

Whiteshill Primary School

Supporting Pupils with Medical Conditions and First Aid Policy

Status & Review Cycle;	Statutory and bi-annually
Responsible group:	The Trust with LGB amendments to setting and ratification
Implementation date:	May 2017
Next Review Date:	May 2019

Diocese of Gloucester Academies Trust

Supporting pupils with medical conditions and First Aid Policy

Policy Statement

1. The Trust is an organisation with a Christian foundation. The ethos, values and relationships of the Trust, and its associated academies, are central to witnessing to the value of the foundation.

Purpose & Scope

2. Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Teams to make arrangements for supporting pupils at Whiteshill Primary School with medical conditions. The statutory guidance for this can be found here <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
3. This policy is intended to ensure that governing bodies meet their legal obligations and sets out the arrangements that the school will make to support children.
4. Although the giving of medicine to pupils is a Parent/Carer responsibility, Whiteshill Primary School staff may be asked to perform this task, but they may not, however, be directed to do so unless it is identified as part of their contractual duties. In practice, however, many school staff do volunteer.

Principles

5. All pupils with medical conditions will be properly supported so that they have full access to education. Their condition and associated requirements will be kept appropriately confidential according to the individual circumstances.
6. The School will work in partnership with health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported.
7. The School recognise that the health care needs of pupils with medical needs may change over time and the school will work flexibly, within its resources, to support pupils, including supporting reintegration in to school after periods of absence as well as supporting the social and emotional needs of pupils.
8. The Local Governing Body of the School will ensure that the arrangements give parents and pupils the confidence in the School's ability to provide effective support for the medical condition in school. This includes, showing an understanding of how a medical condition could impact on a pupil's ability to learn and administer self-care.
9. Some pupils with medical conditions may be considered disabled under the definition set out in the Equalities Act 2010. Where this is the case, the governing body will comply with the requirements of the Act. For pupils with Special Educational Needs, this policy should be read in association with the SEND code of practice.
10. 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.

Entitlement

11. The School 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.
12. Pupils with special medical needs have the same right of admission to school as other children and will not be refused admission or excluded from the school on medical grounds alone. However, in line with their safeguarding duties, the school will ensure that no pupil is put at unnecessary risk through school activities. The school will therefore not accept a pupil in to school at times when it would be detrimental to their health or others to do so.
13. If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, the school will ensure that such pupils

can access and enjoy the same opportunities at school as any other child. The school, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at the school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into the school after long periods of absence.

Policy Implementation

14. All academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is the responsibility of the School Principal. The Principal has overall responsibility for ensuring:
 - that sufficient staff are suitably trained to meet the known medical conditions of pupils at the School
 - all relevant staff are made aware of the pupil's medical condition and supply teachers are properly briefed
 - risk assessments for school visits, holidays and other school activities outside of the normal timetable are completed
 - individual healthcare plans are prepared where appropriate and monitored
15. The school will identify named individuals who are responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

Heather Francis, Headteacher will have responsibility for briefing supply staff and volunteers, risk assessments for school visits/holiday clubs/extra-curricular activities and the monitoring of individual healthcare plans.

The following staff are registered first aiders/have undergone specific training:

Paediatric First Aid: John Pritchard, Kerry Robbins, Cathy Angove, Zofia Woods, Dawn Stock, Sam McCrink

Basic First Aid: Sarah Sinton, Gillian Davies, Juli Middleton, Sarah Cripps, Jackie Boor, Judith Harper.

Emergency First Aid at work: Heather Francis

First aid resources are located in the staffroom, office and in each classroom. Icepacks are located in the freezer in the staffroom.

16. All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.
17. Details of any pupils who suffer with acute medical conditions which may need staff attention will be displayed in the staff room, as appropriate.

Training of staff and support

18. No member of staff will give prescription medicines or undertake health care procedures without appropriate up-to-date training. Appropriate training will be organised annually and the school will keep an up-to-date record of all training. The school recognises that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

19. The school will identify a named member of staff who is responsible for staff training and ensuring the school has adequate first-aid cover. A Paediatric-trained First Aider will be consulted in relation to concerns over early years pupils.
20. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

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

21. The school will ensure that the correct procedures will be followed whenever they 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 pupil's needs change and arrangements for any staff training or support. For children starting at a DGAT academy, 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, staff will make every effort to ensure that arrangements are put in place within two weeks. (See Annexes C, D and E)
22. The school will make arrangements for the inclusion of pupils in additional activities, such as trips or sporting activities, with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible. 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 designated senior member of staff. Following the discussions an Individual Health Care Plan will be put in place.
23. Headlice can be a recurrent problem in schools. It is the Parent/Carer's responsibility to check their child's hair regularly. If cases are reported to the school, a letter will be sent to parents in the relevant classes to notify them and remind them to check/treat their child.

Individual Health Care Plans

24. Individual Health Care Plans will be written and reviewed by the designated member of staff but it will be the responsibility of all members of staff supporting the individual pupil 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 in class. (See Annex B)
25. Individual Healthcare Plans will provide clarity about what needs to be done, when and by whom and will be easily accessible to those who need access 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 medical condition and the degree of support needed. Where a pupil has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.
26. Not all children will require a Health Care Plan. The academy, 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 Principal will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.
27. 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 nominated member of staff with support from Parents/Carers, 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.

Reviewing Individual Health Care Plans

28. 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.
29. Annex B provides a template for the Individual Health Care Plan. All Health Care Plans will include:
- i. the medical condition, its triggers, signs, symptoms and treatments;
 - ii. 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;
 - iii. 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;
 - iv. 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;
 - v. 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;
 - vi. who in the school needs to be aware of the child's condition and the support required;
 - vii. arrangements for written permission from Parents/Carers and the designated member of staff for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - viii. 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;
 - ix. where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
 - x. 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.

Roles and responsibilities

30. It is the governing body's responsibilities to:
- Make arrangements to support pupils with medical conditions in schools, including the development and implementation of the Supporting Pupils with Medical Conditions Policy.
 - Ensure that a sufficient number of staff receive suitable training.
 - Ensure that staff are competent before they are given the responsibility to support pupils with medical conditions.
 - Ensure pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
 - Ensure staff who support pupils with medical conditions have access to all the necessary information and teaching support materials.
 - Ensure the appropriate level of insurance is in place to reflect the level of risk for staff supporting pupils with medical conditions.
31. It is the Principal's responsibilities to:
- Ensure all staff are aware of the policy and understand their role in its implementation.
 - Ensure that all necessary staff are informed of a pupil's medical condition.

- Ensure that a sufficient number of trained staff are available to effectively deliver the policy and all individual healthcare plans, including in contingency and emergency situations.
 - Recruit trained staff, where necessary.
 - Take the lead in developing individual healthcare plans.
 - Arrange appropriate insurance for staff supporting pupils with medical conditions.
 - Contact the school nursing service when a pupil has a medical condition that may require support, but has not yet been brought to the attention of the school nurse.
32. It is the Parents'/carers' responsibilities to:
- Provide the school with up-to-date information about their child's medical needs.
 - Be involved in the development and review of their child's individual healthcare plan.
 - Carry out any action they have agreed to as part of their child's individual healthcare plan.
33. It is the pupil's Pupils' responsibilities to:
- Contribute to discussions about their medical support needs.
 - Be sensitive to the needs of other pupils with medical conditions.
 - Comply with their individual healthcare plan.
34. It is the Staff members' responsibilities to:
- Take into account the needs of the pupils with medical conditions that they teach.
 - Achieve the necessary level of competency before taking on the duty to support a pupil with a medical condition.
 - Know what to do and respond accordingly when a pupil with a medical condition needs help.

The Child's Role in managing their own Medical Needs

35. 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.
36. 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 in the cupboard in the Medical Room (or appropriate alternative space) to ensure that the safeguarding of other children is not compromised. The school does also recognise 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 trained staff should help to administer medicines and manage procedures for them.
37. 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.

Managing Medicines on and off Site

38. The following are the procedures to be followed for managing medicines:
- i. Medicines will only be administered at the school when it would be detrimental to a child's health or school attendance not to do so;
 - ii. No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
 - iii. The school will not administer non-prescription medicines to a child, if a Parent/Carer wishes a child to have the non-prescription medicine administered during the School day, they will need to come to the School to administer it to their child.
 - iv. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
 - v. Parents are responsible for checking the dates on medication and for renewing it as necessary.

- vi. All medicines will be stored safely in the Medical Room, or equivalent space. Children should know where to locate their medicine. Where relevant, they should know who holds the key to the storage facility.
- vii. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. These should be clearly labelled with the child's name. Class teachers should keep a record of who has an inhaler/epi-pen on the appropriate record sheets.
- viii. During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all bottled and packaged medical devices and medicines required. Pupils will be responsible for carrying their own inhalers.
- ix. Staff administering medicines should do so in accordance with the prescriber's instructions. The School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the School should be noted. Annex C and Annex D outline these procedures. Written records are kept of all medicines administered to children.
- x. It is the responsibility of Parent/Carer to collect unused/out-of-date medicine and arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- xi. All staff medication should be kept out of reach of children and stored safely and appropriately.
- xii. Controlled drugs should be stored in a non-portable container and only named staff should have access.
- xiii. Controlled drugs should be easily accessible in an emergency.
- xiv. A record should be kept of any doses of controlled drugs used and the amount of controlled drugs held.
- xv. Staff administering medicines should do so in accordance with the prescriber's instructions.
- xvi. A record should be kept of all medicines administered to individual pupils stating what, how and how much was administered, when and by whom.
- xvii. Any side-effects of medication to be administered should be noted.

Pupil Accidents: First-Aid

- 39. In the case of a pupil accident, the member of staff will assess the injury. In cases where the injury requires first aid or if there has been a head bump, the child will be escorted to the staffroom/first aid room by an older child to receive treatment from a first aider. In instances where the member of staff on duty deems that the pupil should not be moved from the location of the accident, they will call for other adult assistance or send for assistance to the school office via another pupil.
- 40. 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, an Accident Record sheet and also reported to the Head of Business and Finance at the Trust.
- 41. When dealing with an accident, the following procedures will apply:
 - i. The administering of items such as antiseptic creams or equivalent are not permitted in case of allergic reaction.
 - ii. Cuts and grazes should be cleaned and elastoplast/micropore applied where applicable.
 - iii. A Paediatric trained First Aider should be consulted in relation to concerns over early years pupils.
 - iv. Staff should wear disposable gloves wherever necessary to prevent risk of infection.
 - v. Buckets will be available for pupils who feel sick. A vomit bag is to be placed inside the bucket before use. Appropriate dry powder will also be available and a dedicated mop and bucket.
 - vi. All blood swabs and used dressings are to be disposed of using a medical bin.
 - vii. A list of all trained first-aiders will be displayed in the school.

Written Records

42. The school must ensure up to date written records are kept of all medicines administered to children, stating what, how and how much was administered, when and by whom. (See Annexes D and E)
43. In the case of a pupil having an accident in school and first-aid being administered, the incident must be recorded in the appropriate Accident Book and a note should be prepared to send home to the Parents/Carers
44. A central record will be stored in the school office or First Aid/Medical Room which provides information about individual pupil's needs. All staff will know how to access the file, should they require.
45. On residential trips, reports will be completed in accordance with procedures at the Residential Centre.

Emergency Procedures

46. 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.
47. Where a child has an Individual Health Care Plan (IHCP), 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.
48. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, the school will be responsible for calling an ambulance. Staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance. In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parent to collect their child from the school. If a member of staff needs to take a child to hospital, it is essential they have the correct car insurance and that another adult accompanies them in the car.
49. It is the responsibility of the parent to ensure that the school always has an up-to-date contact name and telephone number in the case of an emergency.

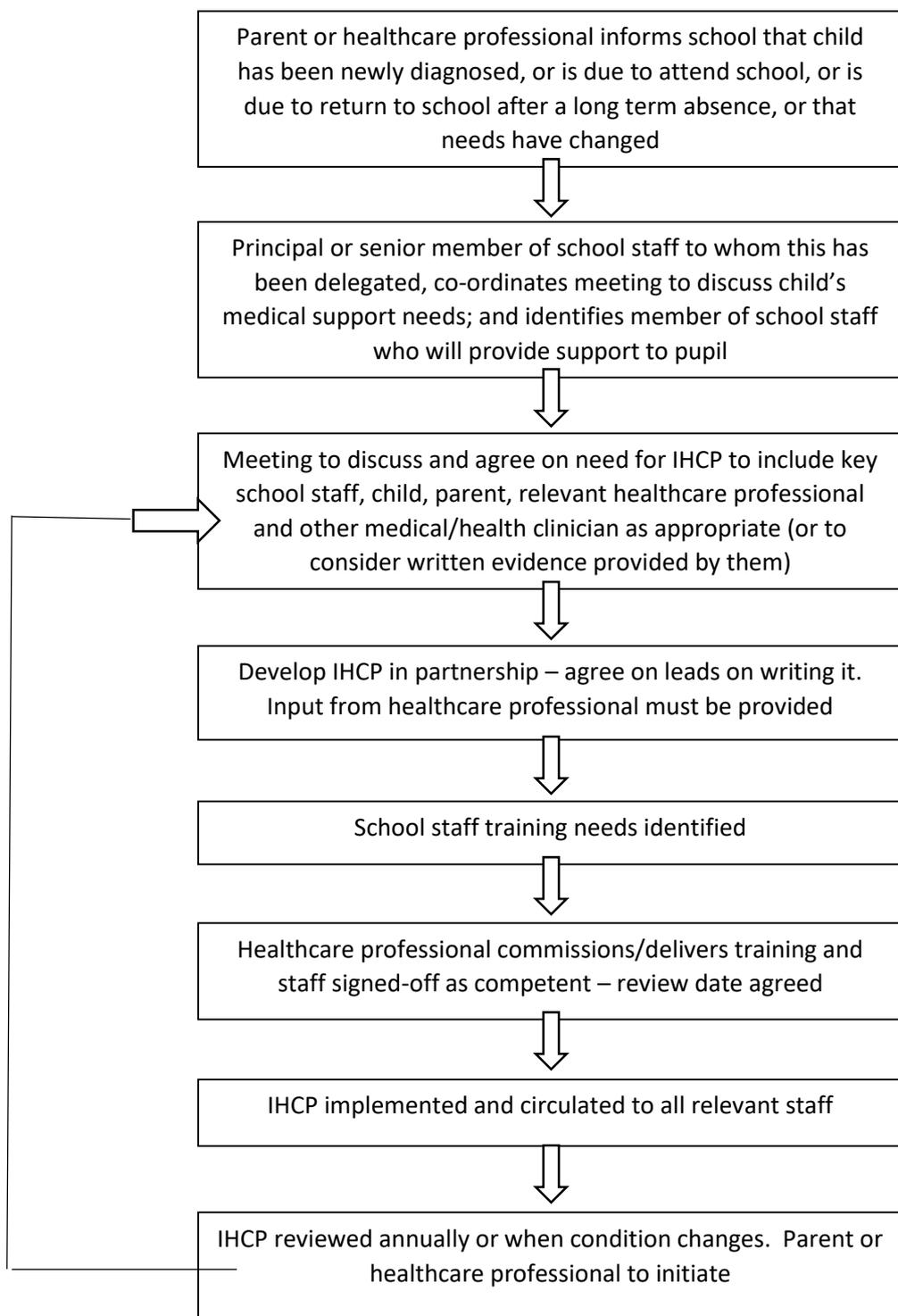
Unacceptable Practice

50. Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:
 - i. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
 - ii. assume that every child with the same condition requires the same treatment
 - iii. ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
 - iv. send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
 - v. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
 - vi. penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
 - vii. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
 - viii. prevent children from participating, or create unnecessary barriers to children participating in any aspect of School life, including school trips, e.g. by requiring Parents/Carers to accompany the child.
 - ix. Requiring parents to attend school to provide medical support to their child.

Complaints

- 51.** Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the School. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the School's Complaints Policy.

Model Process for Developing Individual Health Care Plans





Child's Name	
Year Group	
Date of Birth	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	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 if applicable (please see attached medication consent form)

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for the school visits/trips etc. if applicable

Other relevant information

Describe what constitutes an emergency and the action to take if this occurs

Staff training needed/undertaken – who, what, where, when

Plan developed with

Signed

Form shared with

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

Signature _____

Date _____

Contact Tel No _____

To be completed by school:

	Signed	Date
Medicine received		
Prescription and expiry date checked		

Administration of medicine:

Date	Time	Dose given	Any reactions?	Staff member 1 sign and print	Staff member 2 sign and print