

Central Primary School



First Aid and Medical Needs Policy

Our motto: Children are Central.

Dealing with Injuries

The vast majority of school-based injuries, such as grazes, require minimal treatment and can be dealt with by most members of staff acting in a sensitive and caring manner. However, staff are not expected to deal with first aid issues if they do not feel confident or competent to do so.

There are trained paediatric first aiders across the school (lists are displayed throughout the school). Some staff have had basic first aid training and the school nurse conducts annual JEXT/ Epipen training for all staff. Additional training is given if children with diagnosed medical conditions are admitted and a care plan is formulated and agreed between medical professionals, parents/carers and the school.

A list of paediatric first aiders is displayed in classrooms and around the school, this means that all staff are aware of who is a first aider and can draw on the support of the nearest first aider to them.

Medical Protocols

Those children with ongoing medical conditions which may require the administration of first aid or medicine during the school day have a medical protocol (Appendix A & B), including a photograph of the child. These are reviewed annually with advice sought from the school nurse and signed by the parents. Protocols are displayed alongside the first aid cabinet, in the staffroom, the kitchen and the child's classroom. Parents are expected to provide medical equipment and appropriate disposal facilities; for example, to dispose of insulin needles.

Medicine and Supporting Pupils at School with Medical Conditions Policy

Section 100 of the **Children and Families Act 2014** places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common-law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

Additional information about managing medical needs is included in the Appendices.

Medicines

We comply with the DfES guidance, **Managing Medicines in Schools and Early Years Settings (DfES 2005.)** A copy is available in school. Parents are expected to complete a form (Appendix C) and consent must be given by the Headteacher (Appendix D.) All prescribed medicines which have been formally agreed are kept locked in the first aid room or in the staffroom fridge when necessary. A record will be kept whenever medicines are administered (Appendix E).

Location & Storage of First Aid Equipment

First aid equipment is stored in the white first aid cabinet in the Staff Room. Stock is regularly checked and ordered by the office staff. Each classroom has a green, portable first aid kit.

Minimal injuries

All first aid administered is recorded in a green file. Inside the file is an exercise book to log injuries. Both are kept within the locked first aid cupboard. When logging the injury, it is important to log what first aid was administered. The child is given a red first aid sticker to wear and a yellow accident form to let parents know they have had first aid. The form shows outlines of a body, front and back and the area of injury can then be indicated on these outlines.

Head Injuries

Ice packs are available from the small freezer in the Staff Room; protective cuffs to put them in are available from the blue basket on top of the white first aid cabinet. A number of instant ice packs are available to take on trips. These are kept in the white first aid cabinet. All head injuries, even minor bumps, are recorded in the first aid log in the green file in the cabinet. The child will be given a yellow 'I bumped my head' sticker to wear and a yellow form to let parents/carers know. Where staff have concerns about a head injury, parents/carers will be called. Again, all injuries will be logged in the green file.

Blood Injuries

All staff are aware of the necessity of wearing gloves when dealing with blood. Disposable vinyl gloves are available in the Staff Room, along with first aid kits to take out on trips. Injuries which result in blood loss are always covered to avoid infection. There is a yellow bin bag in the disabled toilet to dispose of items which have been contaminated by blood.

Asthma

All staff are aware of pupils that have asthma; class teachers should know where a child's inhaler is at all times. A child should be able to say when they need to take their inhaler. A spare inhaler should be kept in the classroom cupboard in a clearly labelled box. Staff should ensure that a pupil has an inhaler with them whenever they leave the school i.e. on field trips.

Lunchtimes

First aid requirements at lunchtime are usually dealt with by our Mid-day Supervisory Assistants who have had first aid training. However, any serious concerns are always referred to the Headteacher or Deputy Headteacher.

Emergency Procedures

Each classroom has an individual first aid bag. There is a red card by the door of every classroom, office and hall that can be used to summon assistance in an emergency.

First aid kits are carried on all trips outside school, including swimming lessons. This is recorded on all risk assessments.

If an ambulance is required, another member of staff will dial 999 to allow a first aider to remain with the casualty. A copy of the casualty's medical details will be taken from school files, copied and handed to paramedics when they arrive, to accompany the casualty to hospital. Parents will be called. If the casualty is taken to hospital before parents/ carers can be with the casualty a member of staff will accompany the casualty to hospital. Once the casualty has been assessed by paramedics and either taken to hospital, taken home or deemed fit to stay, the relevant forms (RIDDOR or IDOR) will be completed, photocopy taken and the original will be sent to HCC Education H&S Team at County Hall.

Sending Children Home

The Head or Deputy must be consulted before contacting parents. Children will not be allowed to walk home alone. If the Head/Deputy feels that the child should attend hospital then either an ambulance will be called or the child's parents will be asked to collect the child, depending on the severity of the accident.

Early Years Foundation Stage

Before admission, parents/ carers complete forms relating to special health requirements, concerns and allergies (see appendix F.) Separate first aid and medicines records are kept within the Foundation Stage. Children with known medical conditions will have a personal medical protocol.

All staff in the Foundation Stage are paediatric first aiders.

Training

Qualified professionals are employed to provide training to staff, such as recommended First Aid trainers or the school nurse. All staff are encouraged to participate in the training but are not obligated to administer medication. A record of staff training is held in the school office.

Insurance

The school has the appropriate level of insurance in place and this insurance is in partnership with the local authority.

APPENDIX A/ C: FORM 3A

Parental agreement for school/setting to administer medicine

Central Primary School will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine.

Name of School/Setting: Central Primary School

Name of Child

Date of Birth:

Group/Class/Form:

Medical condition/illness:

Medicine

Name/Type of Medicine (as described on the container):

Date dispensed:

Expiry date:

Agreed review date to be initiated by:
[name of member of staff]:

Dosage and method (Number of tablets etc.):

Timing:

Special Precautions:

Are there any side effects that the school/setting needs to know about?

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency:

Contact Details

Name:

Daytime telephone number: Relationship to child:

Address:

Doctor/ GP Name and telephone Number:

I understand I must deliver the medicine personally to the named staff member and accept that this is a service that the school/setting is not obligated to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Date Agreed review date to be initiated by [name of member of staff]:

Signature(s)

Relationship to child:

*If more than one medicine is to be given a separate form should be completed for each one. From: **MANAGING MEDICINES IN SCHOOLS AND EARLY YEARS SETTINGS (DES 2005)***

APPENDIX D

Confirmation of the Head's agreement to administer medicine

Name of School/Setting

It is agreed that _____ *[name of child]* will receive

_____ *[quantity and name of medicine]* every day at

_____ *[time medicine to be administered e.g. Lunchtime or afternoon break].*

_____ *[name of child]* will be given/supervised whilst he/she takes their medication by _____ *[name of member of staff].*

This arrangement will continue until _____ *[either end date of course of medicine or until instructed by parents].*

Date:

Signed:

[The Head teacher/Head of Setting/Named Member of Staff]

APPENDIX E

Record of medicine administered to an individual child

Name of School/Setting

Name of Child

Date medicine provided
by parent

Group/class/ form

Quantity received

Name and strength of
medicine

Expiry date

Quantity returned

Dose and frequency of
medicine

Staff signature

Parent signature

Date _____

Time Given _____

Dose Given _____

Name of member of
staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of
staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time Given	_____	_____	_____
Dose Given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time Given	_____	_____	_____
Dose Given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____

APPENDIX F

Extract from Foundation Stage Confidential Entry Record

Health Record

Child's Doctor Telephone
.....

Name and Address of Surgery
.....

Name of Health

Visitor.....
....

Medical History

(please continue on a separate sheet if necessary)

Any known allergies

Does your child suffer with any medical conditions e.g. asthma, eczema, fits

.....
.....

Does your child take prescribed medication (please give details)

.....
.....

If your child needs to take prescribed medication (eg asthma inhaler) you must complete a medical form (MED1) which is available from the school office.

In cases where pupils have been prescribed medication by a doctor, which they need to take after they are well enough to return to school, we ask parents to come in to administer this medicine wherever possible. If this is impossible please speak to the school office to make arrangements for the medicine to be administered in your absence. When pupils need medication for long term conditions, arrangements can be made for this after speaking to the headteacher.

Any other medical information you feel we should know (please include operations, hospital stays, concerns about sight, speech and hearing etc)

.....
.....
.....

Medical emergency

In the event of more serious incidents, which we think might require hospital treatment or advice from other professionals, we will contact parents immediately. However, we also require your permission to seek emergency advice or treatment just in case we can not make contact with you.

I give permission for school staff to seek emergency advice or treatment:

Signed Date

.....
(Parent/guardian)

APPENDIX G

Staff training record - administration of medicines

Name of School/Setting:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that _____ *[name of member of staff]*

has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Date:

Suggested Review Date:

APPENDIX H

First Aid Kit Contents

There is no mandatory list of contents set down by HSE or DCSF. **Minimum** provision is suggested for a low risk workplace by HSE and DCSF.

- a first aid guidance leaflet
- 20 individually wrapped sterile adhesive dressings [assorted sizes]
- two sterile eye pads
- four individually wrapped triangular bandages
- six safety pins
- six medium [12cm x 12cm] individually wrapped sterile unmedicated wound dressings
- two large [18cm x 18cm] individually wrapped sterile unmedicated wound dressings
- three pairs of disposable gloves

The Paediatric First Aid Association [PFAA] would endorse the above list for use with children. The PFAA would recommend the plasters included are hypoallergenic and would add items such as "melolin" and "micropore", round ended scissors, gauze swabs, round ended scissors and a face shield for CPR.

HSE suggest a travelling first-aid kit could include

- a first aid guidance leaflet
- 6 individually wrapped sterile adhesive dressings [assorted sizes]
- two individually wrapped triangular bandages
- two safety pins
- one large [18cm x 18cm] individually wrapped sterile unmedicated wound dressings
- individually wrapped moist cleansing wipes
- one pair of disposable gloves

APPENDIX I

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change and arrangements for any staff training or support. For children starting at the school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school mid-term, we will make every effort to ensure that arrangements are put in place as soon as possible.

In making the arrangements, the School will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The School will ensure that arrangements give Parents/Carers and pupils confidence in the School's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

The School will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The School will make sure that no child with a medical condition is denied admission or prevented from attending the School because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the Inclusion Leader or Head Teacher. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the School should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff will stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Appendix J

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the Senior First Aider but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher/ Inclusions Leader will take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in **Annex A**.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. **Annex B** shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the Senior First Aider) with support from Parents/Carers, SENCO, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Annex B shows a template for the Individual Health Care Plan but it is a necessity that each one includes:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from Parents/Carers and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

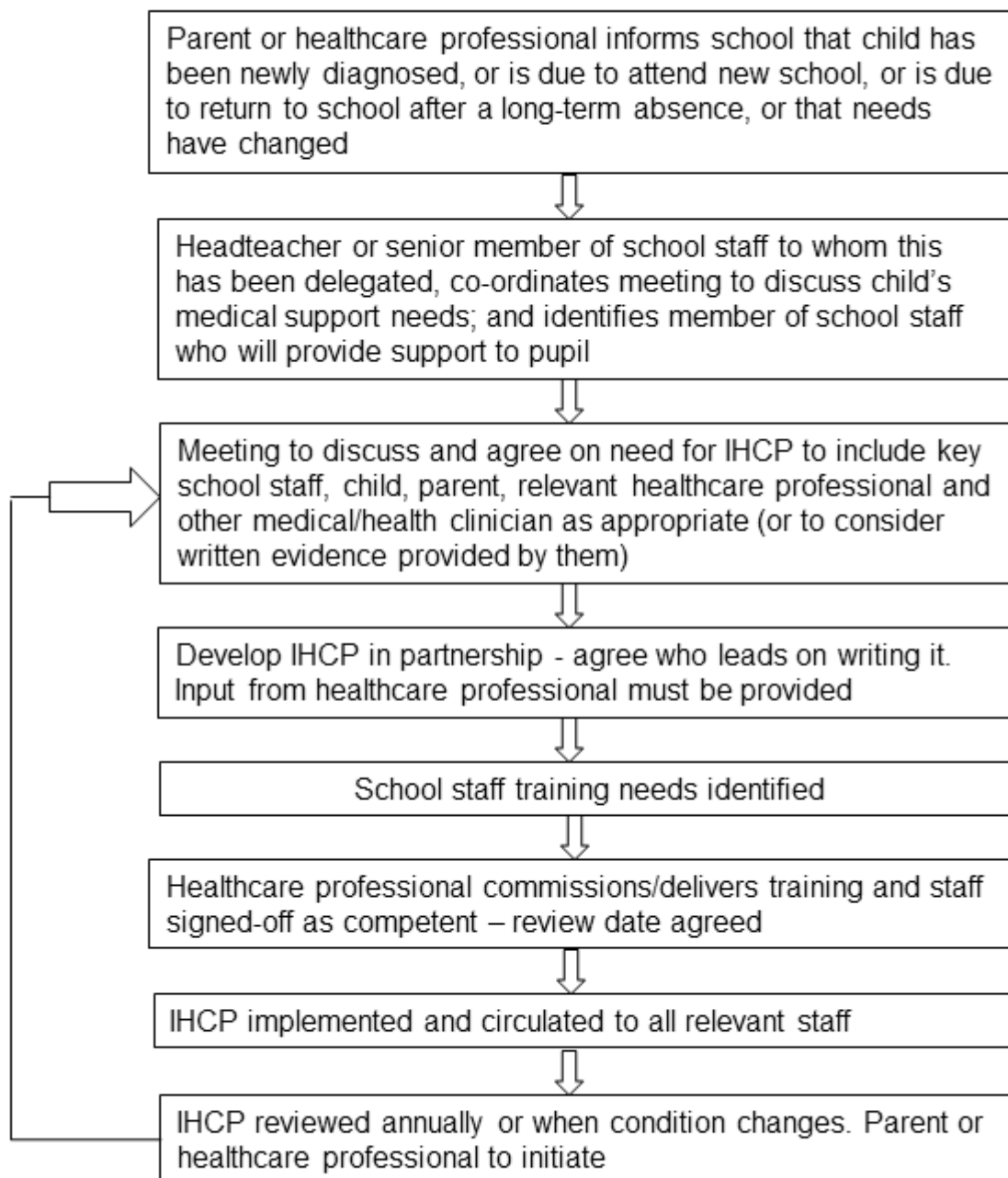
The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored safely in classrooms to ensure that the safeguarding of other children is not compromised. The School also recognises that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

Annex A



Annex B

Central Primary School Individual Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer 1	
Contact Number	Work: Home: Mobile:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	

Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

Describe medical needs and give details of child'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, contra-indications, administered by/self-administered with/without supervision

Daily care requirements
Specific support for the pupil's educational, social and emotional needs
Arrangements for school 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
Staff training needed/undertaken – who, what, where, when

Insurance implications	Checked / actioned by	Date

Plan developed with	Signed

Form copied to