



## SUPPORTING STUDENTS WITH MEDICAL CONDITIONS IN BOARDING COLLEGES

<b>POLICY INTENDED FOR:</b>	Students
<b>CATEGORY:</b>	Medical
<b>PUBLISHED:</b>	Server, Policy Folders at College and Students Accommodations, Staff Handbook
<b>POLICY IMPLEMENTED BY:</b>	Principal
<b>POLICY MONITORED BY:</b>	Principal and Deputy Principals
<b>REVIEWED BY:</b>	Principal
<b>REVIEWED DATE:</b>	August 2020
<b>CONSULTATION WITH:</b>	Senior Leadership Team (SLT)
<b>RECORD OF CHANGES &amp; ADDITIONS:</b>	Clearer guidance regarding self-administration of medicines and Gillick Competency Jan 2020: removed proprietor
<b>NEXT REVIEW:</b>	August 2021

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**Note:** The following forms should be printed on letter-headed paper and, where appropriate, record may be kept electronically

## INTRODUCTION

These **pro formas** are designed to comply with the *Boarding Schools National Minimum Standards* for mainstream maintained and independent boarding schools, which came into force on 1st January 2013, 2015 and September 1<sup>st</sup> 2018. The majority of the forms are based on templates provided by DfE as an appendix to the statutory guidance *Supporting Students with Medical Conditions*.

The **National Boarding Standards** cover the full range of welfare, health and policy issues. The standards contain arrangements to safeguard and promote the welfare of students for whom accommodation is provided by boarding institutions. They provide the minimum standards below which no institution is expected to fall in securing outcomes for boarders.

The standards do not override the need for educational institutions to comply with *The Education (Independent School Standards) (England) Regulations 2010*, as amended by *The Education (Independent School Standards) (England) (Amendments) Regulations 2012* and by *The Education (Independent School Standards) (England) (Amendments) Regulations 2014* and legislation covering health and safety, fire or planning regulations.

The standards apply in England to:

- All mainstream boarding educational institutions.
- All age groups of students up to 18.
- Any students over 18 who live alongside those who are under 18.
- Students accommodated at the college, other than students.

The college **must** ensure that the confidentiality and rights of boarders are appropriately respected. This includes the right of boarders deemed to be “Gillick Competent” to give or withhold consent for their own treatment.

Gillick competence is used in medical law to decide whether students (16 years or younger) are able to consent to their own medical treatment, without the need for parental permission or knowledge. A student will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed.

[The NCPCC has useful advice on this topic.](#)

NB. College currently has no students that are under the age of 16 but is aware of Gillick Competency and Fraser Guidelines.

## INDIVIDUAL HEALTHCARE PLAN

STUDENT NAME:	
PROGRAMME:	
DATE OF BIRTH:	
STUDENT'S HOME ADDRESS:	
MEDICAL DIAGNOSIS/CONDITION:	
ALLERGIES:	
PREVIOUS SERIOUS ILLNESSES:	
DATE	
PLAN TO BE REVIEWED NO LATER THAN:	
<b>FAMILY CONTACT INFORMATION</b>	
NAME:	
RELATIONSHIP TO STUDENT:	
MOBILE PHONE NUMBER:	
HOME PHONE NUMBER:	
WORK PHONE NUMBER:	
NAME:	
RELATIONSHIP TO STUDENT:	
MOBILE PHONE NUMBER:	
HOME PHONE NUMBER:	
WORK PHONE NUMBER:	

CLINIC/HOSPITAL CONTACT	
NAME:	
PHONE NUMBER:	
G.P.	
FAMILY DOCTOR NAME:	
PHONE NUMBER:	
COLLEGE DOCTOR NAME:	
PHONE NUMBER:	

Name(s) of responsible person(s) providing support in college:	
Medical needs and details of student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision	
Care requirements (day and night)	
Specific support for the student's educational, social and emotional needs	
Arrangements for college visits/trips etc.	

Other information:	
Describe what constitutes an emergency, and the action to take if this occurs.	
Who is responsible in an emergency (state if different for off-site activities)?	
Plan developed with:	
<b>STAFF TRAINING UNDERTAKEN</b>	
NAME:	
TYPE OF TRAINING:	
DATE:	
<b>STAFF TRAINING REQUIRED:</b>	
NAME:	
TYPE OF TRAINING:	
DATE:	

INDEPENDENT WITH MEDICATION: SELF-ADMINISTRATION EVALUATION FORM

STUDENT NAME:..... BOARDING HOUSE:.....

This form is to be completed when a resident would prefer to manage his/her own medications; re-evaluate using this form following changes in condition as well as during a full assessment.

MEDICATION ORDERING AND DELIVERY

- Resident/family orders medications
- Facility staff orders medications**

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MEDICATION STORAGE

Store in a safe location?  Yes  No

Away from other student access?  Yes  No

Stored by student, in private accommodation room.

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SELF-ADMINISTRATION OF MEDICATIONS

Able to self-administer accurately?  Yes  No

Understands medication use(s)?  Yes  No

Medications taken at the correct time at the right dose?  Yes  No

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After evaluation, student is  able  not able to safely self-administer medications.



Comments/notes:

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Signature of qualified assessor

Date

**CONTACTING EMERGENCY SERVICES**

**Request an ambulance:**

**Dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. Your telephone number or the college's (whichever you are phoning from).
2. College telephone number (if not the same as above).
3. Your name.
4. Your location [insert college address].
5. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code.
6. Provide the exact location of the patient within the college setting.
7. Provide the name of the student and a brief description of their symptoms.
8. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
9. Put a completed copy of this form by all college external phones.

## INVITATION TO PARENTS TO CONTRIBUTE TO THE DEVELOPMENT OF AN INDIVIDUAL HEALTHCARE PLAN

College Name  
Address  
Telephone No.  
Email address  
Date

Dear [Parents' Names]

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR STUDENT

Thank you for informing us of [student's first name] medical condition. I enclose a copy of the college's policy for supporting students at college with medical conditions for your information.

A central requirement of our policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided.

Individual healthcare plans are developed in partnership between the college, parents, the student and the relevant healthcare professional who can advise on your student's medical needs. Our aim is to ensure that we know how to support your student effectively and be clear about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all students will require one. We will need to make judgements about how a student's medical condition impacts on their ability to participate fully in college life, and the level of detail within any resulting plan will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your student's individual health care plan has been scheduled for [insert date and time of meeting]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [list people attending].

Please let us know if you would like us to invite any other medical practitioner, healthcare professional or specialist and/or provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan form and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email or to speak by phone if this would be helpful.

Yours sincerely

## FURTHER INFORMATION

For further information about support for students with Epilepsy at OIC please speak with Kim Terrar.

[kim@oxcoll.com](mailto:kim@oxcoll.com)

Principal

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