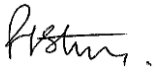


# Barncroft Primary School



## Supporting Pupils with Medical Needs (Including First Aid)

Children's Services and Safety Team Version 2 – February 2016

Document Information			
Policy Number:	POL-C-007	Created by:	FGB
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***'Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum' DFE 2014***

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Where children are unable to attend school due to medical needs the school will follow the guidelines set out in Hampshire County Council Medical Policy

<https://documents.hants.gov.uk/education/HCC-Medical-Policy-2019.pdf>

## **Key Roles and Responsibilities**

The Governing Body is responsible for:

- Ensuring that the policy for supporting pupils with medical conditions is developed and implemented to support pupils
- Ensuring that pupils with medical conditions are supported to enable the fullest participation in all aspects of school life
- Ensuring that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions

The Headteacher is responsible for:

- Ensuring the school's policy is developed and effectively implemented with partners
- All staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- Ensuring staff who need to know are aware of the child's condition
- Ensuring sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and in emergency situations
- The development of individual healthcare plans
- Ensuring staff are appropriately insured and they are aware that they are insured to support pupils in this way
- Ensuring the School Nursing Service is alerted when a child has a medical condition that may require support in school

Teachers and Support Staff are responsible for:

- Providing support for pupils with medical conditions
- Responding accordingly when they become aware that a child with a medical condition needs help

At Barncroft Primary all medicines are administered by a qualified first aider.

The School Link Nurse/Matron is responsible for:

- Notifying the school when a child has been identified as having a medical condition that will need support in school
- Supporting staff in implementing a child's individual healthcare plan by providing advice and liaison with specialist teams

## **Local Arrangements**

### **Identifying children with health conditions**

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

### **Individual health care plans**

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate. Where children require an individual healthcare plan it will be the responsibility of the Inclusion Leader to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Inclusion Leader will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

At Barncroft Primary School all plans will be reviewed at the beginning of each academic year and at more frequent intervals should the needs of the child alter.

The following information will be considered when creating and recording information on an Individual Health Care Plan:

- 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 such as movement around the school and access to playtimes
- Specific support for pupil's educational, social and emotional needs – for example how absence will be managed, requirements for extra time to complete assessments, rest times during the day, additional support for catching up and counselling sessions if required
- The level of support needed
- Who will provide the support, training needs, expectations of the role and confirmation of proficiency to provide support for the child's medical needs and cover arrangements when they are unavailable
- Who in school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures 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 parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact and contingency arrangements (this may be prepared by their lead clinician and should be used to inform the development of the healthcare plan)

### **Staff training**

All new staff will be inducted on the policy when they join the school through our induction procedures. Records of this training will be stored in individuals' personnel files.

All nominated staff will be provided with awareness training by the Inclusion Leader on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out following a review of the policy.

The awareness training will be provided to staff on the first inset/staff meeting of the academic year. We will retain evidence that staff have been provided the relevant awareness training on the policy by asking staff to sign an attendance sheet.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their

ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan. Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

### **The child's role**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

### **Managing medicines on School Premises**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this). These forms are in the school office pigeon holes.

A documented tracking system to record all medicines received in and out of the premises will be put in place and kept in the school office. The tracking system used is The Children's Services Medication Tracking Form.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics

- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

### **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the office refrigerator in a clearly labelled container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

### **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through PPS (SITA) who will remove them from site once disposal units are full and at least once per term.

### **Medical Accommodation**

The medical room will be used for all medical administration/treatment purposes.

The location/room will be made available when required.

### **Record keeping**

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

### **Emergency Procedures**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

### **Day trips/off site activities**

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning

arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Intimate Care**

Barncroft Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Barncroft Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

### **Our approach to best practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so and are fully aware of best practice (training includes Child Protection and Health and Safety training in moving and handling). Apparatus will be provided to assist with children who have special needs following assessment from a physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of children known to the child who will take turns in providing care. This will ensure, as far as possible, that over familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers. Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school as no male staff are available.

Intimate care will be discussed with parents/carers on a regular basis and recorded on a child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children**

Education Child Protection Procedures and Inter-Agency Child Protection Procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Inter - Agency Child Protection Procedures for details)

### **Further Guidance**

- 'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures.
- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service. DFEE

[www.dfes.gov.uk/publications/guidanceonthelaw/10\\_95summary](http://www.dfes.gov.uk/publications/guidanceonthelaw/10_95summary)

- What To Do IF You're Worried A Child Is Being Abused. Summary (2003)  
[www.doh.gov.uk/safeguardingchildren/index.htm](http://www.doh.gov.uk/safeguardingchildren/index.htm)

### **Other issues**

The school has a defibrillator for emergency use, this is kept in the medical room. All staff are trained in the use of this machine in as much as they know to follow the instructions given by the machine.

An emergency Salbutamol inhaler and disposable spacers are stored in the school office. This will only be used with children / adults who have been prescribed with an inhaler.

### **Unacceptable practice**

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- 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;
- if the child becomes seriously ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

### **Liability and indemnity**

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place

Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

### **Complaints**

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher and the Chair of Governors in the first instance.

### **Emergency Asthma Inhalers**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

### **Emergency Adrenalin Auto-injection Pens**

Since October 2018 schools may hold adrenalin auto-injection pens for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency adrenalin auto-injection pens. These will only be used for those children who are already prescribed adrenalin auto-injection pen. They will only be used in an emergency and at all times the school will seek to use the child's prescribed adrenalin auto-injection pens if possible.



## **First Aid Policy Statement**

Barncroft Primary School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for first aid at Barncroft Primary School is held by Julia Roberts who is the responsible manager.

All first aid provision is arranged and managed in accordance with the Guidance on First Aid for Schools (DCSF).

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

## **Aims & Objectives**

Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises
- It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision
- The Children's Services First Aid Needs Assessment Form (CSAF-002) will be used to produce the First Aid Needs Assessment for our site.
- Ensuring that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

## **First Aid Training**

The responsible manager will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders, qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

## **Appointed Persons**

At Barncroft Primary School the appointed people are as follows:

Rebecca Loader  
Sue Aldridge

Where the first aid needs assessment identifies that qualified first aid staff are not necessary due to the nature/level of risk, the **minimum legal requirement** is to appoint a person (the Appointed Person) to be on site at all times during the working day. Appointed persons are in place to take charge of first aid arrangements including looking after equipment and calling emergency services.

## **School First Aid Trained Staff**

Optional, bespoke training for school staff is available to assist the school in meeting its own duty of care towards its pupils. It is not a substitute for HSE-approved first aid training which qualifies staff to provide first aid to other staff. This training should be provided only where:

- Additional training is considered to be required for appointed persons in order to enhance their role to provide first aid to children;
- Other staff, in addition to Emergency/Qualified First Aiders, are also considered to require some level of training in order to provide first aid to children

**Emergency First Aiders** (Those completing the HSE approved 1 day emergency first aid course)  
At Barncroft Primary School all staff are trained as emergency first aiders.

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. They may also have other duties and responsibilities which are identified and delegated as appropriate (eg. first aid kit inspections).

**Qualified First Aiders** (Those completing the HSE approved 3-day first aid course)  
At Barncroft Primary there are three qualified first aiders who are

Rebecca Loader, Sue Aldridge and Vicky Blackhall

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (eg. first aid kit inspections).

### **Paediatric First Aid Trained Staff**

At Barncroft Primary School here are five paediatric first aid trained staff named as follows:

- Sue Newman
- Linda Bailey
- Kim Bird
- Robin Fretter
- Nicky Walters

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for provision of first aid to those children aged 5 years old or younger.

### **First Aid Provision**

Our First Aid Needs Assessment has identified the following first aid kit requirements:

- 6 First Aid Kits

We have first aid kits in every classroom, the office, the DT room, the minibuses and the swimming pool. We also have first aid kits that go out on trips and one that is for school evacuation purposes.

It is the responsibility of the emergency/qualified first aiders/appointed persons to check the contents of first aid kits and replenish when necessary.

The Medical Room is designated for treatment, sickness and the administering of first aid. The first aid room will have the following facilities;

Running water, all the components of the first aid kit and chairs

### **Emergency Arrangements**

Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious injury
- requires significant first aid treatment
- requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents cannot be contacted by phone a text message will be sent. Our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider/appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

### **Records**

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of qualified/emergency/school/paediatric first aider or appointed person
- Date of accident
- Type of accident (eg bump on head etc)
- Treatment provided and action taken

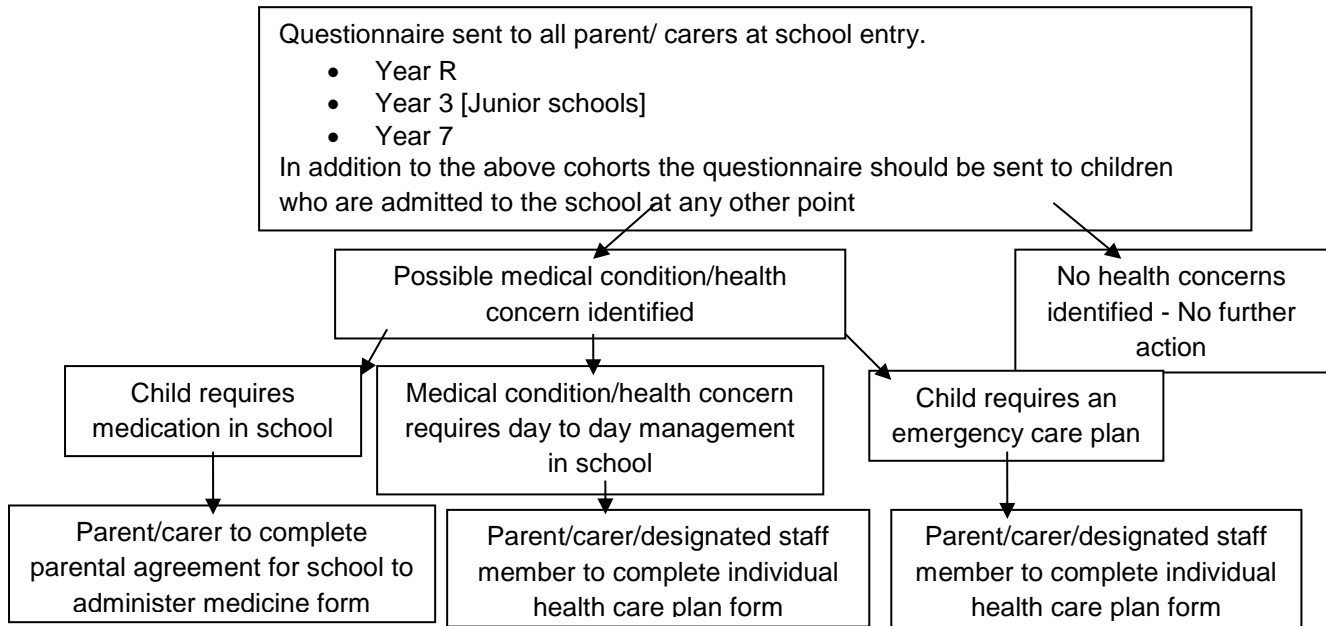
### **Monitoring**

The Headteacher will report all serious accidents to the Governing Body.

# APPENDIX A

## Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance

