

Nether Green Junior School

POLICY FOR

RESPONDING TO PUPILS WITH MEDICAL/HEALTH NEEDS



Nether Green Junior School

This guidance includes information regarding:

First Aid in school

Administering medicines

Supporting children with Asthma

Intimate care

Education of sick children

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SECTION 1

First Aid - Statement

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school.

Purpose

This guidance;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid
2. Clearly defines the responsibilities of the staff
3. Enables staff to see where their responsibilities end
4. Provides a framework for responding to an incident and recording and reporting the outcomes
5. Ensures good first aid cover is available in the school and on visits.

Guidelines

New staff to the school are made aware of these guidelines when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority for the children and adults receiving first aid and safety for the adults who administer first aid.

First Aid Guidelines

Training

All staff are offered first aid training and all staff undertake a rolling program of retraining. Five members of staff have QA Level 3 Award in Paediatric First Aid with the training being refreshed every 3 years.

First aid kits

Lunchtime supervisors are issued with a small first aid bag for each playground and carry this with them at lunchtime.

First aid kits are stored in each classroom. A larger kit is stored in the Workroom/Medical Room. First aid kits are available for use during out of school visits. It is the responsibility of the group leader to ensure they are taken on trips.

Cuts

All open cuts should be covered after they have been treated with a cleansing wipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing.

Minor cuts should be recorded in the First Aid file in the Medical Room.

Anyone treating an open cut which is bleeding profusely should wear gloves and all blood waste should be placed in the medical waste bin.

Bumped heads and facial injuries

Any bump to the head, no matter how minor should be treated as potentially serious. All bumped heads should be treated with an ice pack. Following all head bumps and facial injuries reasonable attempts will be made to contact one of the child's emergency contacts via a telephone call. If it is not possible to speak directly to a parent/carer / emergency contact a voice message will be left if this option is possible. In addition, a written note will be sent home for all head bumps and facial injuries. One of the adults working with the class will be informed of the injury via a sticker or verbally. Adults can then keep a close eye on the child. If it was felt necessary, the child would be kept in the medical area for observation. ALL bumped head incidents and facial injuries should be recorded in the First Aid file. On some occasions, parents/carers/emergency contacts may be asked to come and collect the child. We ask that in such situations, collection is made as soon as possible.

First Aid file

The First Aid file is located in the Medical Room and should be completed for every incident where first aid is administered.

For major accidents when a child or adult has been to hospital, an Accident and Incident Report Form form must be completed as soon as possible after the accident. The Head teacher will complete the back of the form and send to the LA.

Roles and Responsibilities

Appointed First Aiders

The school's appointed persons are Ms Andrea Brice and Mrs Sarah Featherstone. When they are absent a member of office staff will take responsibility. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any significant incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment

- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but has delegated operational matters and day-to-day tasks to the head teacher and staff members.

The head teacher

The head teacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of first aiders are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils as much as is practicable.
- Reporting specified incidents to the HSE when necessary

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to

The role of parents and carers

School asks to be supported in its role by parents/carers. To help school meet the needs as fully as possible parents / carers should:

- Ensure school has up to date information about any medical condition their child may have.
- Ensure if needed medicines are provided and kept in date e.g. Inhaler, EpiPen
- Respects that school staff will do the best they can within the resources available and work within the training guidance they have been given
- When called by a member of school staff respond immediately and if necessary arrange for the child to be collected as soon as possible
- Should only send medicines to school in exceptional circumstances, where it would be detrimental to the child's health if it were not administered during the school day.
- Will check with the child to see if there is any information and respond to calls from school

First aid procedures

In-school procedures

In the event of an accident resulting in a minor injury or an illness:

- The closest member of staff present will assess the seriousness of the injury and send the child to the Medical Room if necessary. Lunch time supervisors will clean and dress small cuts and bruises
- Lunch time supervisors will report all head injuries to the first aider who will telephone parents/carers
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child.
- The First Aider will report all serious or significant incidents to the parents/carers by telephoning the parents/carers.

In the event of an accident resulting in serious injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If emergency services are called, the First Aider will contact parents immediately
- The First Aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents'/carers contact details

Risk assessments will be completed by the teaching staff arranging the visit prior to any educational visit that necessitates taking pupils off school premises in line with LA guidance.

Record-keeping and reporting

First aid and accident record book

A record is made of all first aid treatment given. This includes:

- The date, time and place of the injury or illness occurring;
- The name of the injured or ill pupil
- Details of the injury or illness and what first aid was given
- What happened to the person immediately afterwards, for example, sent home, sent back to class, sent to hospital by ambulance
- The initials of the first aider or person dealing with the casualty.

Records held in the first aid and accident book will be retained securely by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed.

SECTION 2

Administering Medicines

Summary of main points

- There is no legal duty that requires school staff to administer medicines and medicines should only be taken to school when essential.
- Medicines brought to school **should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.**
- Staff will give a child medicine only with their parent's/carer's written consent by completion of the relevant form.
- School will keep written records of each time a medicine is given.
- Responsibility for the administration of medicines remains with parents - delegated to school for school hours only (9.00am – 3.30pm)

Introduction

In 2005 DfES published *Managing Medicines in Schools and Early Years Settings*. This policy reflects that guidance.

Children with medical needs have the same rights of admission to a school setting as other children. Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical needs.

There is no legal duty that requires school staff to administer medicines and medicines should only be taken to school in exceptional circumstances. Staff have a duty of care to act like any reasonably prudent parent. In exceptional circumstances the duty of care could lead to administering medicine and/or taking action in an emergency.

Schools need to know about any particular needs before a child is admitted or when a child develops a medical need. A health care plan may be necessary for such children, involving parents and relevant health professionals.

Aims and objectives

We aim, as a school, to produce a safe and secure environment where all can learn without anxiety, and measures are in place to support children with medical needs.

This policy aims to produce a consistent school response to supporting children with medical needs who require access to their medicines in school.

We aim to make all those connected with the school aware of catering for children with medical needs, and make clear each person's responsibilities with regard to the administering of medicines in our school.

We aim to give children support and encouragement to take responsibility to manage and make decisions about their own medicines

Medicines in school

No child under sixteen should be given medicines without their parent's written consent.

Medicines should only be brought to school where it would be detrimental to the child's health if it were not administered during the school day. For example, medicine prescribed to be taken three times a day could be taken before school, after school and before bed.

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

School will keep written records of each time a medicine is given. (See Appendices)

Children in Junior Schools are responsible for looking after their own asthma inhaler and manage its use. All other emergency medicines, such as anti-histamine liquids and adrenaline pens are stored in the first aid room in a clearly labelled storage box. If the child is working off site, for example on an educational visit, the medicine should be removed from there and taken by a member of staff who accompanies the child on the visit. The responsible member of staff for the trip should sign out the medicine and return it after the trip and sign it back in. (There is a book for signing in the box.)

It is the responsibility of the child to go to the office for their medicine.

Non-emergency medicines are kept in the first aid room which is always supervised when children are in. Medicines that are required to be refrigerated should be clearly labelled and placed in the Refrigerator in the first aid room

All medicines must be handed in at the school office by a parent/carer. Children should not bring medicines to school and take them without adult knowledge, for example medicines should not be stored in children's lunch boxes or in their pockets.

It is not appropriate to ask school staff to make decisions about the need for medicine.

Children will be allowed to have throat sweets in school. The class teacher should be made aware if the child needs throat sweets and the throat sweets should be kept in the class room and not taken during playtime or physical education lessons.

The headteacher's agreement is required for a non-prescribed medicine to be administered.

Emergency Procedures

Other than in exceptional circumstances staff should not take a child to hospital in their car; an ambulance should be called. There is a notice by each telephone giving the details you need to give when making this call. A member of staff should accompany a child to the hospital and stay until the parent/carer arrives.

The role of the school staff

Staff have a duty of care to act like any reasonably prudent parent. In exceptional circumstances the duty of care could lead to administering medicine and/or taking action in an emergency.

Staff

- Will give a child medicine only with their parent's **written** consent.
- Each time will check: (this should be done by two members of staff together)
 - the child's name (preferably by asking the child their name to cross check)
 - the prescribed dose and method of administration
 - expiry date
 - written instructions by the prescriber on the label or container
- Will administer medicines in accordance with the prescriber's instructions.
- Will check that any details provided by the parents are consistent with the instructions on the container as part of the checks above.
- Should have been made aware of possible side effects and what to do if they occur by parents in writing on the parental agreement form.
- Will **only** give a non-prescribed medicine to a child when there is a specific prior written permission from the parents. N.B. National Guidance states that medicines containing aspirin or ibuprofen should never be given unless prescribed by a doctor.
- Will record all administering of medicines, including non-prescribed medicines in the book kept for such a purpose.
- Will record if a child refuses to take a medicine and contact the parent.
- Will discuss any concerns with the parents.
- Will contact the parents of a child who is not well enough to be in school.
- Will return any drug to the parent when no longer required (parent to collect)
- Will carry out a risk assessment for appropriate school activities for example sports day or day visits.
- Identified staff will arrange for safe disposal of any medicine not collected by parents at the end of every term.

The role of parents and carers

Parents and carers

- Should provide full information about their child's medical needs, including details on medicines their child needs/takes.
- Should provide details of any changes to the prescription or support required.
- Should develop a health care plan where necessary with the school and relevant health professionals.
- Will keep their child at home when s/he is unwell.
- Should only send medicines to school in exceptional circumstances, where it would be detrimental to the child's health if it were not administered during the school day.
- Will complete the relevant form to give written consent for any medicine to be administered by staff in school. A new form should be completed if the circumstances change.
- Will obtain the headteacher's agreement for any non-prescribed medicine to be administered.
- Are encouraged to ask the prescriber to prescribe in doses that can be taken out of school hours. It should be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.
- Will provide medicines in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- Will collect medicines held in school at the end of each term.
- Where a child is attending After School Club or another after school activity, it is the parent's responsibility to arrange for collection of medicines at 3.30pm if the medicine is required at home at night.
- Will check that the medicine in school is kept up to date and replace and take away any old medicine as necessary.
- Are responsible for arranging the safe disposal of the medicine when no longer required.
- Have a responsibility to support the school's administering of medicines policy.

Parental Form to request school staff to administer medicines in school hours.

All parents/carers must fill in the form below giving permission to school staff to administer medicine to their child.

Members of school staff can not administer medicine until this form has been completed and returned to the school office.

Name of child Class

I give permission for a member of school staff to administer the following medicine to my child as below.

Medication to be given

How much.....

When

On going until further notice / or period of time

Possible side effects

.....

.....

Please note it is the responsibility of Parents/Carers to:

- Check that the medicine in school is kept up to date and replace and take away any old medicine as necessary.
- Arrange the safe disposal of the medicine when no longer required.

Signed Parent/Carer

Date

SECTION 3

Supporting Children with Asthma

Supporting pupils with medical needs in school

There is no legal or contractual duty for school staff to administer medicine or supervise a pupil taking it. This is a voluntary role.

However teachers etc. in charge of pupils have a common law duty to act as any reasonable prudent parent would. This might extend to administering medicine in an emergency.

In general the consequences of no action are likely to be greater than those of trying to assist in an emergency.

Nether Green Junior School:

- Welcomes children and staff with asthma
- Recognises asthma as an important condition
- Encourages and helps children with asthma to participate fully in school life
- Recognises the need for immediate access to inhalers
- Attempts to provide a school environment as favourable as possible to asthmatic children and staff
- Ensures all staff are aware of asthma and know what to do in the event of an attack and will if necessary give emergency treatment
- Will inform parents/carers of attacks and any treatment given (APPENDIX 1)
- Does not assume responsibility for the routine treatment of asthma (preventative therapy) which remains the prerogative of the parent in conjunction with their GP

Medication

Immediate access to reliever inhalers is vital.

Parents/carers are asked to ensure that school is provided with a labelled reliever inhaler.

The reliever inhalers of children are kept in a box in the classroom

Record Keeping

On school entry children with asthma or those possibly asthmatic should be identified. Where asthma is identified the parent should be asked to complete a consent form. (APPENDIX 2). In addition these children should be brought to the attention of the whole school assistant, headteacher or school nurse as soon as is practical.

A list of asthmatic children is maintained in school.

A record of use of the child's inhaler is kept on the log sheet (APPENDIX 3) which is stored in a file in the medical room.

Emergency Procedure

Common Signs of an Asthma Attack

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Not speaking in full sentences

Do

- Keep calm – do not panic
- Encourage child to sit up and forward, do not lie them down
- Make sure the child takes two puffs of their reliever inhaler (usually blue)
- Ensure tight clothing is loosened
- Reassure the child

If no immediate improvement

Continue to make sure they take one puff on the reliever every minute for five minutes. Or until the symptoms improve.

CALL 999 urgently if

- The child's symptoms do not improve in 5-10 minutes, they are too breathless to talk, their lips are blue, or if staff are in doubt
- If symptoms do not improve to give 1 puff off the reliever every minute until help arrive
- Any child who has had an asthma attack will need a review by their GP/Asthma Nurse as soon as possible
- **A child should never be left to sleep off an asthma attack because the symptoms appear to have disappeared. The child may have gone into 'silent asthma' state of collapse**
- **Anyone in doubt always to call for an ambulance**

SECTION 4

Intimate Care

Introduction

Nether Green Junior School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas or a medical situation which it is necessary to deal with immediately. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care, for example toileting children who wear nappies. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care will follow these guidelines and if necessary will be given additional training to do so (e.g. Including Child Protection and Moving and Handling) and will keep up to date with best practice. Where possible, suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

Where ever possible children will be changed 1:1 by staff, with agreement from their parents/carers. Staff who help with intimate care will make sure that another member of staff is aware they are going to change a child.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/ herself as they are able.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

When in school toileting will take place in one of the disabled toilets, which are situated next to the main toilets. Toileting will never take place in the staff toilets, or staff rooms when on residential trips. When children are on residential trips or day trips toileting will take place in the disabled toilet where possible, if not toileting will take place in communal toilets. Risk assessments will include information about personal care and hygiene.

The Protection of Children

Child Protection Procedures and Multi-Agency Protection procedures will be adhered to.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

SECTION 5

Supporting the Education of pupils with medium term illness

- 1.1 Nether Green Junior School is committed to reducing the barriers to sharing in school life and learning of all its pupils. The following describes the steps the school will take to support its pupils' continued learning if they are unavoidable absent from school due to serious sickness or injury. The school will work in partnership with the child's family, and relevant services, such as the Health Service, the LEA Services for Attendance and Inclusion, and Hospital and Home Education.
- 1.2 At Nether Green Junior school we wish to support pupils unavoidably absent from school through sickness and injury, and will do our best to provide a broadly balanced curriculum. We need the support from parents and friends to do this, and in the case of long-term absence, from the Hospital and Home Education Service.
- 1.3 Our teachers will provide appropriate work within seven days of being notified of medium term absence, for the child to do at home, with the support of parents/carers and/or the Hospital and Home Education Service. For longer term absences (when it is unlikely that the child is going to be able to access school education) it becomes the role of the Hospital and Home Education Service to work with the family. However school will work in partnership with them to support the provision provided.
- 1.4 Resources, including ICT where appropriate and available, will be provided to support and maintain a child's progress.
- 1.5 If a sick or injured pupil is due to sit National Curriculum tests or external examinations, early contact and liaison will take place with the examination boards and the hospital and Home Education Service where involved, to make special arrangements for taking examinations or tests if appropriate.
- 1.6 We will make all necessary arrangements for the successful reintegration of a pupil back into school when it is appropriate for them to return. This may involve a phased return to school and catch up work. Parents' and carers' support is essential to the success of a reintegration programme.
- 1.7 We will monitor the progress of our pupils after reintegration to ensure programmes of work are put in place to support and attempt to solve any difficulties that may arise.
- 1.8 We expect parents and carers to support us by,
 - ensuring early contact and information about the nature of the illness and probable duration
 - transporting the child if necessary
 - regular liaison with the class teacher/nominated person to collect and have explained the work to be done at home by the child and to keep the school up to date with information about the child's illness
 - ensuring the child has support at home to enable them to do the work provided

2 Working with Partners for Early Identification and Intervention

- 2.1 The school monitors and records medical absences and requires written or verbal confirmation from parents. Unexplained patterns of absence which cause concern and are considered to have a medical cause will be investigated by the school and may be referred to the Education Welfare officer .
- 2.2 For absences expected to last less than 4 weeks, arrangements will be made with the parent/carer for work to be provided for the parent/carer to collect for the child to complete at home whenever the child is well enough to cope with it. The parent/carer will be asked to return it for marking, after which further work will be provided.
- 2.3 For absences known to be due to last for more than 4 weeks, including any period in hospital, the named school contact will arrange support through the Hospital and Home Education Service. Regular contact with the pupil, family and relevant services will be maintained by the named school contact, who will attend/or send a representative when possible any reviews to discuss progress and share information.
- 2.4 A personal education plan will be prepared for any pupil likely to be absent from school for a prolonged period or for frequent absences due to chronic illness.
- 2.5 The school will ensure that pastoral visits from staff are made where welcomed by the family, and will encourage visits from pupils to reduce the isolation felt by pupils with long-term illness or injury. Reintegration back into school will be planned with the family and/or Hospital and Home Education Service.

Note: The first named contact person in school is Mr W Allen (Headteacher), who will allocate a link, named person for each individual child as appropriate – this would usually be the class teacher.

3 Review of the policy.

- 3.1 This policy has been prepared in accordance with
 - LEA policy for the Education of Sick and Injured Children and Young People
 - Guidance from the Department for Education and Skills “Access to Education for Pupils with Medical Needs” (0732/2001)
- 3.2 The policy will be reviewed in the light of any further guidance, and any amendments necessary that emerge as a result of the school” experience is supporting its pupils with medical needs.