Within this policy, Doucecroft School Services relates to the school day and residential services.
# Autism Anglia, Doucecroft School Services
Medical Matters: Information for Parents

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Ethos
We welcome individuality and provide a safe and positive learning environment, to enable our student/young person to thrive and meet their full potential preparing them for their future.

Our Mission
At Doucecroft School Services our mission is that our student/young person are/have:

Developing – Independence and life skills
Opportunity – to experience and learn new things
Understanding – to be understood and valued as an individual
Creativity – to express myself as an individual
Encouraged – to try new things and realise my potential
Confidence – to achieve and develop my self-esteem
Respect – to feel accepted and accept others
Openness – to share experience and feelings with others
Fairness – to be recognised for achievement
Tolerance – accept that everybody is different

Purpose
This policy is a statement that outlines the role and responsibilities of Doucecroft School Services staff in relation to meeting the needs of students/young person with long-term conditions. It is in line with The Student/young persons Families Act 2014, the Equality Act 2010 and Department of Education statutory guidance on Supporting individual with Medical Conditions (2014).

Introduction
At Doucecroft School Services we aim to be welcoming and supportive of student/young person with medical conditions and provide them with the same opportunities and access to activities (both school based and out-of-school) as other students/young people.
As we recognise that all student/young persons with the same medical condition will not have the same needs, our school aims to work in partnership with parents, carers and other health professionals to focus on the needs of everyone.
Roles and Responsibilities
Supporting a student/young person with a medical condition is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Bodies are responsible for:

- Ensuring that arrangements are in place meet statutory responsibilities and ensure that policies, plans, procedures and systems are properly and effectively implemented. This should ensure students/young people are sufficiently supported so they have full access to education, including trips and physical education. This policy should be reviewed regularly and is readily accessible to parents and school staff.
- Ensure sufficient staff receives appropriate training and are competent to support students/young people with medical conditions.
- Ensure a suitable level of Liability Insurance is in place.
- Ensure that school leaders consult health and social care professionals, parents and involve the student/young person as much as possible to ensure that their needs are properly understood and effectively supported.
- Ensure that Education Health Care Plans are reviewed at least annually or earlier if evidence suggests the student/young person needs have changed. Where student/young person has EHCP’s in place the individual healthcare plan should be linked or become part of the EHCP.

The Head teacher is responsible for ensuring:

- Policy is developed and effectively implemented with partners.
- All staff are aware of this policy and understand their role in its implementation
- All staff are informed of a student/young person’s condition on a need to know basis.
- Sufficient numbers of staff are suitably trained to implement the policy and deliver against Educational Health Care Plans, including contingency and emergency situations.
- Overall responsibility for the development of individual Education Health Care plans
- Ensure that school staff are appropriately covered by insurance and are aware of this.
- Bring to the attention of the Heath and medication coordinator in the case of any student/young person who has a medical condition that may require support at school.
- Individual risk assessments and protocols are in place and all staff have read and signed them.
- The school works in partnership with Autism Anglia and external agencies in relation to the implementation of this policy
School Staff are responsible for:
- Providing support to students/young people with medical conditions.
- Administering medication and other treatments when they have attended the relevant training and achieved the necessary level of competency in line with the Doucecroft Medication Policy.
- Taking action when they become aware that a student/young person with a medical condition needs help.
- Completing accurate records and working in partnership with parents/guardians and other health professionals.

Health and Medication Coordinator is responsible for:
- Completing accurate records and working in partnership with students/young people, staff, parents/guardians and other health professionals.
- Updating student/young person’s health files.
- Overseeing all medication management processes.

Other healthcare professionals are encouraged to:
- Notify the school when a student/young person has been identified as having a medical condition that will require support at school.
- Provide advice on developing individual risk assessments and protocols.
- Working in partnership with school staff and parents/guardians.

Parents/guardians are responsible for:
- Providing the school with sufficient and up-to-date information about their child’s medical needs.
- Ensuring that they or a nominated adult are always contactable.
- Working in partnership with school staff and other health professionals.
- Carrying out any action they have agreed to as part of their child’s EHCP.
- Consistently providing all medication and equipment required in a safe and timely manner alongside all relevant documentation.
- Notifying the school of all health appointments so these absences can be recorded as authorised absence. Planned appointments where notice is possible can be requested via the school office or via Telephone for appointments at short notice.
- Reporting prior to your child attending/returning to school of any new medical conditions. Any medication/ equipment and information must be sent in as soon as possible.

Student/young person’s role
- Wherever possible, student/young persons should be fully involved in discussions about their medical support needs and contribute to their EHCP and protocols when they are necessary.

Procedure when a student/young person has ongoing/known medical condition
Doucecroft School Services make sure that appropriate adjustments and extra support are provided so that a student/young person with medical conditions can
participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other student/young person. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual student/young person needs. Doucecroft School Services staff will do everything reasonably practicable to ensure that they meet the student/young person’s medical needs and promote their health and wellbeing.

Doucecroft School Services staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support student/young person with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student/young person with a medical condition needs help. All staff are aware of the potential social problems that a student/young person with medical conditions may experience and use this knowledge, alongside the school’s anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment when needed.

**Individual health file**
To ensure we can fulfil our responsibility to meet student/young person’s health needs, before they start at Doucecroft School Services, parents/guardians will be asked to provide details about their medical history, inoculations, illnesses, allergies and medication. Whenever possible student/young person will be actively involved in completing all documentation relevant to them. This information will be kept confidential and its access control based on need-to-know principle. Twice a year parents/guardian are asked to review the key health information we hold to ensure our records are up to date. There is an expectation that Doucecroft School Services will be informed promptly of any important changes to a student/young person health need.

The information we require include:
- Student/young person’s full name, date of birth and home address
- Primary communication system
- Parent/guardian/emergency contact details
- Diagnosis and current medication (included strength, dose and time)
- NHS number and GP contact details
- Allergies and food intolerances
- Immunisation history
- Childhood illness/ Medical history
- Medical history and immunisation history

**Procedure for medicines entering school**
All students who are often required to take medication at school are provided with a red medication wallet/bag labelled with their name. The wallet should contain the student’s medication, all information required by staff to safely manage the medication and a medication request/return form that is used to inform parents/carers of what has been returned and what is needed for the following day,
in week, fortnight or term. In order to minimise potential risks, it is compulsory that medication is placed only in the red medication bag which is transported to and from school.

It is preferable for parents and school staff to inform taxi drivers/escorts that they are carrying medication so that this information can be passed to school staff and parents on arrival at Doucecroft or home. During the journey to and from school, the responsibility for the medication is taken by the taxi escort, the driver or the student themselves, when appropriate. Upon arrival at school, each student is met by a supporting member of staff, who will receive the medication from the taxi escort/driver or student and ensure it is handed over to the Health and Medication Co-ordinator or another member of the Positive Behaviour Support Team for safe keeping. At the end of the school day, the Health and Medication Co-ordinator or another member of the Positive Behaviour Support Team will ensure that all medications are handed to the taxi escort/driver or student themselves.

**Administering Medicines**

A written consent from parents/guardians must be received before administering any medicine to a student/young person at school. Medicines are stored safely and written records (MARS) will be kept of all medicines administered to student/young person who are competent to manage their own health needs and medicines, after discussion with parents/carers and the completion of a risk assessment, will be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication.

**Prescribed medication** must be provided in the original container with patient information leaflet, the pharmacy original label and the following, clearly shown:

- Child’s name, date of birth
- Name and strength of medication
- Dose
- Any additional requirements e.g. in relation to food etc.
- Expiry date whenever possible
- Dispensing date (this must be recent)

**Non-prescribed medication** must be provided in the original container with patient information leaflet and marked with the student/young person’s name. Parents/carers should also ensure that all medications in liquid form, such as oral solutions and eardrops, have an opening date clearly visible and tablets/capsules blister packs are not cut or tampered with and display the expiry date of the medication.

**PRN medication**

If medication comes in on an ‘as and when required basis’, parents/carers should provide clear information about when the medicines should be administered, the dose, the dosage interval and maximum number of doses within 24 hours. Depending on the medication and condition for which the medication has been prescribed, a protocol may be required to ensure staff administering the medicine has clear guidelines to follow to obtain the best outcome for the child. The protocol
should be agreed after consultation with the student/young person’s parent/carer, GP/prescriber and school staff.

Doucecroft School analgesics supply
A small stock of mild analgesics is kept at school for emergency situations such as mild pain, cold and flu symptoms and headaches, this includes: Calpol Infant/6+, Nurofen, paracetamol and ibuprofen tablets/caplets. Any other mild analgesics not included in this list will have to be provided by the parents.

Guidelines for the administration of adrenaline auto injectors by Doucecroft staff
Adrenaline auto injectors are preloaded pen device, which contain a single measured dose of adrenaline for administration in cases of severe allergic reaction. Adrenaline auto injectors can only be administered by school staff that have received specific training in anaphylaxis and the use of auto-injectors. Training will be updated every two years.

1. There should be an individual protocol in place for each student/child/young person. This will be completed in conjunction with parent(s) and school staff. Parents are expected to ensure with a doctor/nurse that the protocol is accurate.
2. The Adrenaline auto injectors should be stored at room temperature and protected from heat and light. It should be kept in a named box. Expiry dates should be checked termly. The Adrenaline auto injectors should be replaced by the parent(s) at the request of the school staff.
3. The Adrenaline auto injectors should be readily accessible for use in an emergency.
4. The use of the Adrenaline auto injectors must be recorded on the student/child/young person’s medication folder, with time, date and full signature of the person who administered the Adrenaline auto injectors.
5. Once the Adrenaline auto injectors is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Adrenaline auto injectors. The used Adrenaline auto injectors must be given to the ambulance personnel. It is the parent’s responsibility to renew the Adrenaline auto injectors before the student/child/young person returns to school.
6. If the student/child/young person leaves the school site e.g. school trips, the Adrenaline auto injectors must be readily available and taken by the designated suitably trained member of staff for the school trip.

Guidelines for managing asthma and inhalers

1. Inhalers MUST be readily available when students/children/young people need them. Inhalers are stored in medication cabinets in class rooms and labelled with the student/child/young person’s name.
2. Some students/young people may use a spacer device with their inhaler; this also needs to be labelled with their name. The health and medication coordinator is responsible to check and clean the devices monthly or earlier if necessary.
3. Parent(s) are responsible for renewing out of date and empty inhalers.
4. Parent(s) will be informed if their child is using the inhaler excessively.
5. If the student/child/young person leaves the Doucecroft site e.g. school trips/recreational activities the inhaler must be readily available and taken by the designated suitably trained member of staff for the trip.

6. Doucecroft staff will send home any inhalers before every half term.

Procedure when a student/young person becomes unwell at home
If a child is too unwell to attend school, parents/guardians are expected to promptly inform Doucecroft School by phoning the main office on 01206 771234. If unable to speak to a member of staff, parents/guardians must leave a voicemail message stating their name and their child name, the reason and estimated duration of the absence and when they will contact again. If the time off needs to be extended, then a call back to notify will be needed. Due to the nature of student/young person with ASC to allow for best planning we ask that parents inform in advance of a student/young person’s return date. Parents are also expected to inform the taxi company that transport will not be required.

Procedure to deal with medical emergencies
Doucecroft School Services staff supervising student/young person have a common law duty to act in ‘loco parentis’ and may need to take swift action in an emergency. This duty also extends to during activities taking place off the school site.
In the event of a serious medical/dental emergency our priority is to ensure the student/young person is treated quickly and appropriately by a suitably qualified person. Every effort will be made by Doucecroft School staff to contact parents/guardians as soon as possible, however if they cannot be reached, a member of staff will act in behalf of the parents and stay with the student/young person until the parent/carer arrives. If a parent/carer does not arrive before the student/young person is transported to hospital, a member of staff will accompany them in the ambulance.
A written consent from parents/guardians must be received before staff can administer any first aid treatment to a student/young person otherwise parents will be expected to come to school to attend to the emergency or collect the student/young person to be treated elsewhere. Whenever possible student/young person will be involved in making decision about their treatment.
Procedure when a student/young person becomes unwell at Doucecroft

1. **Student feels/looks unwell**

2. Staff to monitor, health and Medication Coordinator/Suitably trained staff to complete health checks and administer medication when necessary.

3. Health and Medication Coordinator and Teacher/TA to decide if call to parents is necessary.

4. Parents suggest/authorise treatment and delay collection.

5. **Child is well enough to remain at Doucecroft**
   - Child made comfortable and monitored in first aid room.
   - SMT/On call informed.
   - Health report/home-school book to be sent home with relevant information.

6. **Sickness and Diarrhoea**
   - Call to parents to arrange collection.

7. **Call to parents to arrange collection as child is still unwell**

8. SMT/On call informed and call to parents to arrange collection as child is still unwell.

Activities beyond the usual curriculum
As far as possible adjustments will be made to enable students/young people with medical conditions and specific needs to participate fully and safely in educational trips, sporting activities and other activities beyond the usual curriculum. However, to ensure the health and safety of everyone involved, individual risk assessments will be prepared prior the activity/trip takes place involving parents/carers, healthcare professionals and the students/young people themselves (when appropriate).

Complaints
Doucecroft School Services are committed to developing a strong sense of partnership with students/children/young people, their parents/ guardians, other health professionals and members of the local community. However, in the event of an individual wishing to make a complaint, Doucecroft School Services Complaints Policy describes the procedure to be followed when complaints are made by parents/guardians and others about the conduct of the school or the actions of any member of staff or Governing Body.
**HEALTH REPORT**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Class:</th>
<th>Date:</th>
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**Symptoms:**

<table>
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<th>Action taken and by whom:</th>
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**Parents/ carers contacted:** yes/no
**By whom:**
**Brief summary of conversation:**

**Date and time:**

**Report: (continued overleaf if necessary)**

This report is to be completed prior to any student being sent home and a member of the Senior Management Team needs to be consulted. This needs to be an accurate account of staff concerns around the student’s health, symptoms observed, and any medication given.

**Copy sent home: Please tick: yes**

**Advice given re returning to school:**

For guidance around whether your child should go to school, you may find it helpful to visit the NHS Choices web page "Should my child go to school today?" or to contact your GP/nurse.

On page 3 and 4 of this form you can find additional information on common infectious diseases from The Health Protection Agency (HPA).
<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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Report continued........

<table>
<thead>
<tr>
<th>Staff name:</th>
<th>Parent/carer name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(where relevant)</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Infection</td>
<td>Exclusion Period</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Athlete’s Foot</td>
<td>None</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Five days from onset of rash and all lesions have crusted over</td>
</tr>
<tr>
<td>Cold Sores (herpes simplex)</td>
<td>None</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>None</td>
</tr>
<tr>
<td>Diarrhoea and Vomiting</td>
<td>Whilst symptomatic and 48 hours after last symptom</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Exclusion is essential.</td>
</tr>
<tr>
<td>Flu (influenza)</td>
<td>Until recovered</td>
</tr>
<tr>
<td>Glandular Fever</td>
<td>None</td>
</tr>
<tr>
<td>Hand Foot and Mouth</td>
<td>Exclusion to be considered in some circumstances.</td>
</tr>
<tr>
<td>Head Lice</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis A*</td>
<td>Excluded until 7 days after onset of jaundice (or 7 days after symptom if no jaundice)</td>
</tr>
<tr>
<td>Hepatitis B*, C*, HIV</td>
<td>None</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Until lesions are crusted/healed of 48 hours after starting antibiotic treatment</td>
</tr>
<tr>
<td>Measles*</td>
<td>Four days from onset of rash and recovered</td>
</tr>
<tr>
<td>Meningococcal meningitis* / septicaemia</td>
<td>Until recovered</td>
</tr>
<tr>
<td>Meningitis* due to other bacteria</td>
<td>Until recovered</td>
</tr>
<tr>
<td>Meningitis Viral*</td>
<td>None</td>
</tr>
<tr>
<td>Disease</td>
<td>Incubation/Onset</td>
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<td>----------------------------------------------</td>
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</tr>
<tr>
<td>MRSA</td>
<td>None</td>
</tr>
<tr>
<td>Mumps*</td>
<td>Five days after onset of swelling</td>
</tr>
<tr>
<td>Ringworm</td>
<td>Not usually required</td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td>Four days from the onset of rash</td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>Excluded until 24 hours of appropriate antibiotic treatment completed</td>
</tr>
<tr>
<td>Scabies</td>
<td>Can return after first treatment</td>
</tr>
<tr>
<td>Slapped Cheek / Fifth Disease / Parvo Virus B19</td>
<td>None (once rash has developed)</td>
</tr>
<tr>
<td>Threadworm</td>
<td>None</td>
</tr>
<tr>
<td>Tonsillitis</td>
<td>None</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>The TB treatment team will advise you when it's safe to return</td>
</tr>
<tr>
<td>Warts and Verrucae</td>
<td>None</td>
</tr>
<tr>
<td>Whooping Cough (pertussis)*</td>
<td>Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics</td>
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