

# Medical Needs and First Aid Policy

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| Head Teacher | Mr Con Bonner |
| School Inclusion Coordinator | Ms Veronica Curran |
| Health and Safety Officer | Mr Jim Coffey |
| Senior Welfare Officer | Ms Cordelia Camps |

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## This Medical Needs and First Aid Policy relates to the safeguarding of pupils. It has been written and should be read in conjunction with our Safeguarding and Pupil Protection Policy (Jan 2017) and any or all of our other policies relating to safeguarding.

**Policy Statement and Principles**

As part of our Vision, Aims and Mission Statement at St. Ignatius Primary School:

*We embrace inclusivity to ensure our school community flourishes.*

*Our vision is of happy, safe, secure pupils who flourish and achieve highly.*

This policy supports and reinforces this vision for our school, valuing all pupils equally and as an inclusive community we welcome pupils with Medical Needs.

* The School ensures all staff understand their duty of care to pupils in the event of an emergency.
* All staff feel confident in knowing what to do in an emergency.
* Staff receive on-going training and are regularly updated on the impact medical needs can have on pupils. The training agenda is based on a review of current healthcare plans.
* We understand that certain medical needs are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
* We understand the importance of medication being taken as prescribed (please see section on administration of medication for further details).
* All staff understand the common medical needs that affect pupils at our school.

We have consulted on the development of this Medical Needs and First Aid Policy with a wide-range of key stakeholders including parents, pupils, staff, governors, our Health and Safety officer, our school nurse and other external health providers e.g. Diabetic Health Team.

The policy and supporting documents are based on Department of Education statutory guidance (December 2015) [*Supporting pupils at school*](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)[*with medical conditions.*](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3) ( Appendix 1 )

The Medical Needs and First Aid Policy is supported by a clear communication plan for staff, parents and pupils to ensure its full implementation.

* All school staff, including temporary or supply staff, are aware of the medical needs of identified pupils and understand their duty of care to pupils in an emergency.
* All staff receive training in what to do in an emergency and this is refreshed at least once a year.
* All pupils with medical needs that are complex, long-term or where there is a high risk that emergency intervention will be required have an **Medical Care Plan (MCP)** which explains what help they need in an emergency. The MCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the MCP for sharing the MCP within emergency care settings. ( MCP template Appendix 2 )
* We ensure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil’s MCP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and we keep an up to date record of all training undertaken and by whom.

All staff understand and are trained in the school’s general emergency procedures.

* All staff, including temporary or supply staff are aware of the content of this policy, know what action to take in an emergency and receive updates annually or when changes occur. School nurses will provide annual training for common conditions; eg: asthma, allergies, epilepsy and diabetes.1
* If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives or, in the event a parent/carer cannot get to school in sufficient time, will accompany a pupil taken to hospital by ambulance.

Our school ensures that the whole school environment is inclusive and favourable to pupils with medical needs. This includes the physical environment, as well as social, emotional, sporting and educational activities.

1For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

## Roles and Responsibilities

**Pupils** – with medical needs will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Medical Care Plan. The level of involvement will be dependent on the age and abilities of the pupil.

**Parents/carers** – should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child’s medical care plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines, (in date and in line with school policy) and equipment and ensure they or another nominated adult are contactable at all times.

**Governing body** – must make arrangements to support pupils with medical needs in school, including making sure that a policy for supporting pupils with medical needs in school is developed and implemented. They should ensure that pupils with medical needs are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical needs. They should also ensure that any members of school staff who provide support to pupils with medical needs are able to access information and other teaching support materials as needed. The Governors should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**Head teacher** – will ensure that their school’s policy is developed and effectively implemented. This includes ensuring that all staff are aware of the policy for supporting pupils with medical needs and understand their role in its implementation. The head teacher will ensure that all staff who need to know are aware of the child’s condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all medical care plans, including in contingency and emergency situations. Head teachers have overall responsibility for the development of medical care plans.

**School staff** – may be asked to provide support to pupils with medical needs, including the administering of prescription medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical needs that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support pupils with medical needs. 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.

**School nurse** – every school has access to school nursing services. These services are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support pupils with medical needs, but may support staff on implementing a child’s medical care plan and provide advice or training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to pupils with a medical condition.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. The Welfare Officer dealing with the medical care of a pupil in school should contact the named school nurse to ensure a coordinated approach.

**School Inclusion Coordinator** – will help update our School’s Medical Needs and First Aid Policy, know which pupils have SEN due to their medical condition, ensure teachers make arrangements if a pupil needs special consideration and ensure pupils with medical needs are not excluded unnecessarily from activities.

## Monitoring of Medical Care Plans

We use Medical Care Plans (MCP) to record important details about individual pupils medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Medical Care Plan if required.

A MCP will be constructed following a consultation between parents, our school Inclusion Coordinator, our Senior Welfare officer and possible external professionals ( e.g. school nurse, Diabetic medical team )

## Ongoing Communication & Review of Medical Care Plans

Parents are responsible for providing the school with written information about their child’s condition and to report any changes as they occur. Staff working with the pupil should also report any changes as they occur.

## Storage and Access to Medical Care Plans

A copy of each MCP is :

* Given to the pupils parent/ carer
* Placed centrally in Senior Welfare Officer files
* Placed centrally in a green folder in Pupil SEND files ( Anne Line Office)
* Placed in pupil individual folder in pupil’s classroom

### Medical Care Plans are used by our school to:

* Inform the appropriate staff about the individual needs of a child with a medical condition in their care.
* Remind pupils with medical needs to take their medication when they need to.
* Identify common or important individual triggers for pupils with medical needs at school that bring on symptoms and can cause emergencies.
* Ensure that all medication stored at school is within the expiry date.
* Ensure this school’s local emergency care services have a timely and accurate summary of a child’s current medical management and healthcare in the event of an emergency.
* Remind parents of a child with medical needs to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

### Current Medical Care Plans at St Ignatius Primary School ( September 2017) Medical Care Plans for pupils with Asthma (Appendix 3)

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| --- | --- |
| **Year group** | **No. of pupils with an asthma MCP** |
| Nursery | 0 |
| Reception | 0 |
| Year 1 | 2 |
| Year 2 | 3 |
| Year 3 | 3 |
| Year 4 | 3 |
| Year 5 | 3 |
| Year 6 | 0 |

**Medical Care Plans for pupils with other medical conditions (September 2017)**

|  |  |  |
| --- | --- | --- |
| **Pupil Initials** | **Year group / Class** | **Nature of medical condition** |
| JO | Nursery | Visual Impairment |
| MB | Reception RH | Type 1 Diabetes |
| AF | RF | Food allergies ( No Epipen at present) |
| LM | RH | Cerebral palsy |
| CM | 1B | Sickle Cell |
| BC | 1H | Food allergies ( Epipen) |
| CO’T | 2W | Heart murmur |
| OS | 2E | Visual / Developmental / 20 week gestation |
| MM | 3A | Food allergies ( Epipen) |
| DD | 3W | Epilepsy / absences |
| RM | 3W | Digestive condition |
| JV | 5L | Food allergies ( Epipen) |

**Administration of Medication**

* The school understands the importance of taking medication as prescribed.
* Medication will only be administered when it would be detrimental to a pupil’s health or school attendance not to do so. This usually applies to pupils with long term conditions e.g. asthma, diabetes etc.,
* If a child has a medical condition (either short term or long term) that requires prescription medication during school hours, parents will be requested to complete a permission form. Medication will only ever be administered with written parental consent.
* Antibiotics are not generally administered in school. If a pupil is on anti-biotics and is well enough to attend school; a parent or someone acting in loco parentis can either come in at lunch time if necessary to administer the medication or if this is not practical a parent should ask the doctor to prescribe medication in dose frequencies that can be managed outside school hours.
* Antibiotics may be administered at school, dependent on individual circumstances and in consultation with parent, staff and medical professionals.
* Painkiller medication (e.g. Calpol, Nurofen) may be administered in consultation with parents and staff. However, they will only be administered if they have been prescribed by a medical professional – not bought over the counter.
* All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Normally this will be the Welfare Officer, trained first aiders or appointed persons.
* Our Governing Body is responsible to ensure full insurance and indemnity to staff who administer medicines. Our insurance policy includes liability cover.
* School will ensure sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual pupil. School will endeavour to ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The governing body has made sure that there is the appropriate level of insurance and liability cover in place.
* School will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit.
* Parents/carers at this school understand that they should let the school know immediately if their child’s needs change.
* Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication, plus MCP forms at the start of each term.
* A pupil with a medical need cannot be in school without the appropriate medication in place

## Storage of Medication

### Safe Storage – Emergency Medication and Non Emergency Medication

Emergency medication ( e.g. a controlled drug which needs to be locked up including painkillers ) will be kept in the First Aid Room next to the office in the main reception area.

General medication will be kept in the Senior Welfare Officer’s shelf area ( e.g. asthma pumps, epipens, creams, diabetes supplies)

Medication that needs to be refrigerated will be kept in the staff fridge in Campion. ( e.g. glucose capsules, insulin pens). All refrigerated medication will be stored in an airtight container/bag and will be clearly labelled. This will be in a secure area, inaccessible to unsupervised pupils.

Staff will need to ensure that medication is only accessible to those for whom it is prescribed.

***Emergency medication for pupils with asthma – awaiting Local authority advice***

Guidance on the use of emergency salbutamol inhalers in school ( Appendix 4 )

Consent form: Use of emergency salbutamol inhaler (Appendix 5 )

### Safe Storage – General

Our Welfare Officer will:

* ensure the correct storage of medication at school
* check the expiry dates for all medication stored at school at the beginning of each half term.
* ensure, along with the parents, that all medication brought into school is clearly labelled with the pupil’s name, the name and dose of medication and the frequency of dose.

It is the parent’s responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

School will dispose of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a pupil on off- site visits. They are collected and disposed of in line with Local Authority procedures.

## Record Keeping

* When a pupil starts school, parents are asked to fill in an Information Form for their pupil. In the event that a parent indicates their pupil has a medical condition on this form, a Medical Care Plan will then be generated.
* Our school Inclusion Manager will co-ordinate a meeting with the pupil’s parents, together with relevant healthcare staff (as necessary) and, in partnership, will develop an Medical Care Plan.
* Where a pupil has SEN but does not have an EHC Plan, their special educational needs will be mentioned in the MCP. General SEN records will be filed in a yellow folder and the MCP filed in a green folder. Both of these will be kept in the filing cabinets in Anne Line Office.
* The School has a centralised register of MCPs and the Senior Welfare Officer has responsibility for this register.
* The parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the MCP. Other school staff are made aware of and have access to the MCP for the pupils in their care.
* The School makes sure that the pupil’s confidentiality is protected.
* The School seeks permission from parents/carers before sharing any medical information with any other party.
* The School keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

## In an Emergency

Relevant staff understand and are updated in what to do in an emergency for the most common and / or serious medical needs.

* In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
* Our school uses Medical Care Plans to inform the appropriate staff of pupils with more complex health needs in their care who may need emergency help. Supply staff are briefed on entry to the school; when undertaking their commissioned duties.
* Staff are aware that in the event of a pupil being taken to hospital in an emergency, a copy of the MCP will accompany them.
* If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Our school will try to ensure that the staff member will be one who the pupil knows. The staff member concerned should inform a member of the school’s senior management.
* All pupils with medical needs should have easy access to their emergency medication.

## Educational Visits

For off-site activities, such as local visits and other school activities outside of normal timetable hours, a risk assessment will be undertaken to ensure pupils needing medication still have access and a staff member will be named as the responsible lead.

The risk assessment also helps to identify any reasonable adjustments that need to be made.

## Unacceptable Practice

Our staff recognise that it is not acceptable practice to:

* Prevent pupils from easily accessing their inhalers and prescription medication and administering their medication when and where necessary.
* Assume that every pupil with the same condition requires the same treatment.
* Ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged).
* Send pupils with medical needs, home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Medical Care plans.
* If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
* Penalise pupils for their attendance record if their absences are related to their medical condition, 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 condition effectively.

# Policy Statement for First Aid

St. Ignatius Primary School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid and medical needs provision for pupils, staff, parents and visitors and will make sure the procedures are in place to meet that responsibility. This Policy complies with the School’s Health and Safety Policy and is reviewed regularly.

## Aims and Objectives

* To identify the first aid and medical needs of the School in line with the Management of Health and Safety at Work Regulations 1992 and 1999.
* To ensure that first aid provision is available at all times while people are on the school premises, and also off the premises whilst on school visits.
* To appoint the appropriate number of suitably trained people as appointed persons and first aiders to meet the needs of the school and to maintain a record of that training and review annually.
* To provide relevant training and ensure monitoring of training needs.
* To provide sufficient and appropriate resources and facilities.
* To provide risk assessment and awareness of Health and Safety issues within the school and on school trips, to prevent, where possible, potential dangers or accidents.
* To inform staff, pupils and parents of the School’s First Aid and Medical Needs arrangements.
* To report, record and, where appropriate, investigate all accidents.
* To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995 (RIDDOR).

## Personnel Involved in First Aid within the school

As of Summer 2017, our trained First Aiders consist of :

* + Level 1 (Emergency First Aid at Work - 1 day course) – 27 members of staff ( class teachers and support staff)
	+ Level 2 Paediatric First Aiders ( 2 day course) – 4 members of staff ( Ms Jenny, Ms Vivien, Ms Allan, Ms Maria K)
	+ Level 3 First Aid at Work ( 3 day course) – (Ms Cordelia, Ms Sheila, Ms Ranjit)

This complies with recommendations of one First Aider per 50-100 pupils/employees.

All registered First Aiders and Appointed Persons are fully trained and their training is updated every three years.

### Procedures

In the event that a pupil is sick or needs treatment following an accident, they will be cared for, in the first instance, by the member of staff first in contact with the pupil who is first aid trained.

If the degree of sickness or need for treatment following an accident / incident is beyond the skills or capabilities of this first aider at hand, the support of a higher level first aider will be sought.

Various factors may be considered when identifying who this might be, in terms of nature of the pupil’s needs and where they are located at the time in relation to where the first aiders may be.

As our school is geographically in four different buildings, a decision will be made by staff, as to the course of action to be taken to provide the pupil with the most effective levels of first aid support.

The Senior Welfare Officer’s role is to:

* check the contents of the First Aid boxes every half term and re-stock them as necessary.
* maintain a central record of all accidents.
* manage first aid support for pupils / adults who present as sick or having had an accident and require treatment.

Pupils who are treated by our Senior Welfare Officer, Ms Cordelia. will generally receive this treatment in Campion building , in the small First Aid / Library area.

All staff will ensure that they have read the School’s Medical Needs and First Aid Policy. Identified staff will receive training on emergency procedures like epi-pens yearly and other training where necessary.

Our Health and Safety Officer, in collaboration with our head teacher, is responsible for informing the local authority of any serious incidents arising from accidents within the school (as per statutory obligation).

## First Aid Provision

First Aid kits are available in the following locations:

1. The School Kitchen
2. Portable First Aid kit(s) for general outing use (kept in Medical Room near main office)

A First Aider is available at all times including lunchtime, playtime and to cover absence. In the event of one of the nominated first aiders being unexpectedly absent an Appointed Person can provide emergency cover.

## Head Injuries

Accidents involving a pupil’s head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

All head injuries will be monitored closely. Immediately after the incident a pupil is given a letter to take home and all staff are made aware that they have had a head injury. If the injury is significant, parents will be notified by telephone as soon as possible after the incident.

If the head injury is thought to be more serious (e.g. a possibility of unconsciousness or blurred vision, persistent headache or vomiting has been reported), an ambulance will be called and the parent/carer immediately contacted by the Welfare Officer /Administrative Officer - see section on Emergency Arrangements.

## Emergency Arrangements

Where the injury is an emergency, a familiar member of staff will stay with the pupil and the office staff will call an ambulance and contact the parents / carers immediately. If the injured party is not breathing or has no pulse, CPR will be provided by whoever is most qualified to hand.

Where hospital treatment is required but it is not an emergency, the Senior Welfare Assistant / School Secretary will contact the parents for them to take over the responsibility of the pupil.

In the event that parents cannot be contacted, a member of staff will accompany the pupil to hospital and remain with them until his or her parents are able to take over.

The school Administrative officer or an identified member of staff is to always call an ambulance on the following occasions:

* In the event of a serious injury or illness.
* In the event of a significant head injury.
* In the event of a period of unconsciousness.

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## Hygiene / Infection Control

Hands must be washed before and after giving first aid.

Single use disposable gloves must be worn at all times whilst giving First Aid. A disposable plastic apron may be also worn if clearing a large spillage.

Any soiled dressings, etc. must be disposed of in the grey/yellow clinical waste bin.

Any body fluid spillages on the floor or hard surfaces should be cleaned up using gloves and appropriate cleaning fluids then bleached/ disinfected (one:ten) and all cloths disposed of in the grey/yellow clinical waste bin.

Exposed cuts and abrasions on the First Aid giver should always be covered.

## General Advice on Infection Control in schools

For information on general childhood diseases (eg chicken pox) and ailments

e.g (sickness and diarrhoea) and implications for school please go to: Guidance on Infection control in schools ( Currently archived) ( Appendix 6)

## Incident Reporting

All incidents, injuries, head injuries, ailments and treatment are recorded in the First Aid book in the Medical area.

Parents are informed of any significant head / facial injury by a telephone call in the first instance, and followed up with a letter.

The Senior Welfare Officer, in consultation with the Senior Leadership Team, will contact the pupil’s parent/carer if she has any concerns about the injury, or needs to send a pupil home or to hospital through illness.

Any significant injury also needs to be recorded in the Accident Book. This needs to be completed and signed by the person administering first aid. It is recommended that these records are kept for seven years.

If the nature of the accident involves contacting the Health and Safety Executive - Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) or the LA, the Senior Welfare Officer will do this and it will be checked and signed by the Head teacher. If any incidents involve Pupil Protection issues the DCPO or the deputy DCPO will always do these.

## Complaints

If a parent wishes to complain about how their child with medical needs is supported, they should do so by contacting the Head teacher in the first instance. The matter will then be dealt with directly or referred to the Governing Body, following the School’s Complaints Procedure, a copy of which is on the school’s website or available from the School Office.

## Policy Monitoring and Review

This policy will be reviewed following a 3‐year Policy Review Cycle or when there are significant changes to legislation that warrant it. It may also be reviewed earlier should it no longer comply with school practice or the legal requirements of schools.