



Brabourne CEP School

Medical Needs and First Aid Policy – February 2018

This policy has been prepared with the Christian Value of responsibility foremost – this is a core value of the school and all members of the school community aspire to live by it daily. It is the responsibility of the Governors and staff to ensure that all children receive the care they require to ensure their well-being and their ongoing access to education.

1. Introduction

This school is an inclusive community that welcomes and supports pupils with medical conditions.

This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The named member of school staff responsible for this medical conditions policy and its implementation is: **Mr. Andrew Stapley, Headteacher.**

Attending to a child's medical needs in school is carried out through the cooperation of parents, child and staff. Parents are a child's main carer and have the responsibility of providing the school with sufficient information about their child's medical conditions, treatment, health and/ or special care at school. There is no statutory responsibility which requires school staff to administer medication; however as a school we believe it is important for our staff to assist and support children with medical needs.

Children with medical needs have the same rights of admission to a school or setting as other children.

This school recognises that some medical conditions can be life-threatening, and can also have an impact on a child's ability to learn. Every child with a medical condition is different and should be treated as an individual.

2. Medical Awareness

The school holds a list containing information on those children who have a serious and/or chronic condition. These children also have their photographs displayed in the staff room, classrooms and other rooms, so that staff are familiar with them.

It is the responsibility of the class teacher to familiarise themselves with this list at the start of the academic year. The parents of any new children starting school mid-way through the year will be asked to give information about their child's medical needs and staff will be informed and the list updated accordingly. Staff should make supply staff aware of this information.

3. Children Taking Medication During School Time

3.1 Responsibilities

School staff do not have a statutory duty to administer medicines to pupils in school; however our staff will assist pupils who require medication.

3.2 Prescribed Medicines

Medicines should only be brought to school when essential; that is where it is detrimental to a child's health if the medicine were not administered during the school day. Parents should endeavour to have such medicines prescribed in dose frequencies which enable them to be taken outside school hours.

It should be noted by parents that non-emergency medicines that need to be taken 3 times a day could be taken in the morning, after school and in the evening.

We only accept medicines in school that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber. They should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, as well as the child's name. We understand however that in some situations children may require non-prescribed drugs such as Calpol or Piriton. Administration of these is at the discretion of the school and will be considered on a case by case basis, but only in extreme circumstances. In these situations written parental permission is required. Alternatively parents are welcome to come into school to administer medicines themselves.

Medicines will not be accepted in school that have been taken out of the container as originally dispensed.

All medicines should be returned to the parent when no longer required to arrange for safe disposal.

Parents must complete a consent form in order for medicines to be administered at school.

3.3 Non Prescription Medicines

Staff will never give a non-prescribed medicine to a child, unless there is specific prior written permission from the parents and agreement from the school.

A child under 16 will not be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

3.4 Administering Medicines

No child under 16 will be given medicines without their parent's written consent. This is done by parents completing a form available from the school office and returning it to school with the medication. A fridge is available in the staff room for the storage of medicines that require refrigeration.

Any member of staff giving medicines to children should check.

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber

The self-management of medicines by children in school is not permitted, unless this has been previously agreed with a parent such as the use of an asthma inhaler.

If a child refuses to take medicine staff should not force them to do so, but should note this in the records and inform parents the same day.

If a child refuses to take an emergency or potentially life-saving medicine such as insulin for blood glucose management in Type 1 Diabetes, Epi-Pen (adrenaline) for anaphylaxis, and on occasion Salbutamol for treatment of wheeze or shortness of breath in asthma, the Head teacher will be informed immediately and emergency action taken, which might include calling 999 and will always involve informing the parents.

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines or surplus medicines are disposed of safely and appropriately.

3.5 Educational Visits

Reasonable adjustments may need to be made in order for children with medical needs to participate fully and safely in educational visits. Sometimes additional safety measures may need to be taken such as an additional supervisor and arrangements may need to be made for the taking of any necessary medicines. Parents or health professionals may need to be consulted about this.

Staff supervising educational visits should be fully aware of any medical needs of the children participating and to ensure that any medication needed, such as inhalers, epi-pens, insulin, blood sugar monitoring reader, should be taken on the visit. Emergency contact details should be taken on the visit and a first aider should also accompany the visit.

Children with chronic conditions such as Type 1 Diabetes should not be excluded from educational visits because of their condition. All reasonable measures should be taken to ensure all children attend such visits. Should there be an occasion where the school cannot offer the additional support required, this will be the exception not the rule, and should this be the case, the family will be offered the opportunity to attend the visit to support their child.

3.6 Sporting Activities

Most children with medical needs can participate fully in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own

abilities. Reasonable adjustments should be made by staff. Some children may need to take precautionary measures before or during exercise such as using asthma inhalers.

Pupils with medical needs should be offered the same extra curricular activities as those without. Where possible, the school will endeavour to provide support to facilitate the additional care required. Where this is not possible, due to trained staff being unable to offer care outside their contracted working hours, parents will be offered the opportunity to support their child during these extra-curricular activities.

Where exercise might affect a child's condition, their individual health care plan must be followed. For example, in Type 1 Diabetes where exercise can affect blood glucose.

4. Illness at School

4.1 Short Term Medical Needs

Some children may have short term medical needs which require them to take medicines during the school day. This might be situations such as finishing a course of antibiotics or applying a lotion. Allowing children to do this will minimise the amount of time they are absent from school. If a child has an illness which requires them to receive an extended course of medication, administered during the school day, the parents and school will liaise to decide on how this can be addressed without adversely affecting the child's education. School staff will only administer medicine to a child, if the parent has given written permission for this to occur.

If a child is taken ill whilst in the classroom, the teacher will assess the condition of the child and, if they feel that the child needs to go home, they will send them to the office. The Head teacher or most senior personnel present will make the final decision and if it is agreed that the child should go home, the parent will be contacted. The child will await collection in the office.

If a child suffers an injury during lesson time they will receive appropriate first aid assistance.

During break times, supervisory staff will be expected to address any minor injuries which occur on the playground. Two members of staff are always on duty at break times and lunchtimes to ensure that one can supervise while the other deals with medical administration. Plasters may be administered to children, apart from those whose parents have informed school that their child has an allergy to them. Class teachers must be informed whenever one of their children suffers a significant injury. If an injury is more serious, then a first aider will be called. The school will contact parents if permission is required for further treatment or if the child should be collected.

Parents must be informed in writing (slips are held in each classroom), if their child suffers any blow to the head or any other significant injury during the school day. Serious accidents should also be recorded in the accident book. Where possible, class teachers should also see parents at the end of the school day to make them aware of the injury.

4.2 Long Term Medical Needs

Some children in school have long term medical needs which may require regular ongoing medication or support measures.

School needs to be made aware by parents about any long term medical needs. Children with long term medical needs may require a care plan. This may include children who suffer from illnesses such as diabetes or severe asthma.

Children with long term medical needs must not be discriminated against in any way. This includes where their condition requires time off school, either due to ill health, or attendance at medical

appointments. Parents should ensure their child attends school as much as is reasonably possible. The school agrees to facilitate as much support as is reasonably possible to enable maximum attendance at school.

5. Asthma

Children with asthma may need access to their inhalers at regular intervals or only occasionally. Inhalers are kept in the classroom (stored so inaccessible to children) and when it is needed, the teacher will assist the child in taking it. The time and amount taken will be recorded and parents informed of inhaler use.

Where a child has an individual asthma care plan, staff agree to follow the care plan and contact parents if concerned.

Where there is no individual asthma care plan, staff will follow a flow chart of inhaler administration, and contact the parents of a child where inhalers are not improving a child's condition.

6. Epilepsy

Children with epilepsy will have a care plan. This will outline the aspects of their condition such as factors that might act as a trigger, whether the child might lose consciousness or how long the seizure might last. If a child is prescribed rectal diazepam for prolonged seizures then staff will be trained in how to administer this by health professionals.

7. Diabetes

Children with diabetes will have a care plan. This will outline their regime in terms of managing their diabetes such as checking blood glucose levels and contain information about identifying signs of hypoglycaemic reaction and what should be done in these situations. It will also ensure that staff are aware that children with diabetes need to be allowed to eat regularly during the school day and this might include eating snacks during class-time or prior to exercise. Staff should also be aware of the potential impact of hypoglycaemia and hyperglycaemia on learning. If the school feel there is an impact on the educational progress of the child as compared with their individual expected progress, the family will be made aware via the usual reporting processes, and action will be taken to support the child's progress.

8. Anaphylaxis

Children with anaphylaxis will have a care plan. This will identify precautions that should be taken to avoid severe allergic reaction, signs and symptoms of a reaction and the proposed response to this. Treatment of anaphylaxis is an injection of adrenaline which is administered into the muscle of the upper thigh using an epi-pen. There will be staff trained in the use of this by health professionals. An ambulance should also be called and the emergency procedures followed.

9. Head lice

If a child is found to have live head lice, their parents will be made aware of the situation. All parents will be informed by text, asking them to inspect their heads and to treat any infestation accordingly.

10. Minimising the Risk of Transmission of Infection to Other Children and Staff

Children who are unwell with an infectious disease or who have had sickness or diarrhoea should not be at school. Once they are better they should return (after 48 hours) unless they pose a risk to the infection of others.

11. Provision for First Aid

Most of the staff have received Emergency First Aid at Work qualification and some have paediatric first aid training. This training is updated every 3 years. Staff will also have received additional training when there are cases of children with specific medical conditions such as diabetes or anaphylaxis.

Each class room has its own first aid kit. There are also first aid kits in the office, by the playground entrance, disabled toilet and kitchen.

Further first aid supplies are kept in the disabled toilet. A first aid kit should be taken on all off site visits.

Medical supplies, in the disabled toilet, by the main toilet and by the office kits, will be monitored and replenished by the secretary. Class kits are to be maintained by the Teaching Assistants. Staff should contact the secretary if they become aware that a particular first aid kit requires re-supplying.

12. Serious Accidents

Should a serious accident occur, and a pupil, a staff member or a member of the public require hospitalisation, those staff attending the incident will, as they see fit, call for help from other staff members, including those qualified in first aid, and act on the advice of the first aiders in deciding whether to call an ambulance. A member of the Senior Management Team will be informed immediately and will arrange for an ambulance if required to be telephoned. A child's parents should also be informed. Staff should never take children to hospital in their own car. A member of staff should accompany a child or adult to hospital in the ambulance and in the case of a child should stay until parents arrive.

Any serious accidents must be recorded using the appropriate forms found in the accident file. This file is kept in the office. The school is aware of the need to report certain incidents to the HSE.

13. Infection

Where breaks in the skin are not or cannot be covered, or where there is a large spillage of blood or vomit, disposable gloves should be worn. Whenever possible, hands must be thoroughly washed prior to first aid being given.

The absence of gloves should never deter the administration of emergency first aid.

All first aid kits will contain disposable gloves and some plastic bags large enough to accept used dressings.

When dealing with blood or any other body fluid spillage, the most important personal hygiene precaution is that of afterwards washing the hands thoroughly in hot water and soap, including cleaning the nails, whether gloves have been worn or not.

14. Review

This policy will be monitored by the Headteacher and Governors and reviewed after three years or as changes are made.