

Medical Needs & First Aid Policy



Oakmeadow C E Primary & Nursery School

Reviewed and adopted: March
2019

Next Review due: Sept 21

Introduction

At Oakmeadow CE Primary and Nursery School we are committed to the care and well being of all our pupils. Children with ongoing medical needs are welcomed to our school. The school acknowledges that many ongoing medical conditions may affect quality of life and have an impact on a child's ability to learn. This policy sets out our procedures and guidelines should a child become unwell or become injured whilst at school. It also sets out our procedures regarding pupils with ongoing medical conditions.

The school is informed of medical conditions through admissions procedures, with parents/carers asked to complete a section on the admissions document relating to medical needs. All staff are made aware of any pupil in their care who may need specific medication for a serious medical condition. The admissions secretary takes on this responsibility. Class teachers are responsible for passing this information onto other adults teaching their class, eg Supply staff, intervention groups

Further information regarding this policy is available from DFE document 'Supporting Pupils at school with medical conditions' (December 2015)

Aims

We will:

- Provide the appropriate medical care for the individual needs of the child
- Provide a designated medical area
- Ensure trained first aiders and paediatric first aiders are available to support an unwell or injured child
- Record all incidents accurately
- Keep accurate records of all medicines administered by school staff to pupils
- Inform parents as soon as possible should their child become unwell or be hurt at school
- Provide a safe place for medicines to be kept in school.
- Keep up to date emergency contact details for every pupil
- Keep records of staff who are first aid trained
- Ensure arrangements are in place for pupils with ongoing medical conditions

Administering Medicines in school

There is no contractual duty for staff to administer prescription medicines. Staff are not permitted to administer medicines unless we have prescribed medication, and/or a medical form completed.

At this point it is still subject to schools' discretion except in a life threatening situation eg asthma inhaler, epipen. Such medicines will be administered by a qualified first aider. If a first aider is not available, a member of SLT can take this responsibility.

All medicines **must be provided in the original container** and include the prescriber's instructions. They will be kept in the medical room and will be labelled clearly by the parent/carer with the child's name, the dosage required, the method of administration, time and frequency of administration, any side effects the medication may have and the expiry date.

Children who have a life threatening condition eg asthma, diabetes, allergies, are made known to staff and a photograph and brief description of the child's condition will be put on the staffroom notice board and in the medical room.

Should a child need antibiotics throughout the day a parent/carer will need to either visit school to administer the medicine or complete the medication form. These medicines are the responsibility of the parent/carer and cannot be transported by a pupil.

Update June 2018:

Advice from Medicines Management Team at Shropshire Clinical Commissioning Group (CCG) is to adopt the national NHS England policy on self-care for self-limiting and minor health conditions. Refer Appendix D.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. This highlights that children should be allowed to self-medicate wherever possible.

- **No child under 16 should be given prescription or non-prescription medicines without their parent's written consent** – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. **Schools should set out the circumstances in which non-prescription medicines may be administered.**

This is clear that non-prescription medicines (over the counter medicines) can be administered following written permission by the child's parent. *GPs and other prescribers should not be required to write to confirm that it is appropriate to administer over the counter medicines – parents can provide this consent.*

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

This relates to where prescribed medicines are managed by the school, not over the counter medicines (the paragraph above makes clear that there are prescription and non-prescription medicines). GPs and other prescribers should not therefore be required to prescribe over the

counter medicines.

Illness at school

Children becoming unwell during the school day are cared for by the office staff and/or first aider. A designated medical area is available to support the needs of these pupils.

Parents/carers will be contacted and asked to take the child home.

Should a parent not be available, the emergency person named on each child's contact details will be contacted.

Oakmeadow has a number of trained pediatric first aiders on site during the school day.

Illness at home

Parents are advised that children who are unwell should not be sent to school. Children need to be well enough to take part in all activities throughout the school day, including PE and swimming. The following advice is given with regards to keeping a child at home should the child display the following:

Illness	Keep child at home for:
Sickness and /or diarrhoea	48 hours after symptoms cease
High temperature	24 hours after temperature is normal
Chickenpox	5 days from onset of rash
German measles	6 days from onset of rash
Measles	6 days from onset of rash

Injured children

Should a child have an accident at school a first aider will assess the situation. Appropriate first aid will be administered. Should the injury be deemed as severe (consider the size and location of the injury) by the first aider dealing with the incident, the child may be taken to hospital or an ambulance called. Parents will be informed of the actions taken by the school as soon as possible.

If the first aider feels the injury is severe but does not require the assistance of a medical professional. Contact home should be made by the following steps.

- First aid form completed
- Text message home
- Phone call: If the child is in a state of distress lasting over 5 minutes (Inform Carla or Lisa if this is the case)

All phone calls should be recorded in the log in reception for staff to refer back to if needed.

A child with a minor injury will be cared for by staff. Children will be given a first aid slip giving details of the minor injury e.g. Grazed knee.

Details of the injury are recorded in the accident book, held in the medical room. **If a child has an injury to their head, it is school policy that parents are informed, even if the child is well enough to stay in school. Following the same processes listed above.**

All Injury's should be recorded on a first aid form with as much detail given as possible. The white form should be sent home with the child and the yellow counterpart should be filed appropriately in the meeting room. EYFS forms are to be filed in class.

Staff responsibilities

The class teacher will send any child displaying symptoms of being unwell to a first aid lead.

The child will be assessed by a qualified first aider, first aid may be given at this point and the child will either asked to return to class or report to a member of SLT to make a decision about sending them home. The Head or deputy (in both their absence an Assistant Head) will then make a decision about whether parents will be contacted and whether the child needs to go home.

Staff will promote hygienic practices within their classrooms to reduce the spread of infection e.g. tummy bugs/coughs.

Serve head injuries (e.g. anything you feel may cause concussion, if the child is distressed for over 5 minutes, they have collided with a hard surface) will be reported to the Head or Deputy it will be their decision if contact home should be made.

Please remember it is important to remain calm in these situations, try to distract the child if possible and take their mind off any injury. Use strategies to calm them down and then administer first aid if necessary. All first aid needs to be recorded.

Training

Training will be provided of a suitable standard for staff to ensure they are competent to administer medicines safely.

EpiPen

Staff who agree to administer the EpiPen must attend a training session. This will include a description of the symptoms of anaphylaxis and the procedure to follow in the event of an emergency. EpiPen training sessions are arranged by the school and led by the School Nurse.

Defibrillator

The school has an Automated External Defibrillator (AED) as part of its first aid equipment which is located in the front office. Defibrillators are used for sudden cardiac arrest when the heart stops beating which can happen to people at any age and without warning. It is used to give an electric shock to restart a patient's heart when they are in cardiac arrest.

Staff members who have been trained in the use the defibrillator are: **Sam Ostermeyer, Sam Frost, Sharon Bennett and Natalie Turner**. These staff were trained on 5th January 2017. In view of the potentially life-enhancing knowledge and skills contained in this qualification, FAA strongly recommends that learners should renew the qualification every three years.

The AED is battery operated, the battery needs to be checked each month to ensure it is working to full capacity. We have taken this on board and are completing these checks. We have a table displayed next to the AED which is completed when the battery has been checked.

We were advised in the training that the school needed a towel, razors and scissors to be with the AED. These have been purchased.

Other specific training will be undertaken by staff should the need arise eg Insulin, Diazepam.

First aid training is available through the school for staff willing to take on this responsibility (subject to numbers) Pediatric first aid training is also available. The school keeps a record of those trained and this is displayed clearly throughout the school.

Ongoing medical needs

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. The staff will ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school will take an active and continuing role in the educational, social and emotional progress of any child absent for prolonged periods of time due to illness. The school will work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Children with a medical condition may be considered disabled and should this be the case all statutory requirements will be met (Equality act 2010)

For any pupil with an ongoing medical condition the Inclusion manager or Head will create an Individual Healthcare Plan and share this with parents/carers. This plan will be reviewed regularly and at least annually.

In creating the plan the school will consider

- The medical condition
- The pupil's needs
- Specific required support for academic, social and emotional needs
- Level of support required
- Who will provide the agreed support and cover arrangements
- Who in the school needs to be aware of the child's condition (confidentiality)
- The need for written permission from parents regarding administration of medication
- Arrangements and procedures for school trips and activities outside the school timetable, including risk assessments
- An emergency healthcare plan created by a healthcare professional
- What the school needs to do in the case of emergency

The Inclusion manager or Head will ensure that sufficient staff have received suitable training and are competent and confident to take responsibility to support a child with medical conditions. This includes administering prescription medicines.

Medication for a child with medical condition will be kept secure in dedicated medical room. It will be clearly labelled with the child's name and dosage required. Records will be kept if medication is administered.

Should there be cause for complaint regarding the care of a child with medical needs the school complaints policy will be adhered to.

Concluding statement

Oakmeadow Staff will remain vigilant regarding pupils becoming unwell at school.

All activities will be risk assessed to minimise the chance of any accidents resulting in injury.

Pupils with medical conditions will be supported to enable them to have full access to education including trips and physical education.

All pupils requiring medical attention will be treated fairly in accordance with our equal opportunities policy.

All staff will treat any severe allergic reaction competently and we endeavour to minimise the risk of allergic reactions for all children.

APPENDIX A

Pupils with Severe Allergies

Allergic Reaction – Procedures

In the event of a pupil showing any physical symptoms of an allergy for which there is no obvious explanation, or if they suddenly appear unwell for no apparent reason, if there is time they should be taken to the school office immediately and the following plan put into action:

A member of staff will contact the following in direct order of priority:

- Ambulance
- Parent or other family member

Adrenaline by the child's EpiPen will then be administered. Two members of staff will be required one to administer the EpiPen and one to support and reassure the child. The pupil should be lying down in the most comfortable position.

The EpiPen will be given in the upper outer aspect of the thigh with the EpiPen vertical to the thigh, as indicated at training session.

If there is no improvement in 10minutes, then the EpiPen will be repeated. The pupil will be carefully observed noting that he/she can breathe easily. If the pupil's condition deteriorates resuscitation (CPR) may be necessary.

On the arrival of the Ambulance crew the person in charge will hand over the medication used. A member of staff will need to accompany the pupil to hospital in the absence of a family member.

Responsibilities of the School

The School Business Manager will arrange for teachers and other school staff to be briefed regularly about the condition and about other arrangements contained in this document. Staff will familiarize themselves with these guidelines. Regular training will be provided.

The school staff will take all reasonable steps to ensure that affected pupils do not eat any food items unless they have been prepared/approved by their parents.

If there are any plans which mean affected pupils leave the school site, prior discussions will be held between the school and the parents in order to agree appropriate provision and safe handling of medication. At least one member of the staff who has received training in the administration of the medication will be present on school trips or residential visits.

Whenever the planned curriculum involves cookery or experimentation with food items, prior discussions will be held between the school and parents to agree measures and suitable alternatives.

The school will hold appropriate medication clearly marked for use by designated school staff and showing an expiry date. One EpiPen should be stored in a safe place, which is easily accessible to staff.

The staffroom noticeboard will show photographs of children displaying allergic reactions and procedures to follow in the event of a severe allergic reaction.

The school will inform and regularly remind parents that the school is a nut free zone. Should food containing nuts be found in a child's lunchbox a letter will be sent home to the parents reminding them of our policy.

Responsibilities of Parents

Parents will be asked to remind their children regularly of the need to refuse any food items which might be offered by other pupils. Parents will be also asked to provide:

- a suitable packed lunch
- suitable food for special occasions eg, Christmas, history days.

Parents need to ensure that sufficient medication – two EpiPens need to be available for use in school which is accompanied by a GP's prescription. Parents are responsible for checking expiry dates.

Parents are responsible for replacing any used medication as soon as possible.

Parents will be asked to provide a recent photograph of their child, to be placed on the staffroom noticeboard.

APPENDIX B

Asthma

Our school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at school. We positively welcome all pupils with asthma.

When a child joins our school parents are required to inform the school of any medical conditions on their admission form, this includes asthma. Parents are also required to inform the school should their child develop asthma during their time with us. The school is aware of its need to provide a safe environment which is favourable to pupils with asthma. ie non- smoking, no pets in classrooms.

All class teachers, support staff and visiting teachers are made aware of pupils who have severe asthma. Parents are required to provide the school with a labelled inhaler to be kept in school. Children are encouraged to ask for their inhaler should they need it during school time. The school has made provision for immediate access to reliever medicines.

School staff are not required to administer asthma medicines except in an emergency. However, school staff will supervise and record when children use their inhalers. If use is deemed excessive parents are informed.

Pupils with asthma are encouraged to fully participate in all PE lessons (including swimming). Staff will remain vigilant during PE and break times, advising children as necessary. Pupils will ALWAYS be allowed to leave any lesson to use an inhaler.

Children in the same class as the pupil with asthma may be introduced to asthma in a way they understand. This will ensure they are not frightened should they witness a pupil having an attack. The school may seek advice and support from the school nurse.

APPENDIX C

Epilepsy

Our school recognises that epilepsy is a common condition affecting pupils. We positively welcome all pupils with epilepsy.

When a child joins our school parents are required to inform the school of any medical conditions on their admission form, this includes epilepsy. Parents are also required to inform the school should their child develop epilepsy during their time with us. The school is aware of its need to provide a safe environment which is favourable to pupils with epilepsy eg facing pupils forward to allow teachers to monitor seizures, medical room with a bed should a child need rest after a seizure.

All class teachers, support staff and visiting teachers are made aware of pupils who have epilepsy. An individual health plan will be created stating type of medication required, members of staff qualified to administer medication, how to contact these staff and signs and symptoms of a possible seizure. Parents are required to provide the school with medication to be kept in school. The school has made provision for immediate access to epilepsy medication.

Pupils with epilepsy are encouraged to fully participate in all lessons (including swimming). Staff will remain vigilant during, advising children as necessary. Pupils will ALWAYS be allowed to leave any lesson should they feel the need to do so.

Children in the same class as the pupil with epilepsy will be introduced to epilepsy in a way they understand. This will ensure they are not frightened should they witness a pupil having a seizure. The school may seek advice and support from the school nurse.

APPENDIX D

The chart below provides examples of minor conditions that do not require a visit to a GP for a prescribed medication:		
Acne (mild)	Hay fever/Seasonal rhinitis (mild to moderate)	Piles
Cold sores of the lip	Haemorrhoids	Ringworm/ Athletes foot
Constipation (infrequent)	Head lice	Scabies
Coughs and colds and nasal congestion	Infant colic	Skin rash
Cradle cap	Indigestion and Heartburn	Sore throat (acute)
Cystitis (mild)	Insect bites and stings	Sun protection
Diarrhoea (adult)	Mouth ulcer (minor)	Sunburn from excessive sun exposure
Dry eyes/Sore tired eye	Migraine (infrequent)	Threadworms
Dandruff	Minor burns and scalds	Teething/Mild toothache
Dry skin (mild)	Vitamins and Minerals (except to treat a clinically proven deficiency)	Toothache
Ear wax	Mild irritant dermatitis	Travel sickness
Eczema (mild)	Nappy rash	Vaginal thrush (Age ≥16)
Eye infection (conjunctivitis Age ≥2)	Oral thrush	Warts and Verrucae
Excessive sweating (mild-moderate Hyperhidrosis)	Period pain	Minor conditions associated with pain, discomfort and/fever (e.g. aches and sprains, headache, period pain, back pain)
Fungal skin infections	Prevention of dental cavities	Probiotics