



St Mary's and St Peter's C of E School

SUPPORTING PUPILS with MEDICAL CONDITIONS

&

FIRST AID PROCEDURES

We believe high standards of care and love are an integral part in the quality of teaching and learning across the whole curriculum. Our school Christian vision of 'Life in all its fullness' applies to all areas of our school. The two great commandments given by Jesus will underwrite the life of our school; they are to 'love God' and to 'love your neighbour as yourself'. It is our aim for both of these instructions to be evident in the whole life of the school, in the relationships between all members of the community; pupils, staff and parents.

St Mary's and St. Peter's school fully recognises its moral and statutory responsibility to safeguard and promote the welfare of all pupils and staff. Our Medical Policy is one of a range of documents which set out the safeguarding responsibilities of the school. We wish to create a safe, welcoming and vigilant environment for children and staff where they feel valued and are respected.

INTRODUCTION

The staff and governors of St Mary's and St Peter's Primary School are committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs. The policy is drawn up in consultation with a range of health care professionals and complies with DCFS guidelines for '*Managing Medicines in Schools and Early Years Settings*' (2004), which provides guidance on the four most significant chronic conditions: Asthma, Epilepsy, Diabetes and Anaphylaxis, and '*Supporting Pupils at School with Medical Conditions*' (2014).

RESPONSIBILITIES

Parents/carers have sole responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care required.

If their child has a complex medical condition, parents should work with the school, school nurse or other health professionals to develop an Individual Health Care Plan. It is the parents'/carers' responsibility to make sure that their child is well enough to attend school. On no account should a child come into school if he/she is unwell. Refer to *'Guidance on Infection Control in Schools and other Childcare Settings'*.

EMERGENCY PROCEDURES

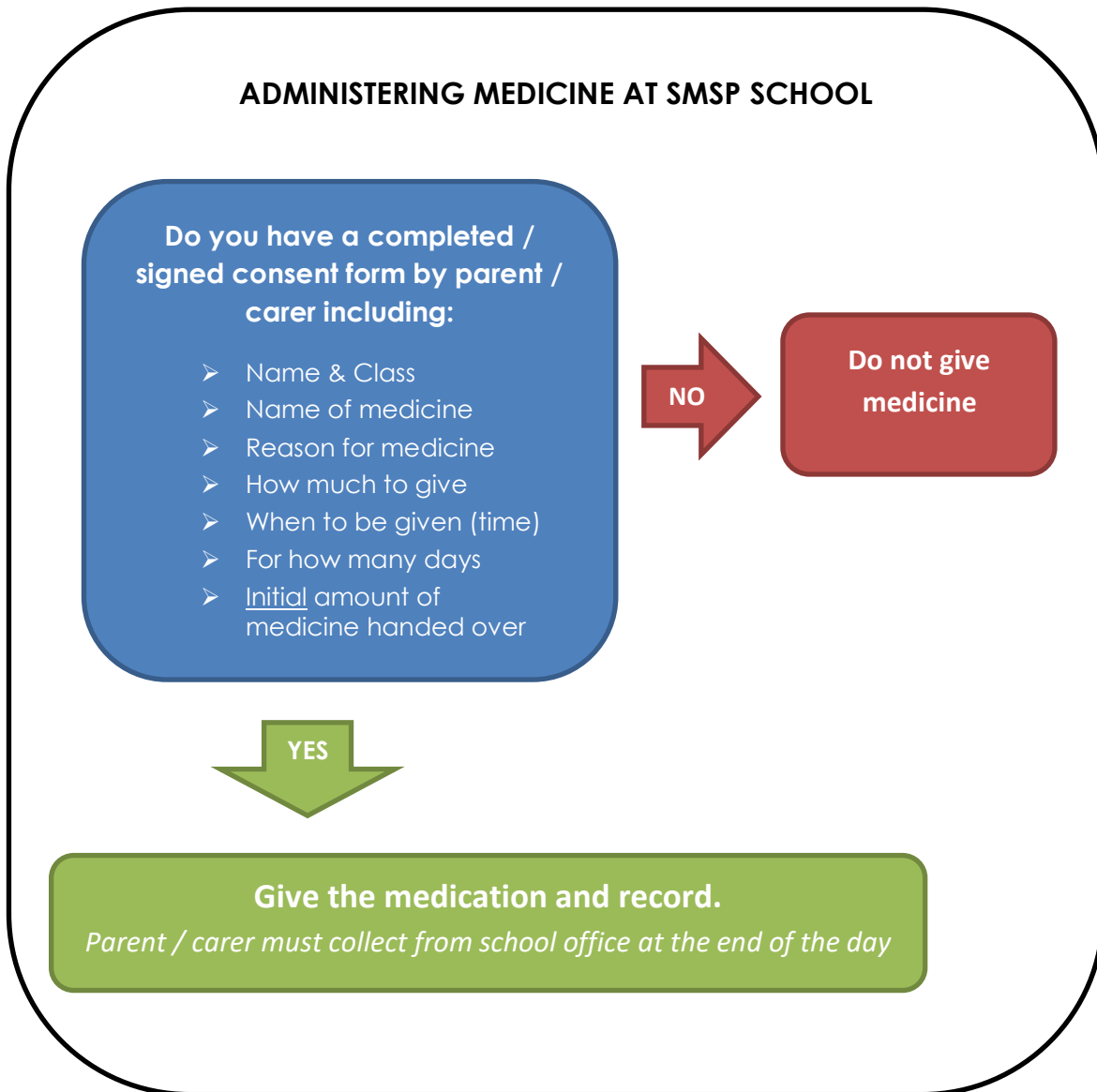
In a medical emergency, first aid should be given by qualified First Aiders, an ambulance should be called and the parents/carers notified. Should an emergency situation occur to a pupil who has an Individual Health Care Plan, the emergency procedures detailed in that plan should be followed and a copy of the Health Care Plan given to the ambulance crew.

MEDICINES - PRESCRIBED

Medicine should only be brought to school when it is essential for it to be administered during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day, avoiding the need to bring medication into the school, e.g. antibiotics are usually taken three times a day and so can be given with breakfast, on getting home from school and then at bedtime.

We ask parents to complete a *'Giving Medicine at School'* form which is available from the school office, this authorizes a member of staff to administer medication to a pupil. The Local Authority requires that all medicines administered by staff at school are prescribed by a doctor, dentist or nurse.

A check list is completed to allow a member of staff to administer medicine to your child.



MEDICINES – NON-PRESCRIBED

Non-prescription medicines are not administered at school and pupils should not bring them in to school for self-administration. The only exception to this, is during a school residential trip, when parents are asked to complete a form giving permission for their child to receive medication, e.g. Calpol, an antihistamine or a travel sickness tablet, if required.

MEDICINES - PUPILS TAKING THEIR OWN

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. The most common condition where this applies is asthma and diabetes. If a child is administering their own medication it would always be supervised by an adult.

MEDICINES - STORAGE AND ACCESS

All medicines, such as inhalers, epipens and anti-biotics, are kept in the medical room in Year Group Boxes or in the school fridge. Medicines should be stored in the original pharmacist's container. Pupils will be informed of where their medication is stored.

Class teachers and/or classroom support staff should refer to the Individual Health Care Plan and ensure that the relevant medication is taken on educational trips.

MEDICINES - RECORD KEEPING

EXPIRY DATES

It is the responsibility of the parent/carer to ensure that the medication held by the school is in date and to provide new medication and updates as necessary.

REFUSAL OF MEDICINES

If a child refuses to take medication, staff will not force them to do so, but will note in the records that this has occurred and will inform parents as soon as is reasonably possible.

MEDICINES – DISPOSAL

SMSP staff are not responsible for the disposal of medicines. It is the responsibility of individual parents to ensure that date-expired medicines are returned to the pharmacy for safe disposal. Parents need to ensure that they collect medicines from the school at the end of the agreed administration period.

FIRST AID PROCEDURES – GENERAL

In the event of an accident resulting in injury

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified First Aider. If appropriate, they will provide the required first aid treatment.

- The First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the First Aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will explain the situation to the parents, so they can make a decision on the next steps to be taken.
- If emergency services are called, the First Aider/Admin Office staff will contact parents immediately. If they cannot be contacted the next contact on the list will be called.

FIRST AID PROCEDURES – RECORD-KEEPING

For all head injuries the child is sent to the medical room where a record is kept. If there is no lasting mark a slip is sent with the child to the teacher to be sent home advising of a head bump. In the case of a more serious head injury where there is bruising, bumps or bleeding, a letter is sent to the teacher advising of how the injury occurred and treatment given, parent/carer is also phoned.

Further NHS guidance: <http://www.nhs.uk/Conditions/Head-injury-minor/Pages/Treatment.aspx>

More minor injuries are logged in the “Injury/Incident/Accident” record book, which is kept at the “First Aid Station” or the Medical Room.

Any serious incident that occurs during the school day is reported to the Local Authority and a copy of this report is kept on file at school.

FIRST AID PROCEDURES – HEAD INJURY

Children frequently sustain minor head injuries. The following gives details of what symptoms and signs should be looked for in children who have hit their head whilst at school and when medical advice should be sought.

Possible symptoms:

- Loss of consciousness
- Vomiting
- Sleepiness
- Fits or abnormal limb movements
- Persisting dizziness or difficulty walking

- Blurred vision
- Strange behaviour or confused speech

If, after a head injury, a child remains unconscious or fits, an ambulance will be called immediately and the parents contacted. If a child suffers from any of the above symptoms, medical advice must be sought and, if advised, the child should be taken to see either their doctor or to A&E by the parents or by school staff.

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff will remain vigilant and take the appropriate action if the child develops a problem.

FIRST-AID BOX

This is located in the Playground, at break times, so that bumps and grazes can be dealt with immediately.

FIRST AID PROCEDURES – CLASS DAY TRIPS & RESIDENTIAL SCHOOL JOURNEYS

Children with medical needs should be given the same opportunities as other children. Staff may need to consider what reasonable adjustments they may have to make to enable children with medical needs to participate fully and safely on trips. This should include carrying out a risk assessment for such children.

Parents and any appropriate medical professionals should be consulted well in advance of the trip to ensure that all necessary measures are in place. The class teacher is responsible for ensuring that staff have all the necessary medical information on a child and there is a named member of staff who will be administering the medication.

Where medication is administered out of school, the named member of staff must ensure that the details of the medicine given are recorded.

When taking pupils off the school premises, staff will ensure they always have the following

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Any necessary medication, such as inhalers, epipens, etc.

Risk assessments will be completed by the class teacher/EVC prior to any educational visit that necessitates taking pupils off school premises. Meetings are held with parents, where necessary, to collect details of any needs which may differ to the child's normal day-to-day care.

In the Early Years Setting, there will always be at least one First Aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

FIRST AID EQUIPMENT

A typical first aid kit for day trips will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Safety pins
- Disposable gloves
- Alcohol-free wipes
- Plasters of assorted sizes
- Cold compresses
- Sterowash for wounds and eyes

No medication is kept in first aid kits.

First aid kits are stored in the School Office and will be regularly checked and replenished.

STAFF TRAINING

The school is responsible for ensuring that staff who administer medicine are fully briefed in general procedures and that they receive appropriate training to administer specific medicines, for example, auto adrenaline injectors (epipens).

Training in the administration of specific medicines will be arranged via the School Nurse or other health professionals. Records of all training completed by staff will be maintained by the school and reviewed annually or when required.

SICKNESS

If your child is unwell, please call the school office before 8.55am or leave a message on the absence line for each day they are not in school. If your child is absent from school for more than three days, you will also need to write a note and hand it to either your class teacher or the school office. If you do not notify us you may receive an unauthorised absence and could be charged for any school meals missed.

HEADLICE

An email is sent to parents of children in the class where there is a case of headlice. It is the parents' responsibility to treat the headlice immediately. Please refer to the website below for further guidance.

<http://www.nhs.uk/conditions/Head-lice/Pages/Introduction.aspx>

RASHES

If a child has a rash, which we suspect may be Chicken Pox, Measles or another contagious illness, we will ask for an assessment by a First Aider. If appropriate, we will inform the parents and request the child be picked up and, if relevant, treated before returning to school. In most cases, once treatment has begun, it is safe for children to return to school. If more than one child is suspected to have the same rash/disease in one class a letter will be sent out to all parents in that class, thus avoiding further spread of the rash/disease.

<http://www.nhs.uk/conditions/skin-rash-children/Pages/Introduction.aspx>

VOMITING AND DIARRHOEA

If a child is vomiting or has diarrhoea, we will call the parents to collect their child. The child needs to stay at home for at least 48 hours from the last episode. Please refer to the NHS guidelines for further guidance and support.

<http://www.nhs.uk/conditions/gastroenteritis/Pages/Introduction.aspx>

It is the Headteacher's duty to decide if there is an outbreak of infectious illness, e.g. the Norovirus and whether there is a need to report it to the local Health Protection Unit (HPU). Parents will be informed via parentmail.

<http://www.nhs.uk/conditions/Norovirus/Pages/Introduction.aspx>

ALLERGIES

<http://www.nhs.uk/Conditions/Allergies/Pages/Introduction.aspx>

<http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>

ASTHMA

<http://www.nhs.uk/Conditions/Asthma/Pages/Introduction.aspx>

REVIEW

The Governing Body reviews this policy annually. The Governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the Governing Body receives recommendations on how the policy might be improved.

Policy Date: September 2021

Review Date: September 2022