

# **Long Furlong Primary School**

## **First Aid/Supporting Pupils at School with Medical Needs**

*This policy is based upon summary of DfE guidance on first aid provision in schools (from DfEE publication "Guidance on First Aid for Schools", 1998, updated 12<sup>th</sup> February 2014) and "Supporting pupils in school with medical conditions", 2015.*

The aim of this policy is to ensure that all children with medical needs, 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. Children and young people with medical needs are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical need should be denied admission or prevented from taking up a place in school because arrangements for their medical need have not been made. In line with its safeguarding duties, the governing board should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Schools therefore do not have to accept a child in school at times where it would be detrimental to the health of that child – or other children - to do so.

The school does not have to wait for a formal diagnosis before providing support to a pupil. In cases where a pupil's medical need is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some sort of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

The school will make every reasonable effort to engage with parents/carers of pupils with medical needs and involve them in arrangements for their child's care, irrespective of family circumstances.

### **Roles & Responsibilities**

The governing body will have strategic overview to ensure:

- that arrangements are in place to support pupils with medical needs. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child
- that the focus is on the needs of each individual child and how their medical need impacts on school life
- that the arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical needs in school
- That staff are properly trained to provide the support that pupils need
- That the arrangements they put in place are sufficient to meet their statutory responsibilities, and ensure that policies, plans, procedures and systems are properly and effectively implemented (this aligns with their wider safeguarding duties)
- That the policy for supporting pupils at school with medical needs is reviewed regularly, and is readily accessible to parents/carers and staff

The Headteacher will have operational overview to ensure:

- that sufficient staff are suitably trained, and available to support relevant pupils in school or off-site visits (including use of the school field and residential)
- that all relevant staff are made aware of a child's need
- that good first aid practice is being carried out within the school and at events and activities organised by the school
- that arrangements are made for informing staff and parents/carers of provision made in school.

Class teachers will ensure:

- that supply staff are made aware of a child's medical need
- that risk assessments are in place where appropriate (e.g. off-site visits)
- that necessary medication (e.g. asthma inhalers, Epipens) is taken to off-site visits

The designated First Aider will ensure:

- that, where appropriate, Individual Healthcare Plans (IHP) are drawn up, implemented and reviewed on an annual basis
- that, where appropriate, when a child leaves the school, his/her most recent IHP is passed on to the next setting
- that records are maintained of medication administered at school
- that prescribed medication is in-date
- that (s)he takes responsibility for administering and monitoring use and care of the school's Salbutamol inhaler

All staff will:

- make themselves aware of available trained first aiders (lists are available in the school office and first aid room), facilities and the location of first aid resources.

The parents/carers/carers of pupils with medical needs will:

- Provide sufficient and up to date information about their child's needs
- Be involved in the drafting, development and review of their child's IHP
- Ensure that prescribed medication that should be given to the child when at home (e.g. Ritalin) is administered in accordance with medical advice
- Carry out any actions they have agreed in the IHP, e.g. provide medicines and equipment, and ensure that they (or another nominated adult) are contactable at all times

Pupils will:

- Children who are competent to do so will be encouraged to take responsibility for administering their own medicines (under adult supervision where necessary)

### **First Aid**

First Aid is emergency care given to an injured person in order to minimise injury and future disability before professional medical care is available (if needed).

First aid must be available at all times, including offsite visits, during PE and Forest School, and at all other times that the school is open (e.g., parent/carers' evenings.) Hirers of the school premises must ensure that they have first aid arrangements in

place. On the rare occasions that a lone member of school staff is off-site with a small group of children, they must have access to a telephone in order to summon assistance.

First aiders must have attended a recognised First Aid course and attend refresher courses every 3 years. Early Years' staff must undertake Paediatric First Aid training. The Forest School leader must undertake recognised Outdoor First Aid training. A record will be retained by the School Business Manager, who will arrange training when necessary.

The contents of the first aid cabinets/kits are to be regularly checked and maintained by the named person (Janice Markey). The first aid cabinet and kits are kept in the first aid room (opposite the internal door to the Year 2 classroom).

Responsibility for ensuring that individual pupil's medication (e.g. inhalers, Epipens) is available to school and in date is that of the pupil's parent/carers/carers.

The named person (Janice Markey) will, in consultation with parents/carers and healthcare professionals (when appropriate), draw up Individual Healthcare Plans for those children with known medical conditions which:

- might require medication or treatment in school
- might impact upon the pupil's achievement or progress in school
- might require that the emergency services be called (e.g. asthma, allergies resulting in an anaphylactic reaction).

The School Business Manager will ensure that all reportable accidents are registered with the Local Authority and/or Health and Safety Executive, and that regular summary reports are provided to the Governing Body.

A rota of first aiders will be established at the beginning of each academic year. If a member of staff has planned absence when they are timetabled to be on duty, it is their responsibility to arrange a replacement.

Injuries requiring first aid are recorded in the book in the first aid room. Any child who has received a minor injury will be given a letter to take home to their parent/carer/. Class teachers will be informed if any child has received one of these letters.

If a child complains of feeling unwell during lesson time, a Teaching Assistant will look after him or her. The decision as to whether a parent/carer needs to be contacted to take a child home will be made by the class teacher.

No child who has reported feeling unwell or has sustained an injury should be left without adult supervision.

No member of staff or volunteer helper should administer first aid unless he or she has received proper training. Appropriate self-protection measures should be taken by anyone administering first aid, e.g. disposable gloves should be worn.

In the event of a serious accident requiring treatment by emergency services, the school office should be notified immediately, and will make the necessary arrangements.

For arrangements regarding accidents and incidents, refer to the “Accident and Incident Reporting and Investigation Procedure”.

### **Individual Healthcare Plans**

When the school is notified that a pupil has a medical need, the designated First Aider will make an initial assessment to determine whether an IHP is required. The process for drawing one up is contained in Annex A of this document.

IHPs should capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child’s need and the support needed.

IHPs (and their review) may be initiated in consultation with the pupil’s parent/carer, by a member of school staff, or by a healthcare professional involved in providing care to the pupil, and should be drawn up in partnership between these parties (and pupils, where appropriate). They should be developed with the child’s best interests in mind and ensure that the school assesses and manages risks to the child’s education, health and social wellbeing and minimises disruption.

Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to so. Parent/carers should be informed so that alternative options can be considered.

### **School Salbutamol Inhaler**

*The Human Medicines (Amendment) (No. 2) Regulations 2014* (regulation 213 and schedule 17) allow schools to purchase Salbutamol inhalers and associated equipment on a no-prescription basis. The following protocols will be observed:

- The inhaler will be kept in the school’s First Aid room under appropriate storage needs; it will not be locked away
- The inhaler will be clearly labelled to identify it as the school’s property
- The inhaler will be used only by pupils who have asthma or who have been prescribed a reliever inhaler
- The inhaler will only be used under staff supervision
- Written consent will be obtained from parent/carers prior to letting a pupil use the school’s inhaler
- Parent/carers will be informed in writing if their child uses the school inhaler
- The inhaler will be checked on a monthly basis to ensure that it – and the spacers – are present and in working order, with sufficient number of doses available
- Replacement inhaler(s) will be obtained when expiry dates approach
- The plastic spacers will not be reused, to prevent the risk of cross-infection; replacement spacers will be available

- The plastic inhaler housing (which holds the canister) will be cleaned, dried and returned to storage following use
- Spent inhalers will be returned to a pharmacy to be recycled. The school is registered as a lower-tier waste carrier, to comply with legislation in this respect

## **Staff Training**

Training needs will be reviewed regularly by the School Business Manager, in liaison with the SENCo if necessary. Training will include the safe keeping and administration of prescribed medication, and practical support for pupils with physical disabilities. Staff must not give prescription medicines or undertake health care procedures without appropriate training. Training opportunities will be offered to all staff in managing common medical needs in school (e.g. asthma).

## **Managing medicines on school premises**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Pupils should not be given prescription or non-prescription medicines at school without a parent/carer's written consent (except in an emergency, if given by a paramedic)
- Pupils should never be given medication containing aspirin unless prescribed by a doctor
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- The school should only accept medications that are in-date, labelled, and provided in the original container as dispensed by a pharmacist (including dosage label). The exceptions to this are insulin which must still be in date, but will generally be provided inside an insulin pump or pen, and pain relief medicines, e.g. Calpol, Nurofen
- Pain relief medication will not be routinely given, for example if a pupil has an occasional headache or fever, but will be given in specific circumstances approved by the Headteacher (e.g., if a pupil has broken a limb, has been diagnosed with migraines, etc). Pain relief medication may also be given if needed during residential visits; written parent/carer permission to give pain relief medication will be obtained prior to the visit taking place
- Non-prescription medication for the relief of hay fever may be given by school staff if the appropriate documentation has been completed by the parent/guardian
- All medicines should be stored safely. Children who self-medicate should know where their medicines are at all times and be able to access them immediately, under adult supervision
- When no longer required, or out of date, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes will be used for the disposal of needles and other sharps

## **Emergency Procedures**

In a medical emergency, office staff will be instructed to request attendance by paramedics, and will notify the pupil's parent/carers. Detailed emergency procedures are included in each child's IHP.

## **Unacceptable Practice**

It is unacceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume each child with the same need requires the same treatment
- Ignore the views of the child or their parent/carers; or ignore medical evidence or opinion (although this may be challenged if necessary)
- Send children with medical needs home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the child's IHP
- If a child becomes ill, send him or her to the school office or First Aid room unaccompanied
- Penalise children for their attendance record if their absences are related to their medical need, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical need effectively
- Require parent/carers, or otherwise make them feel obliged, to attend school to administer medication or provide support to their child, including with toileting issues
- Prevent children from participating, or create unnecessary barriers to children in participating in any aspect of school life, including school trips, e.g. by requiring parent/carers to accompany the child

## **Liability and Indemnity**

The school takes out insurance through Oxfordshire County Council which covers staff administering medicines and support to pupils with medical needs.

## **Complaints**

If a parent/carer has concerns about the support of their child with a medical need, he or she should follow the school's published Complaints procedure.

## Annex A: Procedure for developing Individual Healthcare Plans

