



First Aid Policy

Date	Review Date	Lead	Governor
September 2022	September 2024	J Dunderdale	HVirr

This policy has been written following guidance from the DFE publication, Supporting Children with Medical Conditions (December 2015).

Staff in EYFS will also adhere to the guidance as set out in The Statutory Framework for Early Years.

First Aid Policy

Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities, for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education.

This policy supports pupils with both long term and short-term medical needs, including the management of medication.

Long Term Medical Needs

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

In making decisions about the support that these children may need we will establish relationships with relevant local health services to help us and also listen to and value the views of parents/carers and pupils.

At Sharlston Community School we recognise that having a long-term medical condition may result in social and emotional implications for the child. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems will affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also may have an impact and appropriate support will need to be put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

It is our aim to ensure that all children with medical conditions, 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.

In the need for reintegration back into school, this will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Some children with long term medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing body will comply with their duties under that Act. Some may also have Special Educational Needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with Special Educational Needs and Disability (SEND) policy.

Key responsibilities of managing long term medical needs

The Governing Body

The governing body will ensure that arrangements are in place in schools to support pupils with medical conditions and delegate this responsibility to the Headteacher.

The governing body will ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The governing body will ensure that the arrangements they put in place, delegating this to the Headteacher, are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

The governing body will ensure that school develops a policy for supporting pupils with medical conditions, that is reviewed regularly and is readily accessible to parents/carers and school staff.

The Headteacher

The Headteacher will have overall responsibility for the implementation and review of this policy.

The Headteacher will ensure that all relevant staff are made aware of pupil condition(s).

The Headteacher will ensure that cover arrangements are in place in case of staff absence. This includes the briefing of supply teachers.

The Headteacher will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others.

The Headteacher will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Headteacher will continually review arrangements for the child in school and ensure staff are aware of how medical conditions impact on a child's ability to learn.

The Headteacher will ensure that staff are adequately trained to provide the medical support that pupils need.

The Headteacher will review risk assessments if any are in place for the child in school. Risk assessments for visits should always include reference to supporting the medical needs of children.

The Headteacher will ensure arrangements are put in place as soon as possible for a child joining the school who has a long term medical need.

The Headteacher will ensure that information is passed to a receiving school if a child with a long term medical condition moves schools. This will be done in a timely manner.

School Staff

Every member of staff must be aware of and compassionate to medical needs of all pupils.

The Headteacher, Deputy Headteacher and the Special Educational Needs Co-ordinator (SENCo) are designated as the specific post holders taking key responsibility for pupils with medical needs.

All staff must have an understanding of the common medical conditions or needs that can affect children and understand the importance of protecting the dignity, confidentiality, privacy and well-being of pupils.

Staff need to be aware that extra care may be required in supervising some activities to make sure that pupils with medical needs, and others, are not put at risk.

All staff must be aware of their duty of care to pupils and are able to act appropriately in case of emergency this includes the need to pass relevant information to supply staff / after school staff.

The administering of medicines is a voluntary role, however school ensures they have sufficient members of staff who are appropriately trained to manage medicines as part of their duties.

Where staff are willing to administer medication they will receive appropriate training and support however, there is no legal duty that requires school staff to administer medication. If liability (loss, claims, civil action) arise as a result of the administration of medicines by a member of staff, the Multi Academy Trust as employer will indemnify the member of staff providing the following conditions apply:

- The member of staff is an employee of Waterton Multi Academy Trust (MAT);

- The medication is administered during the course of employment with the MAT;
- The member of staff has followed the school policy and procedure, the child's health care plan, and directions received in training.

During the period of current restrictions, due to Covid-19, the administering of medicine will be reviewed on a case by case basis, in order to comply with the current risk assessment in place.

Supply Staff

In the case of supply staff, they are directed to the noticeboard in the office which has photos of any children with medical conditions/allergies.. This information is supported with any associated care plans. A comprehensive list of all pupil medical needs, by class, is also flagged on Bromcom, the school admin system.

A Healthcare Plan is used to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Annex A.

The purpose is to ensure that staff have sufficient information to understand and support a pupil with medical needs. Their aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

The Health Care Plan is drawn up in conjunction with the parent/carers, following advice and guidance from the child's GP or other health care professionals and will set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation. The information in the plan will be shared effectively but in a way that protects the child's confidentiality. Health Care Plans are developed with the child's best interests in mind and ensure that the school assesses and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Parents/ carers are asked to ensure that any changes to a pupil's medical information is provided to school as soon as possible, so that the plan can be updated. Health Care Plans are checked on an annual basis or earlier, if evidence is presented that the child's needs have changed, by the Deputy Headteacher / SENDco at the start of each new academic year.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), school will liaise with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will require in order to reintegrate effectively.

In some cases where part-time attendance at school is in combination with alternative provision arranged by the local authority, school will liaise with parents/carers, the local authority and outside agencies to best support the child's needs.

Parents /Carers

Collection of appropriate information

The school requires sufficient information about the medical condition of any pupil with long term medical needs. The parent / carer will be asked to supply this information either prior to their child enrolling at the school or as soon as a medical condition becomes known or is disclosed.

We ask parents/carers to maintain accuracy of a pupil information sheet, which includes medical details. The details are recorded on the school's management information system. Reports are produced for teachers. The detailed health care plans are also provided.

The 'pupil information form' includes the following questions:

- Name and telephone of their GP and surgery
- Relevant medical history (asthma, hay fever, epilepsy, etc)
- Regular medication
- Reminder to complete appropriate forms for medication
- Any allergies (including food intolerances)
- Any difficulties with vision, hearing, speech

The forms are completed on enrolment at Charlston Community School and subsequently when parents/carer inform school of any changes.

We ask that parents / carers inform school **IMMEDIATELY** if there is a change to their child's medical needs.

School Visits

Teachers will be aware of how a child's medical condition will impact on their participation, there will be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Where possible school will make arrangements for the inclusion of pupils in such activities with any adjustments as required, unless information from a clinician such as a GP states that this is not possible.

School will consider what reasonable adjustments might be required, to enable children with medical needs to participate fully and safely on visits.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will

require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Short term medical needs: prescribed medicines

Many pupils will need to take medication at school at some time. Mostly this will be for a short period only, to finish a course of antibiotics or apply a lotion. However, pupils should only return to school once they are well enough to cope with most aspects of the curriculum.

If medication is essential:

- Parent / carer must bring the medication into the school office and complete the appropriate form, signing to say what if any dosage has been given already that day;
- Parent / carer must collect the medicine from the school office – this will not be sent home with a child;
- The medicine is kept in the designated medicine cupboard or refrigerator, accessible by staff;
- The pupil (dependent upon age) has the joint responsibility of remembering when to take the dose;
- The medication must be clearly marked with the name of the pupil, dosage required and times for it to be administered;
- A member of staff will supervise the pupil taking the medication.
- Any member of staff giving medicines must always check:
 - Child's name
 - Prescribed dose
 - Expiry date
 - Written instructions provided by the prescriber on the label or container
 - Time that medicine was last taken

- If a pupil becomes unwell we will immediately contact the parents/carers and ask them to collect their child.
- Staff will complete and sign a record each time they give medicine to a child. This will be signed by parents daily as they collect the medicine from school.

Short term medical needs: non-prescribed medicines

For non-prescribed medication (eg. Paracetamol such as Calpol) parents/carers are asked to come into school, at an agreed time, to administer the required dose to their child.

Safe storage of medication

Medicines are potentially hazardous substances and keeping **any** medicines in school represents a risk. The following approaches reduce or control the risk:

- Medication should only be brought to school when absolutely essential;
- Parents / carers complete a form to establish clear guidance of dosage and description of symptoms;
- The medication must be clearly marked with the name of the pupil;
- The medicine is kept in a high cupboard in the office or in an airtight container in the refrigerator in the staff room or nursery staff room as appropriate;
- In some circumstances, such as diabetes or epilepsy for example, when the pupil needs to carry medical equipment with them, this must be agreed with the Headteacher and all staff made aware.
- The school paediatric first aiders ensures the correct storage of medication at school by checking;
 - Medication is clearly labelled with the pupil's name, the name and dose of the medication and the administration and frequency of dose (the only exception to this will be insulin pens which have daily variable doses).
 - The medication is supplied and stored in its original container;
 - That medication is stored in accordance with instructions, paying particular note to temperature;
 - All refrigerated medication is stored in an airtight container and is clearly labelled;
 - The container is stored in the staffroom/ nursery staffroom refrigerator which is inaccessible to pupils;
 - Expiry dates and issue dates of medication are checked;
 - All controlled drugs are kept in a locked cupboard or, in the case of inhalers for asthma, on a high shelf in the class store cupboard and only named staff have access, even if a pupil normally administers the medication themselves;
 - All non-emergency medication is kept in a high cupboard in the office;
 - All pupils are aware to ask at the school office in order to access their medication
 - Appropriate record keeping takes place;
 - All pupil medicines are returned to parents / carers for disposal;
 - A 'sharps' box is available in school when needed.

Children feeling unwell

If a child becomes unwell during the school day their parent/carer will be informed by telephone. The child will stay with a member of staff until they are collected.

Inhalers

Inhalers should be signed into school in the same way as any other prescribed medication. If a child has been advised that they may at times need to use an inhaler

by a GP, they should keep a spare inhaler in school. This will be labelled clearly with their name and kept in their classroom. When participating in PE outside, or when leaving the school premises to go on a visit or local walk, inhalers **MUST** be taken.

Class teachers and office staff must be aware of those children who require inhalers and be familiar with the frequency and occurrence for a child needing to take these. This information should be displayed on the inside of the classroom cupboard where it can be shown to support staff and supply teachers. Where children need support to take their inhaler this should be given. Asthma training for all staff is updated annually.

Where possible, children are expected to take responsibility for their asthma inhalers, dependent upon the age of the child.

In rare, but emergency situations where a child is in need of an inhaler and their own inhaler is either not in school or can not be located, school holds an inhaler for emergency use. In such cases staff follow the Department of Health protocol¹. Parents/carers would then be informed. All parents / carers of children known to have asthma, will be requested to send permission for their child to use the emergency school inhaler if the need arises in an emergency.

First Aid Training

All school staff are first aid trained. Any new staff to school are allocated a place on a first aid course as soon as possible. There are five paediatric first aiders in school. Annual training is sourced externally from the school nursing team for asthma and the use of an EpiPen. Further training is accessed when required for other conditions which have been disclosed, e.g. Epilepsy.

Recording of First Aid / Administration of Medication

Written records are kept of all medicines administered to children, this includes their use of inhalers. Where medicine is administered during the day, including the use of inhalers, parents/carers will receive written confirmation and be asked to sign to acknowledge this. School will retain a copy of this information.

Where first aid has been administered to a child, this will also be recorded. Parents/carers will be informed in writing and asked to sign as confirmation that they have been informed. Where a person or persons other than a parent/carer collects a child from school, they will be asked to sign on behalf of the parent and asked to inform them.

Where children have had an accident at school that requires more than superficial first aid or has left a noticeable wound or mark on the child, parents/carers will be informed immediately by telephone. This will be followed up in writing and logged in the school accident record book.

If a child has sustained an injury which first aiders believe warrants a parent or carer coming to school to check on their child or take their child home, they will be

informed immediately by telephone. This will be followed up in writing and logged in the school accident record book.

Where an injury has taken place that first aiders believe warrants a child been taken to a GP or hospital, a phone call to parents/ carers will be made and this will be made clear to them. This will be followed in writing and logged in the school accident record book.

Where an injury has taken place which warrants immediate urgent medical attention, an ambulance will be called first, followed by a telephone call to parents/carers. This will be followed in writing and logged in the school accident record book. If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives at school or accompany a child taken to hospital by ambulance.

If a child sustains an injury, they should be encouraged to get themselves up off the ground and should not be lifted up or carried by an adult, (unless it is deemed that they are at risk of further injury). A first aider must be called out to the child to administer first aid and assess the likely course of action to be taken. Where possible this should always be a paediatric first aider.

Hygiene and infection control

All staff understand the importance of following basic hygiene procedures. Protective disposable gloves / PPE are used when dealing with spillages of blood, disposal of dressings / medical waste or contact with bodily fluids. The 'Yellow bag & bin' is used for safe disposal (stored in the school office).

We will ensure that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) that all accidents resulting in death, major injury or the prevention of the injured person undertaking their normal work for more than three days will be reported to the Health and Safety Executive (HSE).

Complaints

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

Monitoring and Review

The governing body has a named governor with responsibility for all health and safety matters Mrs Virr

It is this governor's responsibility to keep the governing body informed of new regulations regarding any health and safety, and to ensure that the school regularly reviews its procedures with regard to health and safety matters. The governor in question also liaises with the local authority and other external agencies where

necessary, to ensure that the school's procedures are in line with those of the local authority.

The Headteacher implements the school's medicines policy on a day-to-day basis, and ensures that all staff are aware of the details of the policy as it applies to them. The Headteacher also reports to governors on any health and safety issues.

Further advice:

Although school **staff should use their discretion and judge each case separately** with reference to the child's individual healthcare plan, 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/carers; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- send children to the school office or medical room unaccompanied or with someone unsuitable if they become ill;
- penalise children 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;
- require parents/carers, 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/carer 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, e.g. by requiring parents/carers to accompany the child.