



Supporting Children with Medical Conditions and First Aid Policy
Version 1.2

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DATE OF POLICY AGREEMENT

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NEXT REVIEW DATE

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1-09-15	13-9-15
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The Governing Body

It is the Governing body's responsibility to ensure that the Academy meets the requirements of the Children and Families Act 2014 and ensures that it makes appropriate arrangements for supporting pupils with medical conditions.

Aims

We have the following aims:

- Pupils at the Academy with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- The Governing Body must ensure that arrangements are in place in schools to support pupils at the Academy with medical conditions.
- The Governing Body should ensure that leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively met.

Lead Professional

The lead professional with responsibility for Medical Conditions is Paul Daniels, the Principal who is responsible for the implementation of this policy and will ensure the following:

- That staff are suitably trained;
- That all relevant staff are made aware of the child's condition;
- That there is sufficient cover arrangements if staff are absent or there is a changeover in staff;
- That there is briefing for supply teachers;
That there are risk assessments for school visits, holidays and other Academy activities outside of the normal timetable;
- That individual Health Care Plans are developed and monitored.

Procedure When a pupil has a medical conditions

When a pupil joins the Academy the following practice will be carried out:

- The Academy will endeavour to make contact and set arrangements before the pupil arrives and to cover any transitional arrangements;
- Any required staff training to meet the medical need will be planned and delivered;
- The principal will ensure that every effort will be made to have arrangements in place within two weeks;
- Where there is differing opinion about medical need the Academy will seek medical advice, and challenge those persons concerned in order for a judgement to be made on the best Health Care Plan being devised;
- Plans will be checked Annually to be kept up to date or earlier to ensure best practice;
- The Contents Of Individual Health Care Plans can be found in Appendix 1.

The First Aid Team

- The Academy's registered First Aider at work is Louise Mee;
- Jamie Whitehead is the First Aider at Work for before and after school hours.
- Miss Bingham, Mrs Pekala, Mrs Bailey, Mrs Christopher and Miss Ind-Smith have undertaken Paediatric First Aid training; each phase of the Academy has personnel with Paediatric First Aid training;
- Miss Bingham has undertaken Forest School First Aid training;
- The First Aid Team ensures all Teachers, Support Teachers and Middy-Supervisors are trained in basic first aid.

First Aid Resources

First Aid resources are located in the school's First Aid room.

First Aid materials are also located in Corridors outside Reception, Y3/4 and Y5/6 and in the First Aid room for Y1/2.

When pupils are outside for playtime and lunchtime, staff supervising are to ensure a portable first aid kit is in both the Junior and Infant playgrounds. In addition there is a first aid cupboard in the canteen.

Ice packs and holders are located in/by the fridge/freezer within the staffroom.

The school's registered First Aider is responsible for monitoring and ordering supplies.

Accident Reports

In the case of a pupil accident, the procedures are as follows:

The member of staff will assess the injury. In cases where the injury requires first aid or in the case of a head bump, the child will be escorted to the first aid room/first aid station to receive treatment from a first aider. In instances where the member of staff on duty deems the child should not be moved from the location of the accident, they will call for other adult assistance using walkie-talkies or send another adult/child for assistance.

The first aider who administers first aid should record the incident in an Accident Book and complete a 'First Aid' note to go home for parents. Any child suffering a head bump should be given a 'head bump' note to take home from the registered first aider, Louise Mee.

In the case of **any** serious injury parents will be informed personally.

In some instances, parents will be telephoned immediately and asked to come into school to assess the injury themselves. Serious injuries which require hospital treatment should also be recorded using the SHE online, LA Accident Record sheet.

School Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

Where pupils are leaving site for a school trip a portable first aid kit will always be carried. As above, where treatment is required regarding procedures.

Administering Medicines in School

Although the giving of medication to children is a parent/carer responsibility, school staff may be asked to perform this task but they may not, however, be directed to do so. The administering of medicines in school is entirely voluntary and not a contractual duty. In practice though, many school staff do volunteer.

Prescribed medicines may be administered in school where written permission has been given by the parent. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, a member of staff will administer the medicine. This must be one of the medical team. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly. In all cases, the school should have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. Parents should also ensure the school has the necessary resources to administer the medicine.

For short term medication e.g. antibiotics, the permission form will be kept for the lifetime of the treatment only.

For longer term needs, forms will be kept in a file in the medicine cupboard in the office.

Asthma inhalers should be kept in individual classrooms and teachers should keep a record of who has an inhaler in school using the school's 'Asthma Inhaler' record sheet.

One EpiPen per child (or adult) is kept in school in the child's classroom.

Parents are responsible for checking dates on medication and for renewing it as necessary.

All staff undergo EpiPen/asthma training, which is provided by the School Nurse.

Records are kept and held of all medications that are administered - child's name, date, time, type of medication and dose.

Storage/Disposal of Medicines

Medicines must be stored either in the School Office or the staff-room fridge, depending on the storage instructions. The exception to this rule are inhalers and EpiPens, which must be clearly labelled with the child's name and kept in the child's classroom where they can be easily reached where necessary.

In the case of off-site visits, bottled/packaged medicines will be held by a member of staff until required. Children will be responsible for carrying their own asthma inhalers.

It is the responsibility of the parents to collect unused/out of date medicines from the school and dispose of them accordingly.

Accidents/illnesses requiring Hospital Treatment

If an incident occurs where a child requires urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive urgent medical treatment. When an ambulance has been arranged, parents will then be informed and arrangements can be made as to where they should meet their child. A member of staff will accompany children in the ambulance if parents are not able to get to school before the ambulance leaves the school premises.

In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child from school. If a member of teaching staff needs to take a child to hospital, another adult will accompany them. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers, and parents will be regularly reminded to provide this information.

Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/guardians have prime responsibility for their child's health and should provide school with relevant information about their child's medical condition.

Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. A school nurse may also provide additional background information and practical training for school staff (for example in the use of EpiPens).

A School Medical File is stored centrally in the office in the medicines cupboard which gives information about individual children's needs. All staff are made aware of this and it is kept up to date by the registered First Aider.

Staff Medicines

All staff medicines must be kept out of the reach of children; either in the School Office or the staffroom fridge, dependent upon storage instructions.

Training

All staff will be provided with basic First Aid Training. Where additional needs are identified by an Individual HealthCare Plan then appropriate training will be provided. Each Phase of school including Early Years will have one practitioner trained in Paediatric First Aid. Two members of staff will be trained at First Aid at Work level.

Head Lice

Head louse infection is not primarily a problem of schools, but the wider community. It cannot be solved by the school, but the school can help the local community deal with it and this relies on school staff being well informed.

There are rarely serious 'outbreaks' of head lice and a pragmatic approach to dealing with any cases will limit agitation and alarm within the school community.

Information is held at school about the life cycle of the head louse and notes and guidance for various professionals relating to head lice.

Recommended Do's and Don'ts for Head teachers:

Do's:

Inform the school nurse in confidence of any cases of head louse infestation so that she can make an assessment of the need to contact parents to offer information, advice and support.

Individual reports will be kept confidential by all staff.

Collaborate with the school nurse to provide educational information to parents and children about head lice on a regular basis, rather than waiting until there is a perceived outbreak. Information issued should include up to date detail on detection and available treatments.

If much concern develops amongst parents about head lice, the school nurse may be asked to give a talk to parents; the head teacher and some school staff should be present at this.

Any parents that still have concerns should be encouraged to seek further advice from the school nurse, their GP or local pharmacist.

Don'ts:

There is no need to send out alert letters to parents.

Children who have or are thought to have head lice, should not be excluded from school.

Mass action, including wet combing campaigns should not be recommended.

There is no evidence that head inspections prevented head lice infestation, avoid agreeing with angry parents that such inspections should be reintroduced.

Parents should not be referred to the health protection team; the appropriate clinical advisors are the school nurse, local pharmacist or GP.

Policy Cross Reference - safeguarding

This policy should be read in conjunction with the policies below, in order to ensure full statutory safeguarding requirements are met:

Child protection, behaviour, anti-bullying, positive handling and restraint, health and safety, sex and relationships education, complaints, acceptable users policy, SEN, transport, School/setting trips, attendance.