



IDE HILL CHURCH OF ENGLAND PRIMARY SCHOOL

MEDICAL CARE POLICY

**Including Supporting Pupils at School with Medical Conditions and Administration of
Medicine/First Aid**

REVIEWED: MARCH 2018

TO BE REVIEWED: OCTOBER 2021

Signed: *L Hillman*
Headteacher

Date: *3rd March 2018*

Signed: *M. Kucen*
Chair of Governors

Date: *3.3.18*

Ide Hill Church of England Primary School is fully inclusive.

Enabling children to grow as God intended

This policy has been drawn up with reference to the DfE's statutory guidance for '*Supporting pupils at school with medical conditions*.' (April 2014) The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment. All staff, both teaching and non-teaching, are made aware of the policy.

Policy aims

- The main aim of this policy is to support individual children with medical needs to achieve regular attendance.
- A second aim is to reduce cross-infection risk between children, to increase whole-school attendance.
- A third aim is to ensure that medicines given at school are stored and administered safely.

Pupils' medical needs may be broadly summarised as being of two types:

(a) Short-term medical needs: potentially affecting their attendance and participation in school activities whilst they are on a course of medication.

(b) Long-term medical needs that might:

- limit their access to education;
- require ongoing support, medicines or care whilst at school to help them manage their condition and keep them well;
- need monitoring and intervention in emergency circumstances.

Background

Local Authorities (LA) and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with medical conditions, part of the school's responsibility is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates and individual procedures may be required. The school is also responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support pupils with medical conditions may need.

From 1st September 2014, the Children and Families Act 2014 places a duty on the governing body of schools to make arrangements for supporting children at their school with medical conditions. The aim is 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. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, also need to be effectively managed with appropriate support in place to limit the impact on the pupil's educational attainment and emotional and general well-being.

Enabling children to grow as God intended

The school welcomes all pupils and has an expectation that when medical conditions are effectively managed, all children will be able to participate in the full range of curricular and extra-curricular activities. The school will work alongside parents and other relevant healthcare professionals to support any child who has a medical condition. This may include devising an individual healthcare plan and ensuring relevant staff are made aware of the child's condition and any procedures to be followed.

Working with parents

The school aims to work in partnership with parents and carers as they are usually the child's main carers and have the responsibility of providing the school with sufficient information about their child's medical condition, treatment and/or special care needed in school. It is vital that parents keep the school updated when there are significant changes to the details of their child's medication or condition. Any changes are recorded on the medical conditions documentation held in school. Parents must ensure that any medication provided to school is within the expiry date.

If a child becomes unwell at school, we will make every effort to contact the parents. **It is therefore vital that we have up-to-date emergency contact numbers.** Until we have contacted the child's parents, we will take any action required in the interests of the child. Parents will be informed that, although staff will always care for children who become ill at school, children who are unwell should not be sent to school. Further guidance on school illness exclusion timescales for common illnesses can be found at the end of this policy. (See Appendix 4).

Managing medicines on school premises

Parents are respectfully asked to administer prescription medicines at home prior to the start of the school day, where clinically possible. Many antibiotics are required to be taken three times a day and it is possible for a child to have a dose immediately before school, another after arriving home and a last one at bed time. This removes the need for a dose in school time.

However, this does not apply to the use of asthma inhalers, EpiPens or other regular medications and staff will administer or oversee these treatments as necessary. Asthma inhalers and EpiPens that have been prescribed for individual children are stored (but not locked) in the child's classroom and are readily available when required.

Where it is unavoidable that medicine needs to be administered to a child at a specific time during the school day, the school **is only able to accept prescribed medicines that are in-date, labelled and provided in the original container as dispensed by a pharmacist and must include instructions for administration, dosage and storage.**

The exception to this is insulin which must still be in date but is generally available to schools inside an insulin pen or pump, rather than the original container. All medicines will be stored safely. Parents are required to complete a consent form for the administration of medicine. Staff are aware of the procedures involved and will ensure that they keep a written record to provide evidence of this. (See Appendix 1).

It is the responsibility of parents to collect medicines –

- at the end of the day in the case of antibiotics;
- at the end of the term in the case of all other medication;

and to return them at the beginning of the new term, if applicable.

Children should not bring into school any throat/cough sweets, or other medication unless the school is made aware of this by letter or email.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

Upon parental/carer request the School will administer medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines). Parents will have to make arrangements to sign a "permission to administer medicine form" and provide the medicine clearly labelled and in date.

Injuries and accidents on school premises

Many of the school staff, including Midday Supervisors, are trained 'First Aiders' and we have a 'Paediatric Emergency First Aiders'. In the event of an injury or accident, appropriate first aid will be given. In the case of more serious accidents, we will contact parents as soon as possible.

A standard form is completed to inform parents if their child suffers an injury to their head or another part of their body, even if there are no apparent physical symptoms. Each child has an individual First Aid card and all injuries and accidents are recorded on these. The cards are regularly reviewed and any recurrent injuries are highlighted to the Headteacher and the class teacher.

In the event of an accident of a more serious nature, a decision will be taken by a senior member of staff as to whether or not an ambulance should be called. Parents should be contacted as soon as possible. The member of staff who was the first on the scene must complete an accident form and submit it to the Headteacher for signature.

Visits and outings

When children are due to be away from school premises (e.g. on school trips, residential visits or sports activities), the accompanying adult (teacher or TA) must take any necessary medication e.g. EpiPen, asthma inhaler, etc. together with a suitable First Aid kit, and any other information regarding the medical conditions for the children and staff involved. The responsible person for the group must take a mobile telephone in order to be able to summon medical assistance or an ambulance if necessary. Class teachers also need to take consent forms and any individual healthcare plans on any visit away from school premises.

Individual healthcare plans

For those children with conditions that require additional support (e.g. severe allergic reactions, diabetes, epilepsy etc.), the school will work alongside parents, together with relevant healthcare professionals (if applicable) to devise an Individual Healthcare Plan. (See Appendix 2). Each plan will be reviewed at least once a year or more frequently as required.

It is essential that all staff are able to recognise the onset of the condition and can then take appropriate action. Staff working with children who have specific medical conditions will receive training to deal with children's individual requirements if necessary.

For those pupils whose medical condition could be a **Medical Emergency** there is also a **999 Emergency Call Procedure**. This procedure is clearly visible in the school office. (See Appendix 3).

Copies of a child's individual healthcare plans are kept in a way that respects confidentiality in:

- ✓ The white medicine file (located in the filing cabinet just inside the main office).
- ✓ The staffroom.
- ✓ The child's classroom.

Asthma

- All staff, including supply staff, are made aware of those children who are asthmatic. Inhalers are kept in the child's classroom in a safe and accessible place. The child will be encouraged to use their inhaler as appropriate.
- A child having an attack should never be left unattended.
- Attacks of asthma can cause panic – all staff should stay calm and reassure the child, encouraging them to breathe slowly and deeply and to relax.
- Parents would be contacted immediately and, if necessary, an ambulance called.

Epilepsy

- All staff are made aware of any children who suffer from epilepsy. Children with epilepsy will have an individual healthcare plan devised by the school.
- If a child has a fit, staff would contact a first aider immediately for assistance.
- During a fit, remove objects away from the child until they have recovered – do NOT attempt to restrict the child.
- As soon as the child is relaxed or 'floppy' enough, try and roll them into the recovery position.

- After a fit, a child should be allowed to relax somewhere quiet or even sleep.
- Parents would be contacted immediately and, if necessary, an ambulance called.

Anaphylaxis and children with severe allergies

- All staff are made aware of those children who could potentially have a severe allergic reaction. All such children will have an individual healthcare plan devised by the school.
- Staff will ensure that the school caterers are aware of an allergic child's requirements.
- If a child appears to be having a severe allergic reaction, staff would contact a first aider immediately for assistance.
- If applicable, an EpiPen and/or other prescribed medication (eg. Piriton) are kept in the child's classroom in a safe and accessible place.
- A child having a severe allergic reaction should never be left unattended.
- The emergency procedures detailed on the child's individual healthcare plan will be followed.
- Parents would be contacted immediately and, an ambulance called.

Advice and guidance to staff

The school will arrange and facilitate staff training for children with complex health needs, calling on all relevant healthcare professionals which may include:

- * The School Nursing Service
- * Community Children's Nurses
- * Paediatric Diabetes Nurse Specialists
- * Paediatric Epilepsy Nurse Specialists
- * The Health Needs Education Service
- * A Specialist Teaching Service (about potential impact of medical/physical conditions and the implications on teaching and learning)

The school will:

- ✓ Keep a record of significant medical conditions relating to staff and volunteers;
- ✓ Ensure that any medicines brought into school by the staff (e.g. paracetamol, ibuprofen, inhalers for personal use) should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

Enabling children to grow as God intended

- ✓ Ensure that all staff are aware of and adhere to the guidelines and procedures for administering medicines, and recording accidents and injuries;
- ✓ Keep a record of all First Aid training by staff to ensure that appropriate First Aid provision is available.
- ✓ Arrange appropriate training for staff with regard to specific medical conditions if necessary.

Appendix 1: Administration of Medicines in Schools:
Parental Consent and School Record of medicines to be administered to an individual child

Staff are to ensure that the **right medicine** for the **right child** is given at the **right time** at the **right dose**.

I (parent/guardian) _____ consent to my child _____

being given the medicine detailed below by staff at Ide Hill Church of England Primary School.

Name of Child: _____ Date of Birth: ____/____/____

Name of school: Ide Hill Church of England Primary School

Class Sapling/ Elms/Beech /Willows/Ash/ Oak (please delete as applicable)

Name and strength of medicine: _____

Date medicine provided by parent: ____/____/____ Quantity received: _____

Dose and frequency of medicine: _____

Parent/Guardian signature _____ Staff signature _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Appendix 2: List of Trained First Aiders – Ide Hill Church of England Primary School

BFA = Basic First Aid in School

EFAW = Emergency First Aid at Work

AN = Anaphylaxis

Johnson, Jeanine	EFAW + BFA
Alison Daniels	EFAW + BFA
Tracy Drysdale	EFAW
Olivia Rose-Wilson	EFAW
Richard Marsh	EFAW
Chalmers, Mrs Ruth	Paediatric First Aid, FAW refresh +AN
Sara White	AN
Rachel Harland	FAW refresh +AN
Vipula Malhotra	EFAW
Helen Bampton	EFAW+BFA
Josie Farrar	BFA+AN
Louisa Hillman	EFAW + AN
Ashley Boiling	Paediatric First Aid, EFAW
Clare Reeves	Paediatric First Aid, FAW refresh + AN

Appendix 3: Individual Healthcare Plan

Child/Adult's Name:

Date of Birth:

EMERGENCY INSTRUCTIONS FOR (medical condition)

Description of medical condition

What to look out for (eg. physical symptoms)

EMERGENCY INSTRUCTIONS IN THE EVENT OF

Further information

- * May include current medication

**IN THE EVENT OF AN
EMERGENCY
ACTION**

- Send someone to telephone 999 for an ambulance AND advise the operator that
- Advise appointed first aider
- Any other emergency action required

EMERGENCY CONTACTS:

Appendix 4: 999 Emergency Call Procedure.

This form is to be kept in the school office.

CONTACTING THE EMERGENCY SERVICES

To request an ambulance:

Dial 9 for an outside line and then 999 and be ready with the following information:

- 1. Telephone number:
Ide Hill Primary School: 01732 750 389**
- 2. Your location: Ide Hill CEP School, Ide Hill**
- 3. Your postcode: TN14 6JT**
- 4. Exact location: Top of Sundridge Road, before Village Green**
- 5. Your name:**
- 6. Patient's name and brief description***
- 7. The best entrance for ambulance crew and advise crew will be met and taken to patient***

**** Patient may be child or adult***

Appendix 5: School Illness Exclusion Guidelines.

The importance of a good routine for handwashing in schools (and at home) is vital. Hands should be washed under warm running water using liquid or foam soap. Hands should be dried thoroughly afterwards, preferably using a disposable paper hand towel. Washing hands thoroughly reduces the risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well five or more times a day.

Below is a list of common illnesses. Further information can be found on www.nhs.uk

Chickenpox: Children should remain away from school for at least 5 days from onset of rash

Conjunctivitis: Parents are required to administer any prescribed medicines (e.g. eye drops or ointment). Children should remain at home if feeling unwell.

Diarrhoea and/or vomiting: Children should remain away from school for 48 hours after the last bout (this is 24 hours after last bout, plus 24 hours recovery time).

German measles/rubella: Return to school 5 days after rash first appears but advise school immediately as pregnant staff members need to be informed. School to contact the Kent Health Protection Unit.

Hand, foot and mouth disease: This is most infectious before the blisters appear. No exclusion from school necessary unless the child is feeling unwell. If there appears to be an outbreak, the school will contact the Kent Health Protection Unit.

Head lice: No exclusion necessary, but please wet-comb thoroughly for first treatment, and then every three days for the next 2 weeks to remove all lice. In the event of headlice occurring in school, the school would notify all parents and provide information regarding treatment.

Impetigo: Children can return to school once they are well and the lesions/sores are dry, crusted and healed.

Measles: Children should remain away from school for at least 5 days from onset of rash. School to contact the Kent Health Protection Unit.

Mumps: Children should remain away from school for at least 5 days after the swelling appears. School to contact the Kent Health Protection Unit.

Nausea (without actually vomiting): Children can return to school 24 hours after they last felt nauseous.

Ringworm: Medical treatment recommended. Children should be dissuaded from sharing hairbrushes, combs, articles of clothing. No exclusion necessary.

Scabies: Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should also receive treatment.

Scarlet Fever: Children should remain away from school for at least the first 24 hours of a course of antibiotics.

Scarletina: Children should remain away from school for 5 days until the rash has disappeared or once a 5 day course of antibiotics has been completed.

Slapped Cheek Syndrome (also known as Parvovirus): Children can attend school as the infectious period is usually the week before the onset of the rash and before symptoms are obvious.

Threadworms: Children can attend school providing they have commenced treatment which is available in pharmacies. The whole family should be treated at the same time. Encourage thorough handwashing, including scrubbing the nails.

Viral infections: Children should remain away from school if they feel unwell and their temperature is higher than normal (37 degrees).

Whooping cough: Children should remain away from school for 5 days from commencing antibiotic treatment or 21 days if no antibiotic treatment is given.