competent, or will be supported by a Nurse/first aider. Medication for pupils who are non-competent is kept in the medication centre unlocked. Spare AAI and inhalers can be found in the medical centre and also in the dining room.

Asthma: All children with Asthma will have an HCP. These pupils are encouraged to carry and take responsibility for their own Salbutamol inhaler; if this is not appropriate the Medical Centre will hold one for them. OLA holds spare Salbutamol Inhalers for emergency situations such as in the event of a pupil forgetting an inhaler and to take on fixtures, however, these can only be used on pupils with a diagnosis of Asthma and written consent from parents/guardian/carer. The emergency inhalers should only be administered by the School Nurse/ Advanced first aiders.

Anaphylaxis: All children with Anaphylaxis will have an HCP. These pupils are encouraged to carry and take responsibility for their own AAI; if this is not appropriate the Medical Centre will hold one for them. OLA holds spare AAI for emergency situations such as in the event of a pupil forgetting an AAI, however, these can only be used on pupils with a diagnosis of Allergy and written consent from parents/guardian/carer. The emergency AAI should only be administered by the School Nurse/Advanced first aiders.

Epilepsy: All children with Epilepsy will have an HCP. These pupils are encouraged to carry and take responsibility for their own rescue medication; if this is not appropriate the Medical Centre will hold one for them. All staff working with pupils with Epilepsy will be trained on dealing with seizures and the administration of rescue medication.

Diabetes: All children with Diabetes will have an HCP. These pupils are encouraged to carry and take responsibility for their own diabetic medication including Glucose I; if this is not appropriate the Medical Centre will hold one for them. All staff working with pupils with Diabetes will be trained on dealing with and recognising diabetic emergencies and the administration of rescue medication.

Safe disposal:

- If pupils do not pick up their medication at the end of the term, parents/guardians/carers are to be contacted via email
- Any expired medication is to be taken to a pharmacy for disposal by the Nurse and iSAMS updated
- The Nurse is responsible for checking the dates of medication and arranging for the disposal of any that have expired

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- Sharps Boxes are used for the disposal of needles. All Sharps Boxes in OLA are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis
- If a Sharps Box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or the School or the pupil's parent/guardian/carer.
- Collection and disposal of Sharps Boxes are arranged with the local authority's environmental services.

Medical Procedure for Pupil injured in the Sports Hall during Physical Education: If a pupil is injured playing sports in the Sports Hall or on the playing field, the PE teacher will decide if the pupil is fit to return to the sporting activity or further assessment is required from the nurse. If the injury requires checking by the nurse, the PE teacher can either:

- Release a member of staff to escort the pupil to the medical centre or
- Call the medical centre and ask for the nurse to come to the scene

If the nurse is not available and the PE teacher cannot release a staff member, the SLT should be called to look after the injured pupil. Under no circumstances should an injured pupil be left to make their own way (without a member of staff) to the medical centre, even if accompanied by other pupils. The PE teacher will complete an accident form.

Emergency Procedures: In the case of a severe accident or incident, the School Nurse or First Aider should be called. The situation will be assessed. The School office should also be made aware of the problem and if not already carried out at the incident, an ambulance called from there. The School's responsibility ceases as the pupil is entrusted to the care of the NHS ambulance personnel, however, should the casualty be taken to hospital, they will be accompanied by two members of staff and take the pupil medical file. At the hospital, the doctor must be asked for notes on the hospital visit form and also a printout of the prognosis if possible. A member of the school staff cannot permit any treatment at A&E; the hospital staff will decide on questions like blood transfusions, haemophilia etc. In all cases, parents/guardians/carers will be contacted as soon as possible.

Pupil Consent to Treatment: A pupil's ability to consent to, or refuse, medical treatment is acknowledged by the School. This is judged on "Gillick competency" and not age. If a pupil is not deemed 'competent', parental consent or the consent of a person with parental responsibility is required, unless it is an emergency. Children under 16 years of age are not automatically assumed to be legally competent to make decisions about their health care but will be deemed competent to give valid consent to a particular intervention if they have "sufficient understanding and intelligence to enable them to understand fully what is proposed". Consent is a patient's agreement for a Health Care professional to provide treatment or care and may be indicated non-verbally, orally or in a written format.

Infection control:

- Protective/disposable gloves must be used when dealing with blood or other bodily fluids; these items must be hygienically disposed of including the dressings or equipment.
- Practice good hand hygiene.
- See chart In Appendix 2 for infectious diseases

Prevention of Spread of Illness/Medical Exclusion: OLA follows the guidelines in 'The Spotty Book (notes on Infectious Diseases in Schools)' published by NHS England when recommending exclusion from school. If a pupil has suffered vomiting and/or diarrhoea they should be kept off school. Pupils with these conditions should only return 48hours after their symptoms disappear. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist, parents are advised to consult their GP. Parents are advised that if a child has a raised temperature they should remain off school until their temperature has returned to normal for 24hours and they are feeling fully improved.

Pupil Return after Illness: Children vomiting and/or with Diarrhoea should only return 24-48hours after their symptoms disappear, at the nurse's recommendation. If a child has a raised temperature they should remain off school until their temperature has returned to normal for 24hours and they are feeling fully improved.

Head Injury: Head injury as defined by NICE 2014 is defined as any trauma sustained to the head. All pupils who sustain a head injury should be seen by the Nurse immediately, who will assess the injury, complete an accident form, and inform the parents/guardians/carers.

Notifiable Diseases: Where OLA staff are made aware of a notifiable disease amongst either staff or pupils or where there is an outbreak of infectious disease the AHO, COO and/or Head should contact the local Health Protection Team as appropriate. The HPT can advise on the circumstances in which pupils with infectious diseases or illness should not be in school, and the action to be taken following an outbreak of an infectious disease or illness. (See Appendix 2 for full list).

Weekly Stock checks: Stock taking as is appropriate will take place in the medical centre and as medication is given A weekly stocktake will be done by the Nurse and a trained witness in the Medical Centre, of Controlled Drugs, Prescription medicines and over the counter medicines.

Record-Keeping:

OLA has clear guidance about record-keeping: Records are kept of any medication or treatment administered to a pupil or member of staff, whilst under the care of the School. The COO and/or Head is aware of the system. Records are kept of all accidents and are recorded on an accident form. For each visit, a log is kept on ISAMS including any medication that is administered. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reported as necessary. The School has written protocols for the administration of medication and policies for asthma, diabetes, epilepsy and anaphylaxis. The School records contemporaneous non-NHS medical records for all pupils, which are liable for inspection and monitoring.

Enrolment forms/Medical Questionnaire/Parental consent records: Parents/guardians/carers of pupils wishing to attend OLA are required to complete a Medical Questionnaire and Permission Form as part of the enrolment form. This questionnaire asks about past medical history, existing medical conditions and known allergies. Parents should update the School as necessary with any changes, including any surgery, injuries or current medications being taken.

If a pupil requires regular prescribed or non-prescribed medication at the School, parents are asked to provide consent on their child's Permission Form giving the pupil or staff permission to administer medication on a regular/daily basis, and in an emergency, if required. The medical questionnaire also asks parents to confirm whether their child can manage, carry and administer their own emergency medication and for permission to share pupil details with medical professionals or third parties, if appropriate.

Health Care Plans (HCPs): The School will generate a Health Care Plan for pupils identified as having a medical condition. The HCP will record important details about individual pupil medical needs at school; their triggers, signs, symptoms, medication, other treatments and emergency actions. Further documentation can be attached to the Health Care Plan if required. If pupils have specific long-term chronic conditions, such as asthma or an allergy (see above), these conditions will be recorded on the pupil's Health Care Plan and will be issued to the relevant school departments so that staff are aware of pupils' needs. This HCP is written with advice from the pupil's Health Care professionals, such as consultants, ad/or specialist nurses. Additionally, if a pupil is suffering from mental health problems, a Mental Health Plan will be drawn up to support the pupil with appropriate provision. These plans will remain in the Medical Centre, where staff can view if required.

When generated, a copy of the pupil's Health Care Plan, accompanied by an explanation of why and how it is used, is sent to the pupil's parents. This is sent:

- at enrolment;
- at the start of the term;
- when a diagnosis is first communicated to the School.

Ongoing communication and review of Health Care Plans: Parents are regularly reminded to update their child's Health Care Plan. The School will inform parents if a pupil has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Every pupil with a Health Care Plan at OLA has their plan discussed and reviewed.

Use of Health Care Plans | Health Care Plans are used by OLA to:

- Inform the appropriate staff about the individual needs of a pupil with a medical condition in their care
- Remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times

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- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This information is used to help reduce the impact of common triggers
- Ensure that all medication stored at the School is within the expiry date
- Ensure OLA's local emergency care services have a timely and accurate summary of a pupil's current medical management and Health Care in the event of an emergency
- Remind parents of pupils with medical conditions to ensure that any medication kept at the School for their child is within its expiry dates. This includes spare medication.
- Aid staff in an emergency of medical processes

Other record-keeping: OLA keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded, and parents are informed as soon as possible. All OLA staff who volunteer to administer medication are provided with training. The School keeps a register of staff that have completed the relevant training. An up-to-date list is kept of members of staff who have agreed to administer medication and have received the relevant training. OLA ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

Confidentiality: Pupils should be aware that they can discuss any matter with the School Nurse in complete confidence. Medical information about pupils, regardless of their age, will remain confidential. However, in providing medical care for a pupil, it is recognised that, on occasions, the School Nurse or First Aiders will need to liaise with the Assistant Head of Operations (AHO), COO and/or Head and other staff, parents, carers or guardians, or medical professionals, and that some information will need to be passed on as necessary; ideally with the pupil or parent's prior consent. However, in the rare event that the School Nurse/staff consider that it is in the pupils' best interests or necessary for the protection of the wider school community, a staff member may breach confidence and pass information without a pupil or parent's consent. Any breach of confidence would be discussed with the pupil first to explain why it is judged that the health of other pupils was at risk or why it was in the pupil's own interest to share the information.

Vaccinations: OLA will make arrangements with Oxford Health Nurses to provide the routine schedule of flu, HPV, Tetanus and MENACWY vaccines. Any requests outside of the primary schedule for pupils will be signposted to the appropriate professionals.

Health Promotion and Education: This is provided both informally by the School Nurse and via the School's Personal, Social, Health, Economic Education (PSHEE) and Citizenship programme.

Social interactions: OLA ensures that the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school. The School ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, School productions, after school clubs and visits. All staff at OLA are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the School's anti-bullying and behaviour policies. Opportunities such as personal, social and health education lessons are used to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Education and Learning: OLA ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided. If a pupil is missing a lot of the time whilst at school, they have limited concentration, or they are frequently tired, all teachers at OLA understand that this may be due to their medical condition. Teachers at OLA are aware of the potential for pupils with medical conditions. Pupils at OLA learn about what to do in the event of a medical emergency.

Exercise and physical activity: OLA understands the importance of all pupils taking part in sports, games and activities for their social, mental and physical well-being. Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum that is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being.

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Any restrictions on a pupil's ability to participate in PE should be included in their individual Health Care Plan. (HCP.) Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary.

The School ensures that:

- All classroom teachers and PE teachers make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- All classroom teachers and PE teachers understand that pupils should not be forced to take part in an activity if they feel unwell.
- PE teachers are aware of the relevant medical conditions of pupils in their care and/or who have been advised to avoid or to take special precautions in particular activities.
- All PE and classroom teachers are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers and action appropriate emergency plans (as detailed in the HCP).
- All pupils have the appropriate medication or food with them during physical activity and take them when needed.
- All pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Hospital/Home Tuition: If a pupil is unable to attend school for a lengthy period due to a medical reason, the Head will provide work for them to help ensure they do not fall behind.

Educational Visits: If appropriate, the School encourages children and young people with medical needs to participate in educational visits, whenever safety permits. Short-term medical needs can occur, in a situation where pupils are taking part in an educational visit. On any educational visit, except those in the immediate vicinity e.g. inter-school matches etc, the Nurse will need to be asked to give their approval for the visit and indicate any special considerations, which will include medical needs. Sometimes the School may need to take additional safety measures for outside visits. Staff supervising excursions must always be aware of any medical needs and relevant emergency procedures. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on an educational visit, they should seek medical advice from the nurse. First Aid Kits and Traveling First Aid Kits are maintained and checked by the Nurse. Staff in charge of relevant departmental visits should check that they have the correct and sufficient First Aid materials.

Residential visits: Parents are sent a residential visit form to be completed and returned to the School shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Health Care Plan.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication if required. The residential visit form also details what medication and dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. Risk assessments are carried out by OLA before any out-of-school visit and medical conditions are considered during this process. Factors OLA considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. The School understands that there may be additional medication, equipment or other factors to consider when planning residential visits. OLA considers additional medication and facilities that are normally available at school.

Unacceptable Practice: As recommended by DoE 2015, and good standards of practice; although school staff should use their discretion and judge each case on its merits with reference to the pupil's individual Health Care Plan, it is not generally acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged);

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- send pupils 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 Health Care plan;
- if a pupil becomes ill, send them to the school office or medical centre unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, 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 should have to give up working because the school is failing to support their child's medical needs; or
- prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

Complaints: Any individual wishing to make a complaint about the School's actions in supporting a pupil with medical conditions should discuss this with the School in the first instance. If the issue is not resolved, then a formal complaint may be made, following the complaints procedure for the School.

Staff Medications and Medical Conditions: Any member of staff who is taking regular medications requiring administration during the school day must take individual responsibility to keep these medications secure and away from pupils. If a member of staff has any concerns about their medication they must seek advice from their own GP and inform the School Nurse (or Head). If the medication or the medical condition is likely to affect the staff members ability to fulfil their job role, the staff member should not come to school and must seek guidance from their doctor. It is recommended that any staff member undergoing invasive medical treatment such as chemotherapy notify the nursing team for support and guidance. If a female member of staff becomes pregnant during the course of her employment at OLA, it is suggested that they inform the School Nurse, so they can be supported in the workplace and notified of any health concerns around the school that could affect them or their unborn child.

Staff can be provided with over-the-counter medications (OTCs) by the School Nurse. Staff are encouraged to complete details of medical issues and next of kin contact details, via an information form completed on arrival, and updated annually. These are stored securely and confidentially by the HR Officer for use in an emergency.

Appendix 1 – Daily and Weekly Routines

Stock Checks: There is a weekly stock check of all medicines (inclusive of controlled drugs, prescription medication and over the counter medicines) undertaken by the nurse and witnessed by a responsible adult.

Controlled Drugs:

- Controlled drugs are administered by the school nurse and one responsible witness.
- They are stored in the medical centre in the locked controlled drugs cabinet, inside the main locked medicines cabinet.
- Their administration is recorded in the controlled drugs book.

Prescription medication:

- Prescription medication is administered in the medical centre.
- They are stored in a locked medicine cabinet in the medical centre.
- Their administration is recorded in the pupil's medical record notes on a prescribed medication sheet.

Over the counter medicines:

- Over the counter medicines are kept in a locked medicine cabinet in the medical centre.
- They are administered in the medical centre.
- Their administration is recorded in the pupil's medical record.

Appendix 2: List of Notifiable Diseases

EXCLUSION TABLE

Infection	Exclusion period	Comments
Athlete's foot	None	Athletes' foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	Diarrhoea is defined as 3 or more liquid or semi-liquid stools in 24 hours
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of pupils are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP

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Infection	Exclusion period	Comments
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.NHS.uk).Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable byvaccination (see national schedule @ www.NHS.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimisespread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (seenational schedule @ www.NHS.uk). Promote MMR for all pupils and staff.
Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.NHS.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for pupil and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment

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Infection	Exclusion period	Comments
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

Health Protection Agency (2010) Guidance on Infection Control in Schools and other ChildCare Settings. HPA: London.

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