



First Aid and Supporting Pupils with Medical Conditions in School

Adopted by the Governing Body of
Steeple Morden Primary School

This policy is to be reviewed: Annually
The next review date is: Summer 2022
Review is the responsibility of: Headteacher / Governing Body
Statutory Requirement: Yes

REVIEW HISTORY

Introduced: 01 September 2018
Review ratified: November 2019
Review ratified: December 2020
Review ratified: Approved at Full Governing Body Meeting on 19th May 2021

Signed:  Dated: 19 May 2021

Headteacher

Signed:  Dated: 19 May 2021

Chair of Governors

First Aid in School

At Steeple Morden Primary School we are committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors ensuring we meet the following standards at all times

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 4 trained First Aiders on site at any one time, including staff with a paediatric first aid qualification.
- To consider the provision of first aid as part of every off-site visit and activity as part of our risk assessment. For visits involving EYFS pupils, at least one accompanying adult will hold a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents/carers, Local Authority and the H&S Executive as required.
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, outside play, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions, in conjunction with our Managing Medicines in Schools policy.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents/carers if a pupil has sustained a bump to the head at school, however minor, and to communicate in writing or verbally other injuries that may need monitoring. Parents/carers may also be contacted verbally on the day, if the school has concerns such as rashes/potential infection risk that may need medical attention.
- To ensure that robust first aid procedures are in place at all times, especially in periods of high alert such as national pandemics and periods where infection control must be managed.

Current First Aiders

Full First aid at Work Qualification (at time of policy review)

Lisa Childs	(expires 11 November 2022)
Catherine Watters	(expires 18 March 2022)

Paediatric First Aid Qualification (at time of policy review)

David Beavan	(expires 01 May 2023)
Lisa Ivey	(expires 14 May 2023)
Julie Keech	(expires 26 June 2021)
Faye Meridew	(expires 07 November 2021)
Sophie Webb	(expires 07 November 2021)

Location of First Aid Facilities

- The first aid room is located in the main corridor. This includes; first aid supplies, a water supply/sink, toilet (in the immediate vicinity) and hygiene supplies such as gloves and paper towels and first aid resources.
- Portable first aid kits are available in each classroom for use at break times and PE lessons. These are also used for school trips and included as part of the trip risk assessments.

Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils or staff who are unwell or sustain an injury
- Record pupil accidents/injuries on the accident reporting form (to be found in the first aid room), copies are then taken and sent home as appropriate.
- Assist adults in recording accidents/injuries in the school accident book.
- In conjunction with office staff/class teacher, make arrangements with parents/carers to collect pupils and take them home if they are deemed too unwell to continue the school day.
- Inform the class teacher/headteacher of all incidents where first aid has been administered.

Responsibilities of the Appointed Person(s) (Headteacher/Medicines Co-ordinator/School Administration staff

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- Ensure individual specialist medications are stored in the lockable medicines cupboard/classrooms (as appropriate) out of reach of the children, all staff have access to the lockable cupboard, medicines requiring refrigeration will be kept in the staffroom fridge, the staff room door is accessible via a digi-lock. Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them. Each classroom is issued with this along with copies in the staffroom.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- On a half termly basis, review First Aid records to identify any trends or patterns and report this to the Headteacher/ Teachers.
- Fulfil the school's commitment to report to the Local Authority and/RIDDOR, as described below
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

What to do in the case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain. Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The pupil or member of staff should not be left unattended. The first aider will organise an injured pupil's transfer to the first aid room and if possible, and/or appropriate, to hospital in the case of an emergency. Parents/carers should be informed as necessary by telephone by a senior member of staff or school secretary. This will be followed up in writing and a record kept at school. A written record of all significant accidents and injuries is maintained and any follow-up action is recorded on the children's accident reporting forms, where the incident involves a pupil. Separate recording will be maintained for adults either in the accident book or by the Headteacher.

Contacting Parents/Carers

Parents/carers should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis and following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury (uncontrolled)
- Loss of consciousness
- If the pupil is generally unwell

In exceptional circumstances, if non-emergency transportation is required, an authorised taxi service or a senior member of staff will use their own transport, accompanied by one other adult, if Parents/carers are delayed or cannot provide an alternative responsible adult to act in their place. This must be approved by the most senior member of staff on site. A member of staff will accompany the pupil until a parent arrives. Parents/carers can be informed of smaller incidents at the end of the school day by the class Teacher

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent/carer arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

In the event of an accident involving a staff member, then the staff emergency contact details (ICE) form will be issued to the first responder on arrival. These are stored securely in the school office and can be assessed by the Headteacher and key admin staff.

Accident Reporting

An accident form, or entry in the adult accident book, must be completed for any accident or injury occurring at school or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

Unwell Pupils

Any pupil who is unwell cannot be left to rest unsupervised in first aid room. If a pupil becomes unwell, a parent/carer should be contacted as soon as possible by the Teacher/Teaching Assistant or office staff. Anyone not well enough to be in school should be collected as soon as possible..

First Aid Equipment

Administration staff are responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked.

First Aid for School Trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate paediatric first aid qualification for trips involving EYFS pupils. In addition the school will undertake a risk assessment to ensure an appropriate level of first aid cover is in place, with reference to the educational visits policy, which includes further guidance.

A First Aid kit for school trips must be provided for the trip. Classroom staff, responsible for the trip, will check the first aid kit for supplies before the trip takes place. Any accidents/injuries on the trip must be reported to the Headteacher and to parents/carers and documented on an accident form or in the

accident book in accordance with this policy. Local Authority and/or RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Pupils with Limited Mobility and/or Crutches

Prior to a pupil attending school, an on-site meeting/conference call will take place with all parties concerned, including parents/carers, to ensure reasonable adjustments can be made and that the school can meet the pupil's needs safely.

Information about the condition will be discussed with relevant staff to ensure all are fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave early, if appropriate, to manage individual needs and reduce any safety/anxiety issues of the pupil. Parents/carers must inform the school of any particular difficulties on an on-going basis.

Emergency Care Plans

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are issued to Teachers and displayed in the staff room. A copy is also kept in the first aid room. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents/carers.

Pupils with Medical Conditions

A list is available in the staff room, school kitchen and first aid room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip or any food related lessons such as science or DT. If staff become aware of any condition not on these lists please inform the Headteacher.

Dealing with Body Fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves. If appropriate, wear other PPE such as masks, as required for additional safety.
- Wash hands thoroughly with soap and warm water after the incident for at least 20 seconds.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

The school has two bodily fluid cleaning kits stored in the cleaning cupboard which contains, gloves, clothes, cleaning solutions, Sanidry granules (or similar for clearing up bodily fluids) and dust pan and brush. If staff do need to utilise these kits, they must inform the office staff so this can be replenished for ease of use.

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

All contaminated material should be disposed of in a yellow clinical waste bag, or double bagged black bin liner, then placed in the waste bin in the first aid room or toilet. Avoid getting any body fluids in your eyes, nose, and mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

In such times as pandemics or infection outbreaks in school, then the above guidelines must be adhere to stringently and additional precautions may be required, in line with LA and national guidelines. However, the Headteacher will regularly update staff in this regard.

Supporting Pupils with Medical Conditions in School

Background

On 1 September 2014 (updated August 2017) a specific duty came into force for governing bodies to make arrangements to support pupils in school with medical conditions. Governors are expected to meet their legal obligations to ensure they provide policy guidelines regarding this and to ensure this covers good practice in school. The aim of this policy is to ensure that all children with medical conditions, in terms of both 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.

The following documents have been reviewed in the formulation of the above policy:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', September 14, updated December 2015 and August 2017 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice
- Data Protection (including General Data Protection Regulation)
- Other school policies, such as Child Protection, Equal Opportunities, Behaviour and Special Educational Needs.

1) Introduction

- a) At Steeple Morden Primary School, children with medical conditions (including both physical and mental health well-being), will be supported in school so that they can play a full and active role in school life. We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care whilst at school to help them to manage their condition. Other children may require monitoring and interventions in emergency circumstances.
- b) Steeple Morden Primary School recognises that each child's needs are individual. In addition, we acknowledge that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes.
- c) The school will focus on giving pupils and their parents/carers every confidence in the school's approach. The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an *Education, Health and Care Plan* (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.
- d) The admission to school is conducted by Cambridgeshire County Council. No child with a medical condition will be denied admission on the grounds that arrangements for his/her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school, at times, where it would be detrimental to the health of that child or others to do so. The school will always endeavour to make *reasonable adjustments* to accommodate a child with specific needs; however, in consultation with the Local Authority this may not always be possible or appropriate.

The school will adhere to Cambridgeshire County Council's guidelines on education for children with health needs that cannot attend school.

<https://www.cambridgeshire.gov.uk/residents/children-and-families/schools-&-learning/education-system/access-to-education-for-children-with-health-needs/>

2) Policy Implementation

- a) The Headteacher will ensure that sufficient staff are suitably trained with at least two members of staff being trained to administer specific medication
- b) All relevant staff will be made aware of the child's condition
- c) Cover arrangements will be put in place to cover for staff absence, to ensure that someone is always available
- d) Supply teachers will be briefed

- e) Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable, and
- f) Individual healthcare plans (IHPs) will be monitored frequently

3) Procedure to be followed when notification is received that a pupil has a medical condition

The school, in consultation with all relevant stakeholders including parents/carers, will: (These may vary from child to child, according to existing IHPs);

- a) Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- b) Put arrangements into place in time for the start of the new school term.
- c) In other cases, such as a new diagnosis or children moving to a new school mid-year, every effort will be made to ensure that arrangements are in place within two weeks (where possible).
- d) Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- e) Any staff training needs are identified and met.

4) Individual Healthcare Plans (IHPs)

- a) The school's Medicines Co-ordinator will be responsible for developing IHPs in collaboration with the school SENCo, Teacher(s), Headteacher, and other key staff alongside the external school nurse team. Their purpose is to ensure that they provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they 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.
- b) The school, healthcare professionals and parents/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.
- c) The healthcare plan is a confidential document; however, this will be shared with key staff and other professionals in line with information sharing and data protection guidelines. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHP. IHPs 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 for the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. Specialist or community nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school. The IHPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- d) The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.
- e) When deciding on the information to be recorded on IHPs, the following will be considered:
 - 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 corridors, movement around school etc.;
 - iii) Specific support for the pupil's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons;
 - iv) The level of support needed, including in emergencies.
- f) If a child is self-managing/semi-self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - i) Who will provide the support, their training needs and 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?
 - ii) Who in the school needs to be aware of the child's condition and the support required?
 - iii) Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
 - iv) 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. Where appropriate, information regarding medical needs will be shared

with volunteer trip helpers and external settings in order to safeguard the child's medical needs.

- v) Where confidentiality issues are raised by the parent/carer or child, the designated individuals to be entrusted with information about the child's condition, and
- vi) What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their IHPs.

5) Roles and Responsibilities

- a) Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within school and with outside agencies, as the circumstances of each child dictate.
- b) *The Governing Body will*
 - i) Ensure that pupils in school with medical conditions are supported. It will ensure that a policy is developed, implemented and monitored. The Governing Body will ensure that staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions. Governors will also ensure staff are appropriately supported to implement this policy.
- c) *The Headteacher will*
 - i) Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners, making staff aware of this policy and ensuring they understand their role in implementing the policy.
 - ii) Ensure that all staff who need to know are aware of a child's condition.
 - iii) Ensure that staff are available to implement the policy and deliver against all the IHPs, including in contingency and emergency situations.
 - iv) Have overall responsibility for the development of IHPs.
 - v) Ensure that all staff are appropriately insured to support pupils in this way under the Local Authority's insurance policy.
 - vi) Liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.
 - vii) Report back to governors termly on issues affecting pupils with medical conditions as part of the safeguarding governor visits and Headteacher's report.
- d) *The School Business Manager/Medicines Co-ordinator will*
 - i) Ensure that the Supporting Pupils with Medical Conditions Policy is adhered to at all times.
 - ii) Ensure that records are maintained of children with medical conditions and a register of IHPs is maintained and annually reviewed, alongside partner agencies/parents/carers.
 - iii) Ensure that staff training is appropriate/relevant and up-to-date.
 - iv) Ensure that children/families at school are supported and consulted with regards to an individual child's needs.
 - v) Ensure that the child is consulted, listened to and understands his/her role and that of others in supporting medical conditions in school.
- e) *All School Staff will*
 - i) Any member of the school staff may be asked to provide support to pupils with specific medical conditions, including the administration of medicines, although they cannot be required to do so, unless this is specifically included in their job description. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- f) *Pupils will*
 - i) Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their IHP. Other children will often be sensitive to the needs of those with medical conditions.
- g) *Parents/Carers will*
 - i) Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. At Steeple Morden Primary School, parents/carers are seen as key partners and they will be involved in the development and review of their child's IHP. Parents/carers should carry out the action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents/carers must ensure the school is kept up-to-date with the child's medical needs including medication and any change of circumstances/treatment plans. Parents/carers are responsible in the first instance for ensuring that all medicines in school are within the "use by" date; however, school staff will also monitor this where possible.

h) *The Local Authority will*

- i) The Local Authority has a duty to commission a school nurse service to this school. The school regularly liaises with the school nurse team and training is undertaken annually or more frequently as required regarding specific medications.

6) Staff Training and Support

- a) Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand whenever possible. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nurse service, or specialist nurse services, among others. General EpiPen and Asthma training is provided annually, or as required, via the school nurse team or local first aid organisation. However, such training or a first aid accredited training does not preclude staff from administering basic first aid in school. Training is recorded on our training register.
- b) Parents/carers will be asked to supply specific advice and then this will be reinforced with healthcare professional advice. All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support. It must be noted that a First Aid certificate alone will not suffice for training to support children with specific medical conditions. The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

7) The Child's Role in Managing their own Medical Needs

- a) At Steeple Morden Primary School, the children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the IHP. Parents/carers will be informed so that alternative options can be considered.

8) Managing Medicines on School Premises

- a) Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours (i.e., breakfast time, directly after school and just before bedtime).
- b) Where this is not possible, the following will apply:
- c) Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- d) No child will be given prescription medicines without their parent/carers' written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers i.e., emergency medical situation.
- e) Where medicine is prescribed three times daily, parents/carers are requested to administer this at home directly before school, directly after school and at bed time. Where medicine is prescribed four times a day, the school will administer this in school.
- f) The school will administer non-prescription pain relief medication (such as Paracetamol/Anti-Histamine cream/medicine) in school as instructed by parents with written consent. However, this should be for the purposes of pain relief/discomfort only and the school reserves the right to challenge this request if this is on an on-going basis or the school has concerns about need. If long-term non-prescription pain relief is required, the school will request confirmation of this by a medical professional. The school will not administer any other non-prescription medicine such as anti-histamine tablets as these can be administered before school as advised by medical professionals. In the first instance, where possible, we would politely request that parents/carers administer medication during school hours.
- g) Other non-prescription medicines will be administered by parents/carers, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, assuming the school is in agreement to administer such medication, then parents/carers should provide written consent beforehand.
- h) The school will allow parents/guardians to issue their children with cough/throat lozenges for short-term relief; however, school staff **MUST** be made aware of this and lozenges should be handed to school staff at the beginning of the school day. Children should NOT store such items in their bags without school staff being made aware. The school can take no responsibility for such items if staff are unaware.

- i) The school 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, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- j) Medicines will be stored safely. This may be in the First Aid cupboard or in a fridge in the staff room in a medicine box. Some medicines may be stored securely in classrooms. Children who need to access their medicines immediately, such as those requiring asthma inhalers or epipens will be shown where they are. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- k) If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- l) When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Written records will be kept of all medicines administered to children and parents/carers will be informed if their child has been unwell at school.

9) Emergency Procedures

- a) A child's IHP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed. If a child is taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. Staff should not take a child to hospital in their own car.
- b) Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital being mindful of safeguarding and GDPR guidelines.
- c) Where a child is returning to school following a period of hospitalisation or alternative provision (including home tutoring), the school will work with the local authority and education provider to ensure that he child receives support they need to reintegrate effectively. The school will work with partner agencies to ensure reintegration takes place successfully.

10) Record Keeping

- a) Parents at this school are asked if their child has any medical conditions on the enrolment form.
- b) This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- c) This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- d) IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- e) The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- f) This school makes sure that the pupil's confidentiality is protected in line with data protection/ GDPR and information sharing guidelines.
- g) This school seeks permission from parents before sharing any medical information with any other party unless there is a safeguarding concern.
- h) This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- i) This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- j) This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/ school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

11) School Environment

- a) This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities. The school will make

“reasonable adjustments” to accommodate all children within the constraints of the buildings/premises and school budget.

- b) This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- c) All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school’s behaviour policy, to help prevent and deal with any problems. They use opportunities such as assemblies, PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- d) This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- e) This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil’s medical condition when exercising and how to minimise these.
- f) This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- g) This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- h) All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil’s medical condition. Monitoring of absence data will take into account any medical conditions.
- i) This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo who will liaise with the pupil (where appropriate), parent and the pupil’s healthcare professional.
- j) Pupils at this school learn what to do in an emergency, as appropriate within each class.
- k) This school makes sure that a risk assessment is carried out before any out-of-school visits. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

12) Medical Triggers

- a) This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency such as Asthma. The school is actively working towards reducing or eliminating these health and safety risks to support this. For example, the use of chemicals and other hazardous substances that could exacerbate triggers are reduced during school hours to assist children with Asthma and other breathing issues etc. This also includes grass cutting where appropriate.
- b) This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- c) School staff are given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. Each care plan has a list of the triggers for pupils with medical conditions at this school, and we are actively working towards reducing/eliminating these health and safety risks.
- d) The IHP details an individual pupil’s triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- e) This school reviews medical emergencies and incidents as required, to see how they could have been avoided, and changes school policy according to these reviews.
- f) In an effort to reduce cross-infection and exacerbation of medical conditions, all children will not be allowed to return to school after sickness/diarrhoea until a period of 48 hours has elapsed from the last bout of sickness/diarrhoea.
- g) The school will follow the Health Protection Agency’s guidelines, and the local school nurse team’ advice, on the guidance of infection control in schools and other childcare settings when determining the periods of school absence for illnesses e.g., slapped cheek, chicken pox and measles etc.
- h) In line with safeguarding duties, the school will ensure that a pupil’s health is not put at unnecessary risk, for example, due to infectious diseases. Therefore, we will inform parents as appropriate of any medical concerns/viruses in school which may lead to the spread of illness where this would be detrimental to the health of a child with a specific medical condition or others in school.

13) Educational Visits and Sporting Activities

- a) The school will consider how a child's medical condition will impact on their participation.
- b) Steeple Morden Primary School will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- c) The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children 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, adhering to "reasonable adjustments" with or without parental supervision.

14) Unacceptable Practice

- a) Although school staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:
 - i) Prevent children from having easy access to his/her inhalers/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 IHPs;
 - v) If the child becomes ill, send them to the school office 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) Require parents/carers, 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/carer 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 educational visits, e.g. by requiring parents/carers to accompany the child, unless there are exceptional circumstances whereby it is deemed advisable by medical professionals for parents/carers to accompany the child for safety reasons, again adhering to "reasonable adjustments".

15) Liability and Indemnity

- a) The Governing Body at Steeple Morden Primary School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for procedures and any associated related training requirements.

16) Complaints

- a) Parents/carers who are dissatisfied with the support provided should discuss their concerns directly with the school. If this does not resolve the issue, they make a complaint via the school's complaints procedure.

17) Appendices:

Template A – Individual Healthcare Plan

Template B – Parental/Carer Agreement for Administering Medicine

Template C – Record of Medicine Administered to an Individual Child

Steeple Morden Primary School - Individual Healthcare Plan (Template A)



Name of school/setting

Steeple Morden 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 medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc. (including information sharing to helpers/trip volunteers, as appropriate)

Other information

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

I parent/guardian understand that this information will be retained confidentially in first aid/staff room in school for staff use.

Signed:

Date:

**Steeple Morden Primary School – Parental/Carer Agreement to Administer
Medicine (Template B)**



The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The school office

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.

I acknowledge that my child’s medical information may be shared if appropriate with key staff, school helpers and external providers to safeguard my child i.e., external trips or external curriculum support providers.

Signature(s) _____

Date _____

Steeple Morden Primary School – Record of Medicine Administered to an Individual Child (Template C)



Name of school/setting
 Name of child
 Date medicine provided by parent/carer
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			