



1839 + Bures School

First Aid & Medical Needs Policy Supporting Pupils with Special Medical Needs

Bures CEVC Primary School Governing Body have agreed and adopted this policy as part of their on-going commitment in ensuring excellence and best practice is employed throughout the school.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities when they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Rationale

Local Authorities ("LAs") and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children 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. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis 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 must supply the school with information. Contact details for our School Nurse are available from the school office and a copy of this policy is held on our school website and is available as a paper copy on request.

Aims

The School aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policy of Medication in Schools;
- arrange training for staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

Entitlement

The School accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The School believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The School accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- medicines will only be administered at school when it would be detrimental to the pupil's health not to do so and where it is not clinically possible to arrange doses to be taken solely outside of school hours. Where parents have asked the School to administer the medication for their child they must complete a Medicine Permission Form (see Appendix A), to be held on the child's individual file, and follow the guidance, see *Storing Medicine*, below. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent. The school will seek to administer the medications where possible, appropriate and safe to do so but reserves the right to refuse the administration of medicine where it is deemed not in the best interest of the child or staff member to do so.
- that staff will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- the School will liaise with the School Health Service / School Nurse for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil. The School will inform the School Nurse where appropriate of a child with a medical need that is not known to the School Nurse Team.
- any medicines brought into school by staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the School.
- the School acknowledges that caring for a child with medical needs is a collaborative effort. The SENCo takes lead responsibility in ensuring that the needs of any child with medical needs are met by the School and will review these needs. It is the role of the class teacher and support staff to implement the Individual Healthcare Plan. The SENCo as part of the review process will communicate with the parents/carers to ensure that the child's continuing medical needs are being met.

Individual Healthcare Plans

Pupils with long-term medical conditions, as defined above, will have an Individual Healthcare Plan (IHP) written as soon as possible after diagnosis and reviewed at least annually or more often if necessary. The school follows the DfE's recommended process for developing IHPs (see Appendix D). All the relevant staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The IHP is developed with the pupil (where appropriate), parent, school staff, SENCo, specialist nurse (where appropriate) and relevant healthcare services. The School has a centralised register of IHPs, which is the responsibility of the SENCo, along with the review of these documents.

IHPs are reviewed regularly, at least every year or whenever the pupil's needs change. It is the responsibility of the parent to inform the school of changes to a child's needs and where amendments are needed. The pupil (where appropriate), parents, specialist nurse (where appropriate), and relevant healthcare services hold a copy of the IHP. Other school staff, including Midday Assistants, are aware and have access to the IHPs for pupils in their care. The school makes sure that the pupil's confidentiality is protected. The school seeks permission from parents before sharing medical information with any other party. Appendix B contains an IHP.

Education, Health, Care Plans (EHCPs)

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan (IHP) will be linked to or become part of that statement or EHC plan.

Environment

This school ensures that reasonable adjustments are made to ensure that the whole school environment is inclusive and favourable to pupils with medical conditions through the referral to and following of guidance of physiotherapists and occupational therapists. This includes adaptations to the physical environment, as well as social, sporting and educational activities.

New Pupils

For new children starting at the school, parents / carers will be asked about any medical needs of their child/ren as part of the induction process. Wherever possible, suitable arrangements should 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 a new school mid-term, every effort is made to ensure that arrangements are put in place within two weeks.

Schools do 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. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

New to the School & Supply Teachers

As part of the induction process for new staff and the information given to supply teachers, is the need to inform them of any child/ren with medical needs. The class support (LSA) is also aware of this information and will inform the teacher, as well as support the child when necessary.

Self-Administration

Self-administration by pupils is encouraged where appropriate and safe to do so.

However, written permission from the parents/carer is required if a child is self-administering their own medicine. Written permission is not needed in the case of inhalers, which will be self-administered wherever appropriate and safe to do so under supervision from a member of staff.

Insurance

Insurance cover is provided up to £50 million under the Suffolk County Council public liability insurance policy for staff administering medicines to children provided necessary risk assessments are in place and any relevant staff training had been undertaken.

Controlled Drugs

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. A suitable medical professional will make the decision whether a child is able to do so. Where this is not possible, the School will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held. School staff may administer control drugs to the child for whom it has been prescribed, in accordance with the prescriber's instructions.

Unwell Children

Children that are unwell in school are brought to the School Officer foyer. The office staff have been given the authority by the Headteacher and the Governing Body to have responsibility for the unwell children in the Office Foyer. It is the responsibility of the staff member who has brought the unwell child to the Office Foyer, to inform the Office Staff / Headteacher (or Deputy). No child is to be left unaccompanied without a member of the Office, the Headteacher or the Deputy knowing why they are there.

Sending Unwell Pupils Home

It is the responsibility of the Headteacher, or the Deputy Headteacher in the case that the Headteacher is unavailable, to make the decision to send a child home who is unwell. This responsibility can be delegated to others by the Headteacher. Contact with home to inform of an injury at school will only be made with the authorisation of the senior first aider on site (normally the Headteacher or Deputy Headteacher).

Storing Medicine

The school only accepts prescribed medicines if these 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 to schools inside an insulin pen or a pump, rather than in its original container.

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. 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 may be held within the First Aid bags, if safe to do so, which are found in the classroom of each child. The teacher makes sure that the child knows where this is held.

The medication or inhaler, if appropriate, is taken on trips / residentials and the child will be informed where it is held.

Disposal

When no longer required, medicines are to be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. For medical waste, there are bins in school, held in the disabled lavatory outside the hall and the Key Stage Two girls' lavatories.

Social Impact

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti-bullying processes, to help prevent and deal with any problems. Staff use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

First Aid

This school ensures that there is an appropriate level of first aid trained staff and that staff have easy access to first aid equipment. The main first aid boxes are located in the school office, KS2 disabled access cloakroom and the Sunflower Room office. Each class has a portable first aid kit which is taken on any off site visit where it is needed (where no other first aider will be available). As part of the risk assessment, the staff member organising any trip will ensure that First Aid provision is adequate and appropriate. This school ensures this policy is applied across the curriculum, including PE and for Educational Visits. Office staff are responsible for ensuring that the administration of medicines and First Aid is implemented in accordance with this policy.

A list of First Aiders is updated every time training takes place and is displayed in the staff lavatories, in the school kitchen, in the Early Years office and on the staff room wall.

Head Injuries & Notable Injuries

Whenever a head injury or accident takes place in which a child ascertains a notable mark/cut/graze, parents / carers will be informed by telephone (in the case of a head injury and serious injury) or telephone or note in the book bag (for notable grazes/marks). The Office Staff will contact the parents/carers in such cases. In emergencies, the Headteacher, Deputy or Class Teacher will contact the child's parents / carers.

School Trips

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should 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.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits including residentials, without the need for a parent/guardian to accompany the trip. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Specific guidance can be sought from the Health and Safety Executive (HSE) guidance on school trips.

Hospitalisation

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent or legal guardian arrives, or accompany a child taken to hospital by ambulance. A member of staff must not take a pupil to hospital in their own car. If hospital treatment is sought the School Office should ensure all the correct RIDOR documentation is completed and submitted. The procedure for contacting the emergency service is available in Appendix C.

Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. All medication administered by staff will be recorded on Appendix A. This policy should be read in conjunction with the SEND policy and other relevant policies.

Amended: June 2017

Review date: June 2018

Medical Permission Form - Record of Medicine Administered to an Individual Child.

Name of school/setting	Bures CEVC Primary School
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	

Date			
Time Given			
Dose Given			
Any Reactions			
Name of staff member			
Staff initials			

Date			
Time Given			
Dose Given			
Any Reactions			
Name of staff member			
Staff initials			

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.

Signature of Parent/Carer Date.....

Bures School Individual Healthcare Plan

Name of school/setting

Bures CEVC Primary School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe any medical condition and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

List the pupils resulting needs

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications

Parent to sign: I am happy for the school to administer my child's medicines (including self-administration).

My child can / can not self-administer (**delete as applicable**). Signed: Date:

Daily care requirements

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

Arrangements for school visits/trips etc

Other information (including level of support needed)

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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to (including staff needing to be informed)

Signed:

(member of staff)

Date:

Appendix C

Accident Procedure

When an accident is not deemed as minor by the member of staff first to the scene, the child must be seen by a First Aider. A list of First Aiders are available in the staff lavatories, in the school kitchen, in the Early Years Office and in the Staff Room.

If the First Aider believes hospital treatment is required, that person will, in consultation with the Headteacher (or Deputy Headteacher):

1. Make sure that the child is safe and comfortable;
2. Contact the Emergency Services (999 for an emergency – see below, or 111 for a non-emergency but where reassurance is needed);
3. Arrange for the parents/carers to be informed. The Headteacher will normally make this call (or the Deputy in the Head's absence). This can be delegated to the Class Teacher;
4. Arrange for the child's belongings to be collected from class;
5. Report the accident in the Accident File and also inform the Office Manager of the accident in order for the correct forms to be reported to County (where necessary);
6. Inform the class teacher and support staff working with the child;
7. Debrief with the Headteacher or Deputy Headteacher.

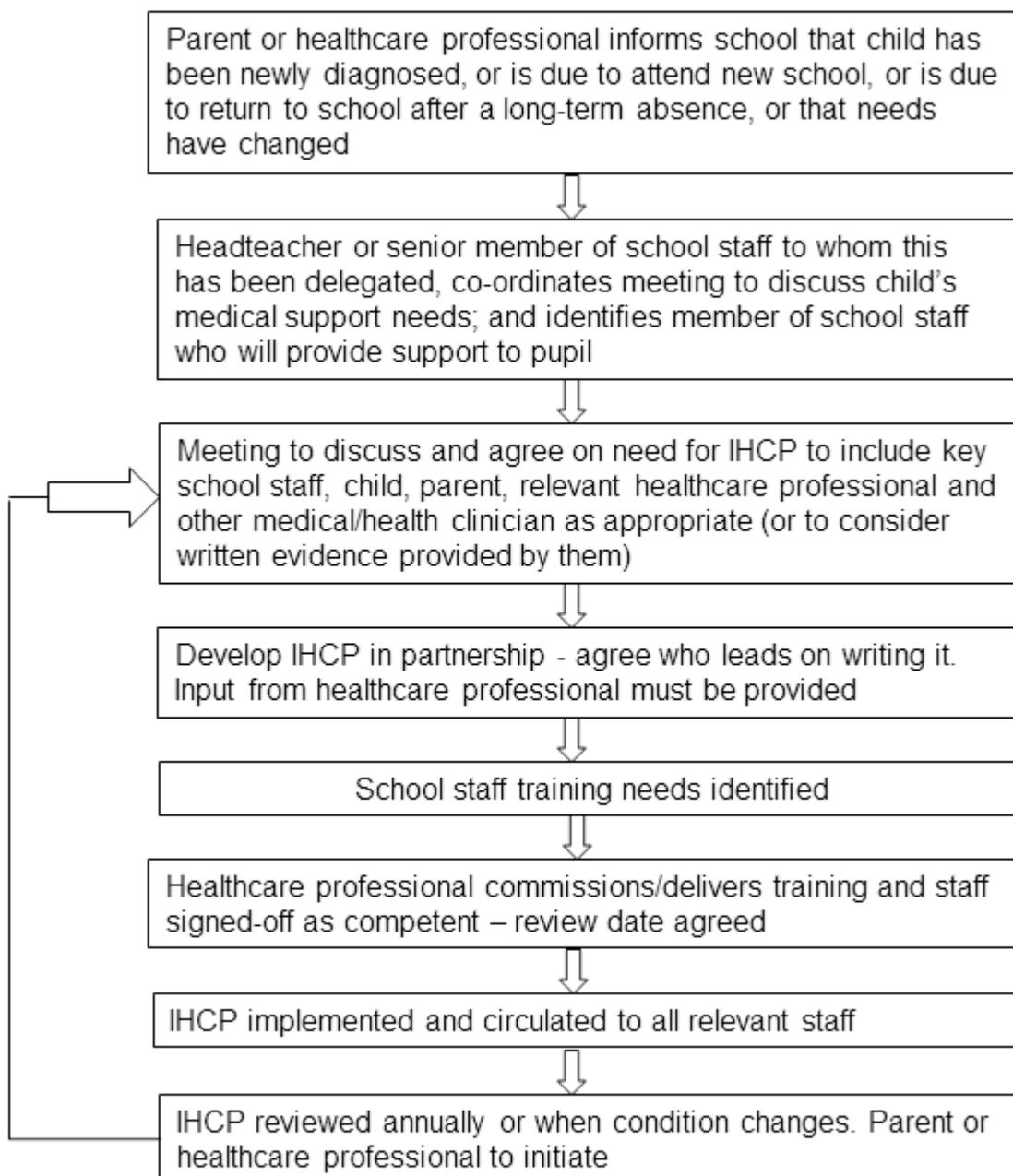
Contacting the Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number;
2. your name;
3. your location as follows [insert school/setting address];
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code;
5. provide the exact location of the patient within the school setting;
6. provide the name of the child and a brief description of their symptoms;
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient;
8. put a completed copy of this form by the phone in the School Office.

Department for Education's Model Process for Developing Individual Healthcare Plans



IHCP = Individual Healthcare Plan.