

# MEDICAL CARE POLICY

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## Introduction

1. This policy has been developed in accordance with the statutory guidance of ‘Supporting Pupils at Schools with Medical Conditions – December 2015 and ‘Guidance on the use of Emergency Salbutamol Inhalers – March 2015. This policy also works alongside the Safeguarding Policy taking regard of publications: ‘Working Together to Safeguard Children’ 2017, ‘What to do if You are Worried a Child is Being Abused’ 2015. The guidance reflects, ‘Keeping Children Safe in Education’ 2018 and Section 100 of the Children’s and Families Act 2014.
2. As a College we will make arrangements where possible to ensure students with Medical Conditions are supported appropriately so that they can access and enjoy the same opportunities as any other student at the College.
3. This policy is to give clear guidance and boundaries on the Medical Care offered to students at CATS College and how the care is administered including all relevant paperwork required.
4. We will work in partnership with Parents/Agents/ Students and fellow professional to ensure students who require medical intervention are able to undertake treatment in a safe and secure environment, allowing the Student to continue to make progress with their education and ensuring that the Equalities Act 2010 is adhered to.
5. Gillick Competence Law – This guidance takes into regards this Law – Students under the age of 16 are not deemed automatically legally competent to give consent on treatment. The courts have determined that such children can be legally competent if they have ‘sufficient understanding and maturity to enable them to understand fully what is proposed’.

## Roles and Responsibilities

The College Governors and Senior Leadership Team commits to ensuring that:

- In order to fulfil their duty of care responsibilities, all staff are alerted to their students’ health conditions via Shackleton badges or by consulting the Students Needs Register<sup>1</sup> saved on the shared drive. It is the individual member of staff’s responsibility to request the additional information from Matron.
- Individual Health Care plans – called ‘Care Plans’- will be in place for students with health conditions as deemed necessary by the Matron, Deputy Head Pastoral, senior leadership team and outside agencies involved in the student’s plan of care.

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<sup>1</sup> The Students Needs Register includes health, SEN and disability information to make staff aware of individual student’s conditions so as to enable them to perform their duty of care. It also alerts them to seek additional information where a care plan or risk assessment have been drawn up.

- The Care plan will be completed in conjunction with the student or student's parents and all **relevant** staff will be made aware of the student's condition.
- The overall responsibility for the Care plans will be with the Deputy Head Pastoral (DHP) but the completion of and monitoring/review of care plans will be with the Matron – who will liaise with the DHP.
- The DHP has the overall responsibility of ensuring that all staff are suitably trained with regards to care plans. In case of staff absence or a change in staffing, the teacher is alerted to their student's health condition via the register in Shackleton or by consulting the Student Needs register. Should the College use supply teachers, the DHP will ensure they are suitably trained with regards to Care Plans.
- Staff who have permission to administer medication only do so after a two tier training session with the Matron and E-learning training on Administering Medication in Schools – No staff member is allowed to administer medication without this training in place. A First Aid Certificate does not constitute appropriate training in supporting students with Medical Conditions.
- All teachers must ensure that all College activities outside the College normal timetable (and Canterbury) must be sent to the Matron, with at least seven days' notice – listing the students who wish to attend. The Matron will then assess health conditions and if necessary train accompanying staff in what to do in emergency situations and ensure any medications/care plans are taken on the trip. If needed, a risk assessment will be drawn up as part of the EVC paperwork.
- In the case of students transitioning to a new school, the DHP will ensure any medical information is passed onto the new school. Similarly, should the new student's needs change upon their reintegration to College, the DHP will ensure arrangements are made for any staff training or support.

## Confidentiality

The medical information of our students will, where possible, remain confidential to that student.

In recognition that providing the best care and support for students with medical conditions, we recognise that there will be occasions where medical information will need to be shared. The Matron will seek the consent of the Student/Parents to share the medical details and management of the condition by a care plan. This will be drawn up with the student's assistance wherever possible.

With all medical information, the Matron will respect a student's confidence except on the rare occasion when, having failed to gain consent, the Matron considers it is in the student's best interest or necessary protection for the wider College Community, to breach confidence and pass information to the relevant person/professional body. For example a Safeguarding/Child Protection concern or a public health concern where the College is under a legal obligation to report the issue arising.

## Notification of a Students Illness & Medical Information Storage

Parents/Agents are expected to notify the College prior to the arrival of a student with all relevant medical documentation, including consent to give homely/prescribed medication and administer First Aid.

Parents/agents are given the opportunity to email the Matron direct any confidential medical information before the student comes to the College. Matron can be emailed directly on: [medical@catscanterbury.com](mailto:medical@catscanterbury.com)

All medical documentation will be assessed by the Matron; more information will be sought if necessary before a student starts at the College by Matron.

The Matron will liaise with the Agent/Parents with regards the medical condition and ensure that arrangements are in place for the student to transition into College life with the Care/Support that they require.

The Matron is responsible for ensuring a Care plan is in place for the student and if the student is self-administering their own medication the student is suitably risk assessed. This will be reviewed periodically and when any changes in the medical condition occur. This update will be cascaded to all relevant staff involved in the care of the student.

All documents pertaining to consent to administer medicine and for emergency medical procedures for students will be kept in a confidential student file. These files will be locked securely in the Medical Centre and will only be accessible for authorised personnel. The Matron and DHP will ensure out of hours access when required for Emergency admissions to Hospital.

All parental consents will be recorded on the College database/records, Shackleton, for staff to check before administering any homely medication.

Parents need to advise the College of any changes in Medication for their child at the earliest opportunity.

Students requiring the use of asthma inhalers/pumps will be supported to carry their own pumps whilst at the College. The Matron will risk assess with the student if a spare pump is required to be held at the Medical Centre or Boarding House for use in an emergency – if a spare pump is required a care plan will be implemented.

## Supporting Students

We recognise that supporting a student with a medical condition is not the sole responsibility of one person. Effective support may depend on working effectively with outside agencies and partnerships.

Students who are competent to manage their own health needs and medicines will be encouraged to do so – this will be reflected in the students individual care plan. This includes students carrying their own medication/relevant devices. If a student refuses to take their medication then staff will not force the student, but will report to the Matron so that alternative options can be considered.

As a College we do not need to wait for a formal diagnosis before providing support to a student. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be taken about what support to provide based on the available evidence. This would normally involve medical evidence and consultation with the parents/agents. Where evidence conflicts the College will challenge the judgements to ensure that the correct and most appropriate support can be provided for the student.

The College uses a local Health Centre to register all students. Students studying at the College meet with the Matron and have a baseline health check if under 18 years of age, and are then registered at the Health Centre. Students can see a Doctor on a private basis and this can be arranged by Matron.

Students are also encouraged to sign a consent to disclose to Matron only form, which in accordance with GDPR regulations, allows the G.P. to discuss medications/diagnosis where appropriate.

### Managing Medicines on College Premises

Homely medicine will be available for students in College hours and in College Boarding Houses. These will be stored in lockable cabinets in the Boarding Houses with the relevant paperwork or during the day in the Medical Centre. In College hours they will be administered by trained and authorised staff only. In Boarding Houses they will be managed and administered by the House Parents and Lead/Senior House Parents, updating the college database each time as appropriate.

All homely medication administered will be recorded in the Homely medicine folder and stock checked weekly in Boarding Houses.

Only homely medicine on the approved College Homely list may be used at the College- No other homely medicines may be used with the exception of the express permission of Matron or the Deputy Head Pastoral.

Students/Parents are required to declare all medicine they bring with them to the College. Medicines not declared will be removed from student's rooms and taken to Matron – Matron will check these are legal and appropriate for students to administer to themselves.

Prescribed medicines will only be accepted if they are: in-date, labelled, provided in the original dispenser by the pharmacist and includes instructions for administration, dosage and storage. Prescribed medicines from another country will need to have an accompanying Doctors letter and be a legal medicine in the UK. Prescribed medicines that are illegal in the UK will be discussed with the student and the Health Centre Doctors – Alternative medicine will be offered by the Doctor if appropriate and the Illegal medicine disposed of at the nominated Pharmacy

Controlled Prescribed Medicine:

- Students can possess the drug if competent to do so but passing it to another student for use is an offence.

- Students will be risk assessed if competent to hold controlled medication and secure storage of the controlled medication will be put in place.
- Students who are not assessed as competent will have their medication held by the Matron in a controlled drugs cabinet in the Medical Centre. The Matron or Designated Member of Staff will administer the medication and complete the controlled drugs book.
- Students requiring the storage of medication in a refrigerated environment will either be given a fridge for their bedroom or it will be stored in the House Parents fridge. If stored in a House Parents fridge it will be placed in a plastic container with a label detailing the student's name, Date of Birth and the name of the medication.

## Administration of Medicine – Prescription and Homely Medicines

Supervised Administration of Prescribed Medicine will be arranged via the Matron and the Matron will train/advise staff if they are required to dispense the medicine.

Before giving the prescribed medication staff need to:

- Confirm the students name corresponds with the label on the medication
- Confirm the prescribed dose
- Check the expiry date
- Check the written instructions provided on the label
- Administer medication
- Write a medical note on students Shackleton account detailing medication given

Homely Medicine Administration Procedure:

Before administering any Homely Medicine staff need to:

- Ask the student what is wrong and their symptoms
- Check students medical notes on Shackleton for allergies or any previous medication taken and parental permission has been obtained.
- If no parental consent staff apply the Gillick Competence process
- Ask the student if they have taken any other medication
- Assess the student for which homely medicine is most suitable
- Administer the homely medicine in accordance with the guidance set either by the Matron or on the homely medicine packaging.
- Write a note on the students Shackleton page using the public and private note – remembering student confidentiality – Ensuring that the symptoms/medication/ administered dose and time homely medication given are recorded on the public note of Shackleton.
- Any private information needs to be noted in the private section of Shackleton e.g. a student has menstrual pain- you can say on the public note stomach cramps – 2 x 200 mg ibuprofen given at 14:30 hours and then in the private notes section you place in menstrual pains.

## Care given to Students who Report Illness

Over 18 Students living in accommodation that is accessible during the day:

- Student to telephone the Matron before 0930hrs Mon-Fri
- The Matron will assess the medical issue presenting
- The Matron will advise the student and either authorise the absence, ask the student to come and see them at the Medical Centre, or make a G.P. appointment for the student.
- If appropriate the Matron may visit the student.
- If the sickness is authorised the Matron will inform the Attendance Manager of the authorised absence.
- The students Shackleton medical notes will be updated with advice given

Students residing in accommodation that is closed during the day:

- The student must report to the Medical Centre during College hours if unwell
- The Matron or Designated staff member will assess the medical issue presenting
- If considered well enough the student may be administered homely medicine and then return to class.
- The student if very unwell will spend the day in medical bay and return to their accommodation in the evening
- If the student has spent all day in the Medical Centre then they will be medically curfewed to residence for that evening.
- If the student requires further medical intervention such as GP then this will be arranged. The students will be escorted if a CSA student.

Students requiring care outside of College hours (evening/overnight/weekends) need to contact their House Parent who will follow the assessment and administration of Homely medication guidance in of this policy. Over 18 students can contact the relevant House Parent during the evenings between 6 pm- 11 pm. Outside of these hours for medical emergencies the students can contact the NHS for help and emergency services if required.

### Out of Hours Illness

- If a student becomes unwell and you think they need to see a Doctor out of hours, the HP will contact contact the Emergency Duty Manager.
- **In a situation where there is a risk to life dial 999 – when it is safe to do so inform the EDM – ensure you take the students medical file to hospital or give to the paramedics**
- The Emergency Duty Manager has a list of useful telephone numbers, if they wish you to contact someone.

The numbers are as follows:

**NHS 111** - This should be done through the EDM, unless they have authorised you to do it. Ring this number if authorised to speak to a Doctor or Health professional if concerned about a student's health.

**Kent & Canterbury Hospital, Ethelbert Road - 01227 766877**

Minor injuries must not be used for cold symptoms. A student should only attend minor injuries if agreed by the SHP and the EDM.

**Out Of Hours Dentaline; 01634 890300** - This is an emergency number for severe toothache during the evening and weekends. They DO NOT TREAT! Matron will advise. They will give a time to go to minor injuries and the student may be treated with painkillers and/or antibiotics if necessary. They will not see students for orthodontics such as braces, etc., Only to be used if pain is severe.

## Emergency Medical Procedures

**If there is a medical emergency or emergency accident the member of staff should phone 999 immediately and give as much detail to them as possible**

A student who is 17 years of age and under and is taken to hospital by ambulance will be accompanied by a member of staff who will act in loco parentis. When a student is taken to hospital by a member of staff, if the student is 17 and under, they should also take with them all medication the student is currently taking and copies of the students health information and parental consent forms. This information is held in the medical centre and the EDM on duty has access to these files.

In an emergency it may be necessary for a member of staff to take a student to hospital in his/her own car or in a taxi if he/she does not have appropriate insurance cover.

If a student is taken to hospital during College hours:

- Inform the Matron/Welfare Team – in their absence the Principal/Vice Principal. Also inform by email to the Principal and Vice-Principal.
- The college will then undertake to inform the parents/guardian/agent and keep the parents/guardian/agent updated.

If a student is taken to hospital after College Hours (17.30 – 08:30 and weekends)

- Telephone the emergency on call telephone number. The On Call Duty Manager will arrange the necessary cover and liaise with the DHP or in their absence the Medical Matron who will inform the parents/guardian/agent as soon as is practicable.

**If a student refuses to take medication, this will be recorded on the students Shackelton page and the student's parents will be notified. If the medication is essential to the student's continued wellbeing, Medical/Welfare staff will talk to the student and take necessary remedial action.**

Students requiring Quarantine:

- The Matron and the Doctor may require a student to be quarantined if they develop an infectious disease. In these circumstances consideration will be given to whether quarantine is to the Medical Centre or to quarantine the student's room in their Boarding House.
- If the student is in a shared room then the student sharing the room will be moved until the quarantine period is over.
- Any student quarantined will have their care overseen by the Matron and the

Deputy Head Pastoral. Staff required looking after the student will be fully informed on the procedures that need to be adopted/implemented and will be given full guidance by the Matron.

If a student is absent from College for more than three days in any one month, without a valid Medical reason then the College reserve the right to not authorise the absence. If the student returns home for Medical care then the student must arrive back at the College with a Medical Certificate/report from a Doctor or Hospital detailing the intervention/treatment given and any diagnosis/prognosis/continuing care required.

## Health Care Plans

The Health Care Plan which the College define as the 'Care Plan' is designed to ensure that the College can effectively support students with a medical condition or an emotional health condition. Not all students who have medical/emotional needs will require an individual care plan.

Other health/care professionals from outside the College may also assist with a Student's care plan as necessary- e.g. CAMHS/GP/Therapists/Medical Professionals

The Care Plan will detail the following:

- Student's name/CEG number/Gender/Date of Birth/Age/Residence/Named Care Coordinator and family Contact Information
- Medical Diagnosis/Condition and Prescribed Medication
- Medical Needs and Symptoms/Complications
- Plan of Care/Actions – who does What/When – Including guidance on
- Emergency intervention guidance
- Review Date/Name of Reviewee
- Care Plan completed by/Signature and Date

The care plan will be completed with assistance from the student requiring the care plan and parents as necessary. The student will be spoken to about the dissemination of the care plan to relevant staff members. The level of detail in the plan will depend on the complexity of the student's condition and the degree of support required.

The care plan will be disseminated on a need to know basis only to staff- including Teachers and House Parents. Care plans will be kept in the student's Boarding House in the care plan file. This file will be stored in the locked medical cabinet and is to remain confidential.

Staff will meet with the Matron on a one to one basis to discuss the care plan if necessary and receive further training on ensuring the care plan is implemented as appropriate.

Care plans will be reviewed at least annually or earlier if evidence is presented that the student's needs have changed.

Where a student has special educational needs identified in a statement or EHC plan, the care plan will either be linked or become part of the statement or EHC plan.

## Self-Administration Risk Assessments

Each student has a right to manage their own medication, however, the College has an obligation to ensure that the student is administering and storing their medication in appropriate manner that does not place other students or themselves at risk from harm.

Every student who manages their own medication will be risk-assessed by the Matron. This assessment will look at the competency of the student and safe storage of the medication.

If the student is assessed as competent their House Parents will be informed of the assessment and the steps necessary to monitor the safe storage of the medication.

House Parents will monitor to ensure the medication is stored correctly. Any issues found will be reported to the matron. The Matron will speak to the student and re-assess competency as appropriate.

Students found not in compliance with the risk assessment or not medically competent to store and administer their own medication will have alternative medicine administration in place under the Matron's guidance.

## Self-Harm

Self-Harm is defined as: Any deliberate, non-suicidal behaviour that causes physical injury to a person's own body. Self-harm is often a coping mechanism that enables a person to deal with their emotional distress. It can also be used by the person as a 'rouse' to feel again if they feel numb or detached from reality. The self-inflicted injuries can validate the person and create physical pain that is easier to deal with than the emotions that they are feeling. Recent research shows that up to one in ten young people in the UK engage in self-harming behaviour, including those with Special Educational Needs and from minority groups such as LGBT.

At CATS College we will address self-harm from a non-judgemental standpoint and validate the student and their feelings. We will be supportive and assist the student to address the self-harming behaviour in a safe and supportive manner.

It is worth noting that people who have suicidal ideology may be involved with self-harm, but it is more commonly accepted that self-harming is a survival strategy and not about dying.

Self-Harm Injury can involve:

- Cutting, scratching, scarping and picking the skin
- Burning or scalding
- Hair Pulling/Eating
- Swallowing Objects
- Banging or hitting the head or other parts of the body
- Overdosing on non-Prescriptive or prescriptive medicines

- Swallowing caustic liquids
- Scouring or scrubbing the body vigorously.

**Risk factors include but are not limited to:**

- Individual Factors: Depression/Anxiety
- Poor communication skills
- Low self esteem
- Substance Misuse
- Rejection in relationships

**Social Factors:**

- Difficulty in making friends/forming relationships/loneliness
- Bullying from others – including cyber bullying

**Family Factors:**

- Physical abuse
- Sexual abuse
- Psychological abuse
- Neglect
- Unreasonable expectations
- History of self-harming/suicide in family

The following warning signs should always be taken seriously and staff observing these should always be taken seriously. Staff observing these signs should not approach the student but seek advice from the Deputy Head Pastoral or the Medical Matron.

**Warning Signs:**

- Changes in sleep pattern
- Changes in eating habits- refusal to eat/over eating/being sick after meals
- Changes in appearance - self neglect
- Misuse of substances – legal or illegal
- Lowering of academic achievement
- Talking/making jokes about self-harm or suicide ideology
- Expressing feelings of failure/uselessness or loss of hope
- Changes in mood/character
- Covering of arms/legs even in warm weather
- Requesting bandages/dressings

## What to do Staff Guidance

- Actively listen to a student if a student discloses they are self-harming – be non-judgemental in attitude and stay calm and be supportive but refer onto the DSL/Matron. Staff should not attempt to counsel the student or ask the student questions about their emotional health/why the self-harm etc.
- Apply the principle of First Aid for any fresh wounds
- Do not offer 100% confidentiality- explain to the student the information will need to be shared with the Matron/DDSL and DSL (Designated Safeguarding Lead).During College hours

seek assistance from the College Matron/Deputy Head Pastoral. Outside of College hours inform the EDM who can offer support and advice and contact the DSL.

- Any concerns for a student then report to Matron/Deputy Head Pastoral/DSL. Matron and/or the Deputy Head Pastoral will meet with the young person and discuss the self-harm.

### **Supporting the Student:**

- The student will be offered support services from outside the college –such as GP/CAMHS/Private psychological services intervention
- Consideration will be given to a tier three assessment by Children’s Social Services depending on the student’s age – The DSL or Matron (DDSL) will co-ordinate any referrals made.
- A care plan will be put into place – completed with the student as a means of providing support for the student- this will be on a need to know basis for staff.
- Contacting the student’s parent/carer if appropriate.
- A contract with the student- to enable them to take control of their emotions and manage their self-harm.
- A card system enabling the student to hand to staff – which states they have self-harmed and wish to talk

All staff and teachers having direct contact, and on a need to know basis should:

- Review all Care plan documents when sent and be aware of the communication processes.
- If the DSL advises you, ensure the student is aware you are available to listen. The fewer people are aware of the self-harm, the better it is for the student.
- Remain non-judgemental. If you feel you cannot do this, immediately refer to someone who can. You will appear transparent to the student and they will not communicate with you freely.
- Try to enable the student to take control by asking what they would like to do and what help they think they need, if advised to do so.
- Do not make promises you cannot keep such as confidentiality
- Avoid dismissing a student’s reason for distress. It is a valid reason to them
- Take care of your own emotional needs and seek support as and when necessary.

***In the case of an acutely distressed student, their immediate safety is paramount and the student must be with an adult at all times.***

***If a student has self-harmed in College/Boarding House, First Aid needs should be addressed as priority.***

### **Staff Roles:**

It can be difficult when dealing with self-harm from a personal perspective. A person can feel a range of emotions in response to self-harm. This could be anger, panic, disbelief, helplessness, deep

sadness, a feeling of wanting to stop the young person from harming themselves. Any student, who confides in you, as a member of staff, is taking a huge leap of faith and trusting you with something that is very private to them. In order to best support the student you will need to recognize and acknowledge your own emotions while initially keeping these to yourself. Do not show the student – it is very important to be non-judgemental and maintain a supportive and open attitude.

Once you have listened to the student refer on to either Matron or the Deputy Head Pastoral. Then you may decide you would like to talk about your own emotions and how you felt at that time, as the impact of the disclosure may also have affected you. It is very normal to feel a range of different emotions and there is no judgement to be placed on them. You can come and discuss this in a 'debrief' session with the Deputy Head Pastoral or you may decide you would like to see a professional outside of the College. Whatever you decide your own emotional Health and Wellbeing is important too.

Please see the Mental Health and Well Being policy for Advice/Guidance on Mental Health Support for students

## Eating Disorders

Definition of Eating Disorders:

Anyone can have an eating disorder regardless of their age, sex or cultural background. Students with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. Students with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

### Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing an eating disorder:

#### Individual Factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

#### Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance

- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

### **Social Factors**

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing

### **Warning Signs**

Staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from either the Medical Matron or the Deputy Head Pastoral.

### **Physical Signs**

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

### **Behavioural Signs**

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals

## Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

The most important role College staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSL aware of any student causing concern.

Following the report, the DSL will decide on the most appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or CSS for a Tier assessment – with parental consent if appropriate
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of College staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. It is important not to make promises of confidentiality that cannot be kept. If a student does disclose please ensure this is reported to matron or the Deputy Head Pastoral.

### Student's Undergoing Treatment for / Recovering from Eating Disorders:

The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision will come from discussion with the student, their parents, College staff and members of the multi-disciplinary team treating the student as appropriate.

The reintegration of a student into College following a period of absence should be handled sensitively and carefully and again, the student, their parents, College staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

## Unacceptable Practice

College staff should use their discretion, judge each student's medical case on its merit of reference to a student's Care Plan, however, it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers or medication and administering their medication when and where necessary
- Assume every student with the same condition requires the same treatment
- Ignore the views of the student or their parents: or ignore medical evidence or opinion (although this may be challenged)
- Send students with manageable medical conditions home frequently or prevent them from doing normal College activities unless specified in the individual care plan.
- If a student becomes ill send them to the Medical centre without an escort or with someone unsuitable (as per their care plan)
- Penalise students for their attendance record if their absences relate to their medical condition e.g. Hospital Appointments.
- Prevent students from eating/drinking or taking toilet or other breaks whenever they need to manage their medical condition effectively.
- Prevent students from participating or create unnecessary barriers to participating in any aspect of College life, including College trips.

## Disposal of Medicines/Sharps

Medicines requiring disposal need to be given to Matron.

Matron will organise this disposal at the Local Nominated pharmacy for the College (Boots).

All medicine disposals will be written in a log book detailing the following:

- Date
- Name of medicine
- Amount being disposed of
- Signature of disposer and counter signature of either Deputy Head Pastoral or the Pharmacist

Sharps boxes will be provided for the disposal of needles.

Sharps boxes are obtained via the Medical Centre. All full sharps boxes should be taken to the Medical Centre who will arrange collection through agreed contractors and replace the bin with an empty bin for the student to use.

## Good Hygiene Practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhea and vomiting and respiratory disease. The recommended method is the use of liquid soap, water and paper towels.

Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with water proof dressings.

Coughing and sneezing easily spread infections. Young People and adults should be encouraged to cover their mouth and nose with a tissue. Wash your hands after using or disposing of tissues. Spitting should be discouraged.

Cleaning of the environment, including equipment should be frequent, thorough, and follow national guidance e.g. use colour coded equipment, COSHH, correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to Personal Protective Equipment PPE (see below)

#### **Cleaning of blood and body fluid spillages:**

All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages use disposable paper towels and discard clinical waste as described below.

**Personal Protective Clothing (PPE):** Disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons, must be worn where there is a risk of splashing or contamination with blood/body fluids. Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

**Clinical Waste:** Always segregate domestic and clinical waste in accordance with local policy. Used sanitary products, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection.

#### **SHARPS INJURIES AND BITES:**

If skin is broken make wound bleed/wash thoroughly using soap and water. Contact GP or go to Accident and Emergency immediately.

## Homely Medicine Approved Use List with Contraindications

### Homely Remedies

CONDITION	TREATMENTS
Cold and 'flu like symptoms'	Paracetamol or Beechams
Muscular Pain Relief, anti-inflammatory	Paracetamol , Ibuprofen
Allergy relief, hay fever	Allergy and Hay fever relief- Piriton

Diarrhoea	Immodium/Loperamide hydrochloride
Indigestion relief	Gaviscon or Rennie
Sore throat	Cough mixture/Paracetamol
Sore gum relief	Bongela- (only available from Matrons office)
Sun burn	Calamine lotion
Minor cuts and grazes	Clean Wound/Dressing

### Paracetamol

#### Indications

When it can be used	Pain relief for mild to moderate pain, pyrexia (fever)
<b>Do Not Give</b>	In conjunction with other medicines containing paracetamol

#### Treatment to be given

Name of Medicine	Paracetamol 500mg
Dose	Age 12/13 x 1 tab – age 14+ 2 tablets
Route	Oral
Frequency	Four to Six hours between doses dependant on age – No more than 4 DOSES in 24 HOURS unless advised.
Max dose in 24 hrs	4g (8 tablets)
Follow up	Temperature to be taken- if above 37.3 to be monitored regularly – If above 38 EDM to be informed
Warning/Adverse reactions	Side effects rare – rash, blood disorders, liver damage in overdose

### Ibuprofen

#### Indications

When it can be used	Pain relief for mild to moderate pain, migraine, musculoskeletal pain.
<b>Do not give</b>	Asthma, pregnancy, known hypersensitivity to aspirin, ibuprofen or other NSAID. Current or previous history of dyspepsia or peptic ulceration, patients taking oral anticoagulants, warfarin, heparin, aspirin or other NSAIDs, patients taking lithium, methotrexate,

	tacrolimus, ciclosporin, and patients with known severe cardiac disease, heart failure, oedema, hypertension or renal impairment
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### **Treatment to be given**

Name of Medicine	Ibuprofen 200 mg tablets
Dose	12/13 years of age – x 1 200mg tablet.. 14+ years of age x 2 200mg tablet
Route	Oral
Frequency	Every 4 hours (Maximum dosage 6 Ibuprofen in any 24 HOUR period)
Max Dose in 24 hrs	6 tablets
Follow up	If condition worsens or symptoms persist then Seek further medical advice
Warnings/Adverse Reactions	Discontinue if indigestion or other gastro – intestinal symptoms develop e.g. haematemesis (blood in vomit)
Advice to student	Take Medicine with or after food or milk. Ibuprofen may be taken with paracetamol if necessary as advised. Advise Students not to take other Non-Steroidal anti – inflammatory (NSAIDS) containing products at the same time.

### **Beechams**

#### **Indications**

When it can be used	For relief of colds and flu symptoms
Do not give	If allergic to paracetamol, ascorbic acid, or any of the ingredients contained within this product. Have kidney or liver problems, overactive thyroid, diabetes, high bp or heart disease. Taking drugs for heart problems or tricyclic antidepressants or have been prescribed drugs for depression in the last two weeks

### **Treatment to be given**

Name of medicine	Beechams
Dose	1 sachet every 4-6 hrs
Route	Oral
Frequency	One sachet every 4-6 hrs
Max Dose in 24hrs	No more than 6 sachets
Follow up	See GP if condition worsens or does not improve

Warnings/Adverse Reactions	Rare – allergic reactions, such as skin rash
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### **Lemsip**

#### **Indications**

When it can be used	For relief of colds and flu symptoms
Do not give	If allergic to paracetamol, ascorbic acid, or any of the ingredients contained within this product. Have kidney or liver problems, overactive thyroid, diabetes, high Blood Pressure or heart disease. Taking drugs for heart problems or tricyclic antidepressants or have been prescribed drugs for depression in the last two weeks

#### **Treatment to be given**

Name of medicine	Lemsip
Dose	1 sachet every 4-6 hrs
Route	Oral
Frequency	One sachet every 4-6 hrs
Max Dose in 24hrs	No more than 4 sachets
Follow up	See GP if condition worsens or does not improve
Warnings/Adverse Reactions	Rare – allergic reactions, such as skin rash

### **Hayfever and allergy relief - Piriton**

#### **Indications**

When it can be used	Symptomatic relief of allergy such as hay fever, urticaria
Do Not Give	Kidney problems, pregnant or breastfeeding

#### **Treatment to be given**

Name of Medicine	Hay fever and allergy relief tablets
Dose	One tablet
Route	Oral
Frequency	4 Hourly
Max dose in 24hrs	5
Follow up	If no relief, refer to GP
Warnings/Adverse Reactions	Rare – headache, dizziness, dry mouth, drowsiness, stomach or intestinal discomfort

### **Cough Linctus**

**Indications**

When it can be used	For relief of coughs/sore throats
Do not give	Fructose intolerance or allergic to ingredients

**Treatment to be given**

Name of medicine	Cough Linctus
Dose	10ml (2x5ml spoonful)
Frequency	2-3 hrly (can be in warm water to sip to ease coughs)
Max dose in 24hrs	As and when required
Follow up	Refer to GP if symptoms persist with a temperature
Warnings/Adverse Reactions	Rare – stomach upset

**Loperamide hydrochloride****Indications**

When it can be used	To relieve symptoms of diarrhoea
Do not use	Cases of severe diarrhoea after taking antibiotics, inflammatory bowel conditions such as ulcerative colitis, constipation, acute dysentery.  Advice needed if patient has AIDS and stomach becomes swollen. If diarrhoea lasts more than two weeks (or is related to IBS) or diarrhoea is severe

**Treatment to be given**

Name of Medicine	Loperamide Hydrochloride
Dose	Two tablets initially, followed by 1 capsule after each loose bowel movement
Route	Oral
Frequency	Take 2 capsules after first bowel movement then x1 capsule after each bowel movement up to max dose of 8 in any 24hr period
Max dose in 24hrs	8 capsules
Follow up	If symptoms persist after 3 days, seek medical help
Warnings/Adverse Reactions	Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness, dry mouth and skin reactions

Advice to student	Drink plenty of fluids to maintain hydration. To prevent spread of infection wash hands after going to the toilet, before you touch food. Rehydration therapy may be needed in cases of severe diarrhoea where large amounts of fluids are lost.
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**Indications****Bongela – kept in Matrons Office**

When it can be given	To relieve sore gums
DO NOT GIVE	<p>If suffering from stomach ulcer. Allergic to any ingredients contained within the product.</p> <p>DO NOT GIVE to children or adolescents under the age of 16. There is a junior Bonjela available for this age group or boots own sore gum</p> <p>Seek advice if pregnant or breastfeeding.</p> <p>Linked to Reyes syndrome if given to children.</p>

**Treatment to be given**

Name of Medicine	Bongela
Dose	One centimetre applied to sore area
Route	Oral
Frequency	Every 3hrs
Max Dose in 24 hrs	8 applications
Warnings/Adverse reactions	Possible allergic reaction, symptoms may like those of asthma.
Advice	If symptoms persist after 7 days, seek advice

## Indigestion Remedies

### Indications

When it can be used	To relieve Indigestion
DO NOT GIVE	Within two hours of taking other medicine by mouth as it may be less effective. Seek advice if suffering from phenylketonuria as this product is sweetened with aspartame

### Treatment to be given

Name of Medicine	Indigestion Remedy
Dose	2-4 tablets after meals and at bedtime
Route	Oral – to be sucked or chewed
Frequency	After meals
Max dose in 24 hrs	16 tablets
Warnings/Adverse reactions	Too many tablets can cause bloating. Rare- allergic reaction
Advice to students	Look at lifestyle of student if appropriate. Do they smoke, drink too much coffee, alcohol or eat too many fatty foods, chocolate.

## Calamine Lotion

### Indications

When it can be used	To relieve sun burn and skin irritation
DO NOT USE	If allergic to lotion

### Treatment to be given

Name of Medicine	Calamine Lotion
Dose	Apply as necessary to affected area.
Frequency	As required
Follow up	See GP if symptoms persist

## Implementation, Monitoring and Review Procedures

- This policy is formally reviewed on an annual basis and is signed off by the Principal of Cats College Canterbury by the authority of the Governors.
- All relevant staff receives initial Medical Policy training, including the administration of Homely medications and recording of said medication on appointment before administering

any medication. Staff are also required to complete the Administration of Medication on line e-learning training – This e-learning training is refreshed every two years.

- All homely medicines administered will be written in medication files kept in Boarding Houses and this paperwork will be audited by the Medical Matron and reported to the DHP
- Monitoring of this policy will be undertaken by: The Medical Matron and the DHP

## Useful Links

### **Allergy UK**

Allergy Help Line: (01322) 619864

Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

### **The Anaphylaxis Campaign**

Helpline: (01252) 542029

Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

### **Association for Spina Bifida and Hydrocephalus**

Tel: (01733) 555988 (9am to 5pm)

Website: [www.asbah.org](http://www.asbah.org)

### **Asthma UK** (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

### **Council for Disabled Children**

Tel: (020) 7843 1900

Website: [www.ncb.org.uk/cdc/](http://www.ncb.org.uk/cdc/)

### **Contact a Family**

Helpline: 0808 808 3555

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

### **Cystic Fibrosis Trust**

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

**Diabetes UK**

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

**Department for Education and Skills**

Tel: 0870 000 2288

Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

**Department of Health**

Tel: (020) 7210 4850

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

**Disability Rights Commission (DRC)**

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: [www.drc-gb.org](http://www.drc-gb.org)

**Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: [www.hse.gov.uk](http://www.hse.gov.uk)

**Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

**Hyperactive Children's Support Group**

Tel: (01243) 551313

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

### **MENCAP**

Telephone: (020) 7454 0454

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

### **National Eczema Society**

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: [www.eczema.org](http://www.eczema.org)

### **National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

### **Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)

## Appendix 1 - Process for Individual Care Plans.

