

St Paul's C of E Primary School

Life in all its fullness

Supporting children with medical conditions and First Aid Policy

Reviewed: April 2024

Next Reviewed: April 2026

'Life in all its fullness' John 10:10

- *We nurture a passion for wisdom so everyone can realise their full potential*
 - *We respect and love everyone as individuals*
 - *We celebrate and serve our diverse community*

The three core Christian values of wisdom, love and welcoming community, form the basis of work in our school community

The SEND Code of Practice (0-25yrs) 2014 states:

"The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan."

At St. Paul's we recognise that parents have the prime responsibility for their child's health and that it is their responsibility to provide school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information about specific conditions.

Since September 2002 schools and LAs have been under a duty:

- ☐ Not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled
- ☐ To make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled

At St. Paul's we are committed to these principles.

Aims

It is the aim of this policy to provide:

- ☐ Procedures for managing prescription medicines which need to be taken during the school day
- ☐ Procedures for managing prescription medicines on trips and outings
- ☐ A clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines
- ☐ A clear statement on parental responsibilities in respect of their child's medical needs
- ☐ The need for prior written agreement from parents for any medicines to be given to a child
- ☐ The circumstances in which children may take any non-prescription medicines
- ☐ The school policy on assisting children with long-term or complex medical needs
- ☐ Policy on children carrying and taking their medicines themselves
- ☐ Staff training in dealing with medical needs
- ☐ Record keeping
- ☐ Safe storage of medicines

- ☐ Access to the school's emergency procedures
- ☐ Risk assessment and management procedures

At St. Paul's we recognise that there is no legal duty that requires school or staff to administer medicines.

However, where staff are willing, they should follow the following guidelines: -

- ☐ Parents should provide full information about their child's medical needs, including details on any medicines their child needs.

- ☐ Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

- ☐ The school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. However, as part of our 'loco parentis' role we may also administer mild analgesics such as Calpol, or over the counter cough remedies. However, a child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

- ☐ Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

- ☐ **The School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

- ☐ No child under 16 should be given medicines without their parent's consent.

- ☐ Any member of staff giving medicines to a child should check:

- The child's name

- Prescribed dose

- Expiry date

- Written instructions provided by the prescriber on the label or container

- ☐ If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

- ☐ The schools should also arrange for staff to complete and sign a record each time they give medicine to a child.

Helpful advice for parents about prescribed medicine

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or relabelling of medicines by parents

Educational Visits

It is good practice for schools to encourage children with medical needs to participate in safely managed school visits. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on such visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Travel sickness medication is administered in the same way as other medication at St. Paul's School – parents should fill in a form, medication should be in the original packaging, the adult administering should make a record and another adult should witness the administration.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. See DfE guidance on planning educational visits.

In the case of residential trips, separate forms will be issued to parents.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Short -Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the school day.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The SEND Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.

The school needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

- ☐ Details of a child's condition
- ☐ Special requirement e.g. dietary needs, pre-activity precautions
- ☐ Any side effects of medicines
- ☐ What constitutes an emergency
- ☐ What action to take in an emergency
- ☐ What not to do in the event of an emergency
- ☐ Who to contact in an emergency
- ☐ The role the staff can play

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take

responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person.

There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Many schools and settings allow children to carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Local pharmacists can give advice about storing medicines.

Access to Medicines

Children need to have immediate access to their medicines when required. The school or setting may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services. The sharps disposal box is in the medical room.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency Procedures

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision. Older children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services.

All staff should also know who is responsible for carrying out emergency procedures in the event of need. The office staff are usually responsible for calling emergency services at St. Paul's Primary. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a school might wish to make arrangements with a local health professional for emergency cover. The national standards require early years' settings to ensure that contingency arrangements are in place to cover such emergencies.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

Appendix 1

Procedure for Administering Medication on Residential Trips

Prior to the trip each child's parent/carer will be issued with a medical form:

Pupil Medical Form - giving permission for first aider to administer essential medication; giving permission for first aider to administer medication if certain conditions arise; giving permission for the first aider to administer certain general medications if deemed appropriate

The completed form is to be returned to the school's first aider, together with the relevant medication in its original container or packaging, named and sealed in a clear, plastic bag. The designated first aider will then complete a register of all medication requirements highlighting those that MUST BE ADMINISTERED and those that MAY be required.

Where children are travelling with the school and more than one coach is required the medications and logs will be split into coach groups. If medical needs have to be addressed during travel the child and first aider will be allocated to the same coach.

The register will then be checked and completed throughout the day (and night if appropriate) to ensure all children receive their medication as instructed. This will also be checked over by the trip leader at least once a day.

Each individual administration of medication will be logged on the relevant medication instruction sheet to show what was given, how much, by whom and who witnessed. These forms are then passed to the parent together with any remaining medication on return from the trip.

The arrangements for administering travel sickness medication is the same as for all other medications.

**ST. PAUL'S CE (VA) PRIMARY SCHOOL
PARENTAL CONSENT FOR A CHILD
TO RECEIVE MEDICATION IN SCHOOL**

SURNAME:	FIRST NAME:
DATE OF BIRTH:	
NAME OF PARENTS/CARERS:	
HOME TELEPHONE NO: WORK TELEPHONE NO (1): WORK TELEPHONE NO (2):	
NAME OF GP	TELEPHONE NO:
HOSPITAL CONSULTANT(S) HOSPITAL	TELEPHONE NO:

I consent to my child receiving the following medication in School:

- | | | |
|----|-------|-------|
| a) | Dose: | Time: |
| b) | Dose: | Time: |
| c) | Dose: | Time: |

I undertake to ensure that the School has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by child's doctor is/are correctly labelled, in date, with storage details attached, and that the School will be informed of any changes.

I understand that the medication will be given by a member of staff who has received appropriate training in accordance with the Local Authority Code of Practice.

Signed Date

First Aid

Introduction

'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill' (The Joint First Aid Manual 11th Edition). Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.

Statement of First Aid Provision

The School's arrangements for providing First Aid will: -

- Place a duty on the Headteacher and Board of Governors to approve, implement and review the First Aid policy;
- Place individual duties on all employees;
- To keep accident records and to report the Health and Safety Executive (HSE) under the Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Record all occasions when First Aid is administered to employees, pupils and visitors.
- Provide equipment and materials to provide First Aid treatment;
- Make arrangements to provide First Aid training to employees, maintain records of training and review annually;
- Establish a procedure for managing accidents in school which require First Aid treatment;
- Provide information to employees on the arrangements for First Aid;
- Undertake a risk assessment of the First Aid requirements of the School and review on a regular basis;
- Use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (e.g. specialised training for pupils with particular medical needs);
- Notify the parent/guardian that first aid treatment was given to the pupil.

Information on First Aid Arrangements

The Headteacher will inform all employees at the school of the following: -

- The arrangements for recording and reporting of accidents;
- The arrangements for First Aid;
- Those employees who are qualified First Aiders;
- The location of the First Aid Kits.

In addition, the Headteacher will ensure that signs are displayed throughout the School providing the following information: -

- The names of employees with First Aid qualifications;
- Their room number or extension number;
- Location of the First Aid Boxes.

All members of staff will be made aware of the School's First Aid policy. No member of staff should attempt to give First Aid unless they have been trained.

First-aiders

- First Aiders who have undertaken accredited First Aid training would in most occasions, be the people who administer first aid. However, any member of staff can do this voluntarily if there is an emergency where these staff members are not available. All staff are covered by the school's insurance policy and are expected to use their best endeavours in an emergency to secure the welfare of pupils.
- The School Office Lead is the appointed person for first aid. The appointed person coordinates the ordering of first aid supplies and equipment. They will call the emergency services if required and can also provide emergency cover where a first aider is absent due to unforeseen circumstances.
- All qualified first aiders must update their training every 3 years. The School Office Lead and Inclusion Manager have an overview of the training and book staff on accordingly prior to the expiration of their accreditation.
- The school will make every effort to ensure that there are appropriate staffing levels of qualified first aiders and paediatric first aiders in school during school hours.

Paediatric First Aid

- Under Early Years Foundation Stage requirements at least one person on the premises and at least one person on off-site activities must have a paediatric first aid certificate.
- This training must be updated every 3 years.

Arrangements for First Aid

The School will provide materials and equipment and facilities to provide First Aid. The location of the First Aid Kits in the School are: -

First Aid room

First aid back packs for lunchtimes and school trips (stored in the First Aid Room)

First aid boxes in each classroom

Staff are responsible for restocking first aid boxes and back packs from the main supply held in the First Aid Room next to the School Office and should request new stock when they see it is running low from the School Office Lead who will order additional stock.

A standard First Aid Kit will contain the following items:

Leaflet giving general advice on First Aid

20 individually wrapped sterile adhesive dressings assorted sizes

4 triangular bandages

2 sterile eye pads

6 safety pins

6 medium wound dressings

2 large wound dressings

3 extra-large wound dressings

1 pair of disposable gloves

The contents of the Kits will be overseen on a regular basis by the School Office Lead.

A list of trained First Aiders including expiry dates of accreditation is displayed in the Office.

Before undertaking any off site activities, the level of first aid provision required will be risk assessed by the class teacher responsible for the activity and shared with the Educational Visits Coordinator and Headteacher. The number of first aid kits taken will be determined by the number of pupils and first aiders attending as well as the logistical arrangements during the activity e.g. will all pupils and staff remain in the same venue for the duration.

Medicines

Only inhalers and epipens are kept in school. It is the responsibility of parents to ensure that these are kept up-to-date. Items must be in their original labelled packaging in a sealed clear plastic box with the child's name on the lid and handed to a member of staff to be stored securely in the first aid room. Asthma inhalers and epipens must be taken to off-site activities involving those children with these specific needs.

Prescription Medicines

If a pupil is unwell he/she should not be in school. However, there are times when a pupil may need to take prescription medicines or he/she may have long-term medical needs. In these instances, it may be possible to give doses of prescription medicines, provided that these are brought to the office each day by a parent or another adult approved by the parent who signs a permission form giving their permission for school staff to administer the medication. The form states the name of the pupil, type of medication, dosage and time that the medication needs to be administered. The name of the pupil must concur with the drug's pharmacy label. The medicines will be kept in a locked cupboard (or stored in a fridge) and should be collected each afternoon. Again, this is at the discretion of the Headteacher. Please note that we will not be able to give the medicine without the signature of a parent or approved adult on the medication form.

Accidents involving bumps to a Pupil's head

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time.

Where emergency treatment is not required a 'Head Bump' sticker will be sent home to the parent/guardian to accompany the first aid slip detailing the incident and what treatment was given by the first aider.

Transport to hospital or home

The Headteacher will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention an ambulance will be called and the pupil's parent or guardian will be notified. If hospital treatment is required, then the pupil's parent/guardian will be called for them to take over responsibility. If no contact can be made with the

parent/guardian or other designated emergency contacts, then the Headteacher may decide to transport the pupil to the hospital.

Where the Headteacher makes arrangements for transporting a child then the following points will be adhered to: -

- Only staff cars insured to cover such transportation will be used;
- No individual member of staff will be alone with the pupil in a vehicle;
- A second member of staff will be present to provide supervision of the injured pupil.

Reporting accidents

The First Aider must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting, the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

The following accidents must be reported to the HSE: Accidents resulting in death or major injury (including as a result of physical violence) Accidents which prevent the injured person from doing their normal work for more than three days for definitions, see HSE guidance on RIDDOR 2013 and information on Reporting School Accidents in the DCSF Guidance on First Aid in Schools.

Involving pupils and visitors: Accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work. I.e. if it relates to any school activity, both on or off the premises; the way the school activity has been organised or managed; equipment, machinery or substances; the design or condition of the premises.

The HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Head is responsible for ensuring this happens.

The Headteacher must complete form IRF (96) on-line Reporting Accidents/Incidents form available at www.cambridgeshire.gov.uk/irf96

Record keeping

Statutory accident records: The First Aider must ensure that readily accessible accident records, written or electronic, are kept for a minimum of three years. The Headteacher must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons.

This should include:

- The date, time and place of incident
- The name (and class) of the injured or ill person
- Details of their injury/illness and what first aid was given
- What happened to the person immediately afterwards
- Name and signature of first aider or person dealing with the incident.

Monitoring

Accident records can be used to help staff identify trends, areas for improvement or training needs.