

Medical Policy



St. MICHAEL'S
CE (CONTROLLED) INFANT SCHOOL

Reviewed May 2024

To Be Reviewed by May 2025

St Michael's CE Infant School

Medical Policy

'St. Michael's CE (Cont) Infant School aims to provide a caring Christian Community where everyone is valued and nurtured within a safe environment. All our policies take account of and reflect the distinctive nature of our Church of England School.'

Incorporating:

- 1. Supporting Children with Medical Needs**
- 2. First Aid**
- 3. Unwell children in school**

Name of School:	St. Michael's CE (Cont) Infant
Name of Headteacher:	Dot Patton
Date Policy approved and adopted:	May 2024
Date Due for review:	May 2025

Introduction

St. Michael's CE (Cont) Infant will undertake to ensure compliance with:

- Section 100 of The Children and Families Act 2014, which places a duty on the governing body of the school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.
- The relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Key Roles & Responsibilities

- The Governing Body is responsible for ensuring that arrangements are in place to manage medical needs in school.
- The Headteacher is responsible for day to day management of the arrangements.
- Teachers and Support Staff are responsible for ensuring that they are aware of the contents of this policy, and medical issues affecting the children in their care.

- The School Link Nurse is responsible for providing advice and guidance to the school and parents, and may be asked to attend meetings if required.
- The names of people who have specific roles concerning medical issues and first aid are displayed in the medical room.

Part 1: Supporting Children with Medical Needs

Identifying children with health conditions

We will identify children with medical needs on entry to the school by working in partnership with parents/carers. Initially, children with medical needs will be identified when parents advise staff on application to the school, or on completion of the school's information form, which is required as part of the induction process for new children. Where a possible medical need is identified, school staff will liaise with parents to establish whether it is necessary to complete an Individual Healthcare Plan. The procedure follows the HCC guidance "Suggested process for identifying children or young people with a medical condition."

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of Kate Robinson, or other nominated staff member to work in partnership with the parents/carer, and if necessary a relevant healthcare professional who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We will use an individual healthcare plan based on the template produced by the DfE to record the plan, as shown in Appendix A of this policy.

If a child is returning following a period of hospital education or alternative provision (including home tuition), then we will work with Hampshire County Council and the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Copies of Individual Healthcare plans will be provided to teachers and other staff responsible for the child's care. The original plans will be filed in the school office. A record of all plans will be maintained which will indicate review dates, which will be at least annually. Plans may be reviewed at any time if there is a change in a child's medical needs.

Staff training

Prescription medication

The Headteacher may delegate to nominated staff the duty of administering prescription medicines, which have been provided in original packaging as dispensed by the pharmacist and include instructions for administration and dosage. This will include oral medicines, creams, ointments and eye drops and assisting children to use their asthma inhalers.

All nominated staff will be provided with awareness training by Dot Patton Headteacher or Kate Robinson. We will retain evidence that staff have been provided the relevant awareness training.

Non-prescription medicine

Non-prescription medicines will not normally be administered in school. If a child needs paracetamol, chlorphenamine (anti-histamine), or non prescribed eye drops these may be administered by nominated members of staff at the Headteacher's discretion and with parents' written consent.

Specific healthcare procedures

Staff must not undertake specific healthcare procedures without appropriate training. Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan. Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training. We will retain evidence that staff have been provided the relevant specific training.

All new staff who deal with children will be asked to read this policy when they join the school and will be asked to sign to confirm that they are aware of the contents.

The child's role

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will explain what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity). Where possible we will endeavour to ensure that children have easy access to emergency medication, allowing for the need to keep medicines away from other children.

Managing medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give any medicines, prescription or non-prescription, to a child under 16 without their parent's/carer's written consent (a 'parental agreement for setting to administer medicines' form will be used to record this). The name of the child, dose, expiry and shelf life dates must always be checked before medicines are administered.

There is a documented tracking system to record all medicines received in and out of the premises.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

Prescription medicines

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Non-prescribed medicines

We will not normally administer non-prescribed medicines in school, however the Headteacher may agree to a member of staff administering paracetamol or an anti-histamine. Parents' written permission, (or in exceptional circumstances emailed permission) must be obtained before the medicine is given.

Administration of pain relief

It is our policy to give age appropriate doses of paracetamol. We will check with parents before administering to confirm that children have not previously taken any medication containing paracetamol within the preceding 4 hours, and will only give one dose.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

Controlled drugs

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk

assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

Emergency medicines

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency. Autoinjectors (Epipens) are stored in the labelled cupboard in the school office.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely where children cannot gain access to it.

Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in the main school office in a clearly labelled airtight container.

Children will be made aware of where their emergency medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility. Children's asthma inhalers are stored in the classroom where they can be easily accessed.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure where this is necessary. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through **Suez Waste Collection** who will remove them from site regularly.

Medical Accommodation

The medical room will be used for all medical administration/treatment purposes.

Record keeping

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

A folder will be held in each class giving details of children's medical conditions, with copies of IHCPs if held. These records will be updated by school office staff as required. It is the responsibility of classroom staff to ensure that they are familiar with the medical issues for their children and to make office staff aware of any questions or concerns. The folder must also be available for supply teaching staff.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until the parent arrives, this includes accompanying him or her to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips/off site activities

We will ensure that teachers are aware of how a child's medical condition will impact on his or her participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities with reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Emergency Asthma Inhalers

The school will follow the Department for Health guidance March 2015. This states the following regarding the use of emergency inhalers:

The emergency salbutamol inhaler should only be used by children for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The school will implement the following procedures:

- Initially, the school will approach parents of children who have been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

- Parents will be invited to provide written permission for their child to receive the emergency inhaler.
- A record will be maintained of those children for whom permission is held.
- Permission will be ongoing, although parents may withdraw permission in writing at any time.
- Emergency inhalers are not intended for day to day use, and it remains the responsibility of parents to ensure that their child has an in date, working inhaler in school.
- Emergency inhalers should only be administered by appropriately trained staff.
- All staff administering inhalers must first confirm that parental permission is given for the child in question.
- Staff administering the emergency inhaler should refer to the guidance regarding asthma attacks and treatment included in the container.
- If the child does not appear to improve following appropriate use of the inhaler, staff should consider calling an ambulance.
- A record should be made of the occasion when the inhaler was used, and the child's parents should be contacted as soon as is practically possible to advise them of the circumstances. This may be by telephone initially, but must always be followed up in writing and the details kept on the child's records.
- If the emergency inhaler was used due to a fault with the child's own inhaler (expiry or being empty for example) parents will be asked to bring a replacement inhaler in to school as soon as possible.
- To prevent possible cross infection, disposable spacers should be used. If the child is not comfortable using a disposable spacer then the plastic spacer can be used. This should not be re-used and should be given to the child to take home.

Maintenance of the Emergency Inhaler Kit

- Maintenance of the kit is the responsibility of the Office First Aider.
- On each occasion that an inhaler is used, it should be cleaned, to prevent cross-infection. The inhaler canister should be removed, and the inhaler casing and cap should be washed in warm running water and left to dry in a clean place.
- To prevent possible cross infection, plastic spacers should not be re-used.
- Details of the inhalers and expiry dates will be recorded by the school office.
- Inhalers will be checked monthly by the Office First Aider to confirm that they remain in date and in working order. As inhalers can become blocked if not used regularly, they should be primed by spraying 2 puffs.
- Spent or expired inhalers should be returned to a pharmacist for disposal

Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;

- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. 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;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

Part 2: First Aid

Needs and Objectives

Our first aid requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises
 - It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision
 - The Children's Services First Aid Needs Assessment Form (CSAF-002) will be used to produce the First Aid Needs Assessment for our site
- Ensuring that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

Training

The responsible manager will ensure that appropriate numbers of school first aid trained staff, qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

Qualified First Aiders (*Those completing the HSE approved 3-day first aid course*)

At St. Michael's CE (Cont) Infant School there is 1 qualified first aider:

- Jo Westmorland

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. Other duties which are identified and delegated to the first aider (eg. ensuring that first aid kit inspections are undertaken) are the responsibility of Kate Robinson.

Paediatric First Aid Trained Staff

At St. Michael's CE (Cont) Infant School there are a number of paediatric first aid trained staff as at September 2022 who are as follows:

- Kirsty Scudder, Becky Carey, Jacqui Greer,

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for provision of first aid to those children aged 5 years old or younger.

Procedure for serious injuries

Upon being summoned in the event of an accident, the first aider/ other trained persons are to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/ other trained person is always to call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- Whenever an EpiPen has been administered
- Where a child's medical condition necessitates that an ambulance be called in certain circumstances.

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires first aid treatment
- requires attendance at hospital
- is an injury that would cause distress to the parents had they not been forewarned

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents can not be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Procedure for minor injuries

In the event of a minor injury, a member of staff will treat the child in the classroom, playground or medical room as required. The member of staff will request assistance from a first aider or other senior member of staff if he/she is unsure as to the severity of the injury or the most appropriate treatment.

The system for advising parents of minor injuries is as follows:

- A red advice letter is completed: for a head injury where there is a mark or bump, but where the child has not displayed any other symptoms of concern.
- A green advice letter for all other minor injuries where the injury has caused a visible mark.

First Aid Records

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of the qualified/school/paediatric first aider or for minor injuries the name of the member of staff who treated the child
- Date of the accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken
- Whether the parents have been informed

2. In the event that a child has had an accident in school which requires further medical treatment:

- Where the school has felt it necessary to call an ambulance or
- Where parents have been contacted to take the child for medical treatment either to hospital or to a GP

It will then be necessary for the First Aider or another staff member to complete a form CSRF 003 which will then be stored in the school office in the accident file.

3. All accident records are reviewed each term to identify trends which are then reported to the Resources and Premises Committee of the Governing Body

Children taken ill during the school day

If a child becomes unwell during the school day, the class teacher will ask the office staff to contact the parent/carer and ask for the child to be collected. Depending on the nature of the illness, the child may need to wait in the medical room until the parent arrives.

If a child has either sickness or diarrhoea or both, the child will sit in the medical room with a member of staff and wait in there until their parent/carer arrives. Upon collection, the parent will be advised that the child must remain at home for 48 hours from the last episode.

If the parent cannot be reached, the staff will contact the next person listed on the child's contact list.

Liability and Indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and has extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Signature of Responsible Manager/Headteacher:

Date:

Appendix A

St Michael's CE Infant School Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Class teacher, First Aiders or other staff members as required.

Plan developed with

Name:.....Relationship to child:.....
Signed..... Date.....

Name:.....Relationship to child:.....
Signed..... Date.....

Name:.....Relationship to child:.....
Signed..... Date.....

Staff training needed/undertaken – who, what, when

Form copied to