



Supporting Pupils with Medical Needs and First Aid

Godinton Primary School

Approved by the Strategy Group 25/11/15

This Policy is due for renewal in Term 2 2017 - 2018

Godinton Academy Trust is a charitable company limited by guarantee and registered in England and Wales with company number 9404783. The registered office is at Lockholt Close, Ashford, TN23 3JR.

Medical Needs and First Aid

Please note that for the purpose of this policy the word parent is used to refer to both parent and carers.

1. Introduction

Attending to a child's medical needs in school is carried out through the cooperation of parents, child and staff. Parents are a child's main carer and have the responsibility of providing the school with sufficient information about their child's medical conditions, treatment, health and/ or special care at school. It is recognised that some of our pupils also have a role to play themselves. In some situations, it will be appropriate for them to be involved in developing their own health care plans. There is no statutory responsibility which requires school staff to administer medication, however as a school we believe it is important for our staff to assist and support children with medical needs.

This policy has been developed from guidance contained in the DfE publication 'Supporting Pupils with Medical Conditions' (April 2014) and local authority guidance.

Our aim is always to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We make arrangements to support children with medical needs so that they can access and enjoy the same opportunities in school as any other child. We recognise that for some children medical conditions may bring with them anxiety or self-consciousness and that long term health difficulties may impact on a child's educational attainment and emotional health. We work with parents and children to ensure that we provide support for these matters as well.

Some children with medical conditions may be disabled and in these cases the school will comply with its duties under the Equality Act 2010. Some may also have special educational needs and may have an Education Health and Care Plan which brings together health and social care needs, as well as their special educational provision or SEN support plan. The SEN Code of Practice 2014 advises that a medical diagnosis or disability does not necessarily imply SEN.

2. Medical Awareness

Each year, we produce a Medical Awareness List, which is given out to all teachers. The list contains information on all children who have a medical condition which may require intervention from our staff. The list is organised by class, and gives the name of the child, their condition, and the action to be taken if required. This list is based on information obtained from parents at the start of each academic year, through the completion of the medical needs questionnaire. As of September 2014, parents are only asked to complete the full questionnaire when their child starts in reception and then again when they start in Year 3. At the start of each other academic year, they will only be asked to provide details of any changes to their child's health or medical history.

The school also has an Emergency Awareness List which contains detailed information on those children who have a serious medical condition. These children also have their photographs displayed in the staff room, so that staff can become familiar with them.

Both the Medical and Emergency Awareness Lists are on the notice board in the staff room. All teachers are given copies of the up to date lists in September.

It is the responsibility of the class teacher to familiarise themselves with these lists at the start of the academic year and with the information which is shared by the previous class teacher at end of year transition meetings. The parents of any new children starting school mid way through the year will be asked to give information about their child's medical needs and staff will be informed and lists updated accordingly. Staff should make supply staff aware of this information. The procedures for this will be added to the staff handbook.

Finally, all classes must have two notices on their door, one of which will state where the first aid kits are kept and the other will list the emergency first aiders in the school.

3. Children Taking Medication During School Time

3.1 Responsibilities

School staff do not have a statutory duty to administer medicines to pupils in school; however our staff will assist pupils who require medication. We recognise the importance of this in ensuring that children have full access to education.

3.2 Prescribed Medicines

Medicines should only be brought to school when essential; that is where it is detrimental to a child's health if the medicine were not administered during the school day. Parents should endeavour to have medicines prescribed in dose frequencies which enable it to be taken outside school hours. Parents should discuss this with their prescriber. It should be noted by parents that medicines that need to be taken 3 times a day could be taken in the morning, after school and in the evening.

We only accept medicines in school that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber. They should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, as well as the child's name. Parental consent is required in order for school to administer medicines to a child. This is obtained by parents completing the relevant school form. Alternatively parents are welcome to come into school to administer medicines themselves and we will support parents with arrangements for this.

Medicines will not be accepted in school that have been taken out of the container as originally dispensed.

Parents are responsible for bringing these medicines into school and ensuring that they any remaining medicines, after the child's course of treatment has been completed, are collected from the school.

3.3 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for children. Any member of staff may administer a controlled drug to the child for whom it has been prescribed in accordance with prescriber's instructions and this policy.

Controlled drugs will be kept in a locked non-portable container, with only named staff having access.

3.4 Non Prescription Medicines

The school will not administer any medicines which have not been prescribed by a medical practitioner and neither are children permitted to keep non-prescription medicines on their own person (this includes cough sweets/ throat lozenges). Parents may wish to come into school to administer non-prescription medicines themselves.

3.5 Administering Medicines

No child under 16 will be given medicines without their parent's written consent. This is done by parents completing a form available from the school office and returning it to school with the medication. These medicines will be kept in the medical room. A fridge is available in the medical room for the storage of medicines that require refrigeration. Staff will check that the information provided by parents on the form matches information on the medicines.

Any member of staff giving medicines to children should check.

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber

Staff sign a record form each time the medicine is administered to the child.

By consenting for medication to be administered by school staff, parents must understand that staff will endeavour to ensure that the medication is given, however this cannot be guaranteed. If parents wish to ensure that medication is given, then the preferred option is for parents to come into school and administer medication to their child themselves.

The self-management of medicines by children in school is generally not permitted. As children get older and more competent they are able to administer some medications themselves, after prior agreement with parents; this may include the use of asthma inhalers so that children can access these quickly and easily. Children who manage their own medications may require an appropriate level of supervision.

Staff should not administer out of date medicines to any child.

If a child refuses to take medicine staff should not force them to do so, but should note this in the records and inform parents the same day. If refusal to take medicine results in an emergency then 999 should be dialled and the children's parents informed immediately.

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines or surplus medicines are disposed of safely and appropriately.

3.6 Educational Visits

Reasonable adjustments may need to be made in order for children with medical needs to participate fully and safely in educational visits. Sometimes additional safety measures may need to be taken such as an additional supervisor and arrangements made for the taking of any

necessary medicines (including travel sickness medication and asthma inhalers). Parents or health professionals may need to be consulted about this. A preliminary visit to the site will enable facilities to be ascertained which may need to be taken into consideration.

Staff supervising educational visits should be fully aware of any medical needs of the children participating. It is their responsibility to read and act on this information. Emergency contact details should be taken on the visit. A risk assessment of the visit will determine whether a first aider should also accompany the visit and what measures regarding medical support may need to be taken.

Children will not be allowed to participate in educational visits, unless the school has up to date medical information.

3.7 Sporting Activities

Most children with medical needs can participate fully in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Reasonable adjustments should be made by staff to ensure that children are not prevented from participating due to medical needs. Some children may need to take precautionary measures before or during exercise such as using asthma inhalers.

3.8 Training

A member of the senior management team or the medical needs coordinator is responsible for arranging any necessary training for staff in the administration of medicines or to support pupils with medical needs as reflected in an individual healthcare plan. Training needs will be assessed on the basis of the needs of the child and the staff who have been assigned to work with them and will be decided in conjunction with healthcare professionals. This may include administering insulin to diabetics or using an epi-pen. Training needs will be reviewed at least annually, usually when a child moves into a different year group or when school personnel change. Training will be delivered by a relevant healthcare professional e.g. school nurse or diabetic nurse.

More staff than are required will be trained, in order to ensure that cover is available in staff absence.

3.9 Insurance

Insurance arrangements are in place which fully indemnify staff against claims for alleged negligence when administering medicines providing they have acted in accordance with school policy and procedures and statutory guidance in the DfE publication 'Supporting Pupils with Medical Conditions' (April 2014).

4. Illness at School

4.1 Short Term Medical Needs

Some children may have short term medical needs which require them to take medicines during the school day. This might be situations such as finishing a course of antibiotics or applying a lotion. Allowing children to do this will minimise the amount of time they are absent from school. If a child has an illness which requires them to receive an extended course of medication, administered during the school day, the parents and school will liaise to decide on how this can

be addressed without adversely affecting the child's education. School staff will only administer medicine to a child, if the parent has given written permission for this to occur.

If a child is taken ill whilst in the classroom, the teacher will assess the condition of the child and, if they feel that the child needs to go home, they will send them to the office. Where possible, they will be examined by a first aider and if it is agreed that the child should go home, the parent will be contacted. The child will await collection in the medical room. The children will be supervised at all times.

Teachers will only send children to the office if they are convinced that the child needs to go home.

If a child suffers an injury during lesson time a first aider will be called to assist.

During break times, supervisory staff will be expected to address any minor injuries which occur on the playground. First aid may be required. Plasters may be administered to children, apart from those whose parents have informed school that their child has an allergy to them. Class teachers must be informed whenever one of their children suffers a significant injury. If an injury is more serious than a first aider will be called. The first aider will contact parents if permission is required for further treatment or if the child should be collected.

Parents must be informed, in writing, if their child suffers any blow to the head or any other notable injury during the school day. Appropriate slips are kept in the school office and are completed by the member of staff assisting the child. These should be sent home with the child and class teachers should be informed. This is also recorded in the accident book. Where possible, class teachers should also see parents at the end of the school day to make them aware of the injury.

4.2 Long Term Medical Needs

Some children in school have long term medical needs which may require regular ongoing medication or support measures, usually this will be outlined in a individual healthcare plan.

Parents must inform the school of any long term medical needs. They do this at the point of transition or should notify the school as soon as a child's health changes significantly, to enable the school time to put in place any necessary measures to support the child's health needs. This would include arranging any training that may be required for staff. Where children transfer from another school, the Assistant Head for Inclusion will liaise with staff at the previous school to ensure that arrangements can be put in place to support medical needs as soon as possible. If a child has had a long term absence from school due to illness, then the school will support reintegration.

A personal care plan may be drawn up in conjunction with parents and staff for children who require assistance with toileting. If this is part of a medical concern it will be included on an individual healthcare plan.

4.3 Individual Healthcare Plans

Children with long term medical needs or with medical needs which require a higher level of support, may require an individual healthcare plan. Usually these will be drawn up by the Assistant Head for Inclusion in consultation with parents and any relevant health professionals. Sometimes health professionals may take the lead in drawing up individual healthcare plans e.g. the diabetic nursing team. The school, healthcare professionals and parents will agree when a healthcare plan would be inappropriate or disproportionate and if an agreement cannot

be made them the Headteacher will be best placed to take a final view. The school may use the flow chart in annex A of the DfE document publication 'Supporting Pupils with Medical Conditions' to identify when a healthcare plan may be required.

Plans help to ensure that the school can effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are reviewed annually or earlier if evidence is presented that the child's needs have changed.

Where a child is returning to school following a period of hospital education or alternative provision (e.g. home tuition), the school will liaise with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- The medical condition, its triggers, signs symptoms and treatments,
- The pupil's resulting needs including medication, time, facilities, equipment, testing, access to food and drink where this is used to manage the condition, dietary requirements and environmental factors e.g. crowded corridors,
- Specific support for the pupil's education, social and emotional needs e.g. how absences will be managed, use of rest breaks in exams,
- The level of support needed, including in emergencies,
- Who will provide this support, their training needs and expectations of their role,
- Staff who need to be aware of the child's condition,
- Arrangements for medication to be administered,
- Specific arrangements for offsite visits etc.,
- Any confidentiality issues
- Emergency procedures and contingency arrangements

5. Asthma and Inhalers

The school has a separate policy for asthma which should be read in conjunction with this policy. Children who have a diagnosis of asthma and an asthma card from will also have a healthcare plan. We acknowledge that other children in the school have inhalers which may be used for the relief of wheeziness or colds but will not have an asthma card. These children will not have a healthcare plan.

6. Epilepsy

Children with epilepsy will have a healthcare plan. This will outline the aspects of their condition such as factors that might act as a trigger, whether the child might lose consciousness or how long the seizure might last. If a child is prescribed rectal diazepam for prolonged seizures then staff will be trained in how to administer this by health professionals.

7. Diabetes

Children with diabetes will have a healthcare plan. This will outline their regime in terms of managing their diabetes such as checking blood glucose levels and contain information about identifying signs of hypoglycaemic reaction and what should be done in these situations. It will also ensure that staff are aware that children with diabetes need to be allowed to eat regularly during the school day and this might include eating snacks during class-time or prior to exercise.

Staff will be allocated to support diabetic children with their medical needs and suitable training will be provided as required.

8. Anaphylaxis

Children with anaphylaxis will have a healthcare plan. This will identify precautions that should be taken to avoid severe allergic reaction, signs and symptoms of a reaction and the proposed response to this. Treatment of anaphylaxis is an injection of adrenaline which is administered into the muscle of the upper thigh using an epi-pen. Staff are trained in the use of this by health professionals. An ambulance should also be called and the emergency procedures followed.

9. Headlice

If a child is found to have live headlice, their parents will be made aware of the situation with a view to taking them home for the infection to be treated. All of the other children in that class will be given a letter to take home, asking their parents to inspect their heads and to treat any infestation accordingly.

10. Minimising the Risk of Transmission of Infection to Other Children and Staff

Children who are unwell with an infectious disease should not be at school. Once they are better they should return unless they pose a risk to the infection of others. Our guidance on whether children with infectious conditions should be in school is led by the Health Protection Agency publication 'Guidance on Infection Control in Schools and other Child Care Settings' (December 2006). This document details recommended periods that children should be kept away from school.

11. Provision for First Aid

The school has an adequate number of trained first aiders, including staff trained in paediatric first aid. The names of these individuals are displayed prominently around the school. Their training is updated every 3 years, and new first aiders are trained as and when required. However, all staff will be expected to address minor injuries which occur during the school day such as cuts and grazes.

First aiders will administer first aid to adults and children as required. Staff do use antiseptic alcohol free wipes on grazes and minor cuts.

Each class room has its own first aid kit. A sign in the classroom clearly identifies where the kit is kept.

In addition, first aid bags are kept in the staff room, for use by those completing a break time duty and for use by Midday Meals Supervisors. Further first aid supplies are kept in the medical room. A first aid kit should be taken on all off site visits.

Medical room facilities within the school are limited and no room is used solely as a medical room. Limited medical facilities are located in the bursar's office. There is no running water in this room. This location also provides children with a quiet room, where they can remain until collected by parents, or where they can be treated. If a child's needs require a higher level of medical facility then this will be discussed with parents and the school will review what adaptations it is able to make within the current limited scope of the premises.

All of the medical supplies in school will be monitored and replenished by the medical needs coordinator. Staff should contact her if they become aware that a particular first aid kit requires re-supplying.

Risk assessments will identify whether a first aider is required for an offsite visit.

12. Serious Accidents and Emergency Situations

Should a serious accident occur, and a pupil, a staff member or a member of the public require hospitalisation, those staff attending the incident will, as they see fit, call for help from other staff members, including those qualified in first aid, and act on the advice of the first aiders in deciding whether to call an ambulance. A member of the Senior Management Team will be informed immediately and will arrange for an ambulance if required to be telephoned. A child's parents should also be informed. Staff should never take children to hospital in their own car. A member of staff should accompany a child or adult to hospital in the ambulance and in the case of a child should stay until parents arrive.

Any serious accidents must be recorded using the appropriate forms found in the accident file. This file is kept in the office. The school is aware of the need to report certain incidents to the HSE.

13. Infection

When administering simple first aid involving open wounds, it is not always necessary to wear gloves, provided the person giving the treatment has any breaks on their skin covered with waterproof dressings. Where breaks in the skin are not or can not be covered, or where there is a large spillage of blood, non-sterile disposable gloves are recommended. Non-disposable plastic gloves can also be worn provided they are thoroughly washed afterwards. Whenever possible, hands must be thoroughly washed prior to first aid being given, whether gloves are to be worn or not.

The absence of gloves should never deter the administration of emergency first aid.

All first aid kits will contain disposable non-sterile gloves and some plastic bags large enough to accept used dressings.

When dealing with blood or any other body fluid spillage, the most important personal hygiene precaution is that of afterwards washing the hands thoroughly in hot water and soap, including cleaning the nails, whether gloves have been worn or not.

Staff who have dealt with any body fluids must not enter kitchens unless they have first washed their hands thoroughly and removed their overall.

Any surfaces contaminated with blood or vomit should be cleaned with neat Milton 1, which should be poured over the area, left for 30 minutes, wiped and then rinsed with clean water.

Mouth to mouth resuscitation should be carried out without the use of an 'Airway', as their use in inexperienced hands can cause bleeding to occur, thus increasing the risk of infection. Without bleeding, the risk of infection is very small.

14. Medical Needs Co-ordinator - Schedule of Responsibilities

The Medical Needs co-ordinator will complete the following duties:

Duties	Frequency
Check the contents of all first aid bags	Termly
Check the details of all first aid signs around the school	Termly
Check the presence of all medical awareness signs on classroom doors	Termly
Arrange for medical needs questionnaires and updates to be completed by parents	September
Arrange for medical awareness lists to be put in registers, the office and staff room.	September

15. Monitoring

This policy is reviewed every two years.