

First Aid, Managing Medicines and Supporting Pupils with Medical Needs Policy



ELT
PARTNERSHIP
BE INCLUDED • BE CONNECTED

Version and Date		Action/Notes	Date Written	Date to be Reviewed
6.0	14.07.20	Approved by Board of Trustees	Updated July 20 for Sept 20	1 Year – July 2021
7.0	13.07.21	Approved by Board of Trustees	Updated July 2021	1 Year – July 2022

This policy has been revised and updated in accordance with guidance from the Department for Education and Skills and the Department of Health on Managing Medicines in Schools and Early Years Foundation Stage and the NHS Administration of Medicines in Schools and Early Years Settings.

Introduction

The ELT Partnership believes that in partnership with parents we have a special duty to safeguard and promote the education of pupils with medical needs. The ELT Partnership understands that most pupils will at some time have a medical condition that may affect their participation in an educational setting. For many this will be short term e.g. finishing a course of medication. However, other pupils have medical conditions that, if not properly managed, will limit their access to education. Such pupils should be regarded as having medical needs.

Aims

The ELT Partnership aims to:

- Provide a safe and secure environment where education is valued and there is a belief in the abilities and potential of all children.
- Fulfil its role in supporting and promoting the education of children with medical needs, by giving them access to every opportunity to achieve their potential.

Principles

The ELT Partnership will:

- Nominate a Welfare Officer, who will act as their advocate and co-ordinate support for them.
- Support the Welfare Officer in carrying out his/her role by ensuring that they attend appropriate training.
- Ensure that the Inclusion Manager/SENCO and the Welfare Officer liaise regularly to ensure equality of opportunity for children with medical needs.

Equality of Opportunity

The ELT Partnership recognises that:

- the Special Educational Needs and Disability (SEND) Code of Practice 2015 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.

- pupils with medical needs have the same rights of admission to school as other pupils and cannot generally be excluded from school for medical reasons.
- the Welfare Officer needs to know about any particular medical needs before a child is admitted, or when a child first develops a medical need, so that special arrangements can be made for children who attend hospital appointments on a regular basis. A Care Plan will be written for such children, involving the parents and relevant health professionals.
- the Health Protection Agency guidance for advise on the circumstances in which pupils with infectious diseases should not be in school and the action to be taken following the outbreak of an infectious disease.
- some children with medical needs are protected from discrimination under the Disability Discriminate Act. Under Part 4 of the DDA, responsible bodies must not discriminate against disabled pupils in relation to their access to education and associated services.
- reasonable adjustments should be made for disabled children including those with medical needs at different levels of school life and for the individual disabled child in our practices and procedures and in our policies. We plan in our accessibility policy for the admission of disabled pupils and those with medical needs so that they can more easily access the school premises and the curriculum.
- a child's medical needs may have a significant impact on their experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or their emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through the unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.
- it is good practice to encourage children with medical needs to participate fully in school life including P.E. and visits and out of school activities.
- reasonable adjustments might need to be made to enable children with medical needs to participate fully and safely in P.E and on visits and out of school activities. This might include planning arrangements to take account of the necessary steps to involve children with medical needs. It might also include risk assessments for such children and additional safety measures such as extra supervisors, parents or volunteers to accompany a particular child.
- most children with medical conditions can participate in physical activities and extra-curricular sport. The school will ensure sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.
- some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Procedures

The Welfare Officer will:

- keep his/her first aid training up to date and will always take advice and guidance from a medical professional when administering medicines, carrying out a medical procedure or supervising a child who is administering their own medication.
- always carry a mobile handset and will therefore be available for emergencies at all times.
- gather sufficient information and disseminate it to the appropriate staff, about the medical condition of any child with long-term medical needs, so that the child's medical needs are adequately supported and they are not discriminated or disadvantaged in any way.
- ensure that any child with a medical need has an up to date Care Plan if it is appropriate (Not all pupils with medical needs will require a health plan, particularly if the medical need is minor or short term). The plan will be drawn up in conjunction with the parents or guardians and where appropriate, the child and the child's medical carers. The plan will set out in detail the measures needed to support the pupil in school, including preparing for an emergency situation.
- where appropriate and with the agreement of parents or guardians and the pupil with medical needs, make other pupils aware of potential emergency situations and how to alert staff and summon help. However, careful consideration needs to be given to the issue of confidentiality.
- keep a record of those staff who have agreed to support pupils with medical needs and administer medication and who have been trained.
- encourage pupils to handle their own medicines and self-medicate where appropriate, under the supervision of a trained adult. This is to help pupils develop independence.
- treat medical information relating to a pupil as confidential and will only disclose the information to those who need to know to be able to support the pupil and with the agreement of the parents and/or pupil. This is to maintain the trust and confidence of the pupil and his or her family, carer or guardian.
- share responsibility for the safety of pupils with medical needs with all the other staff who come into contact with the child.
- co-operate closely with parents, carers or guardians, health professionals and other agencies to provide a suitably supportive school environment for these pupils.
- maintain an up to date medical register of all children who are on the school roll and shared with relevant staff.
- ensure that children with medical needs are listened to and have equal opportunity to pastoral support in school.
- take the lead in consulting with relevant agencies which can provide information, advice, training and support for any members of staff who support pupils with medical needs.

- ensure that medicines which need to be refrigerated are kept in a refrigerator in an airtight container which is clearly labelled. Access to the refrigerator should be restricted where possible.
- ensure that pupils who are allowed to carry and administer their own medication, are aware and understand that consideration needs to be taken about the safety of other pupils.
- ensure that hygiene and infection precautions are included in training given to staff volunteering to administer medication.
- ensure that staff have access to protective disposable gloves and receive guidance on care when dealing with spillages of blood and other fluids and disposing of dressings or equipment.
- have arrangements in place for dealing with emergency situations. All staff should know how to call the emergency services.
- take children to hospital in the school minibus where possible if no ambulance is available or if the emergency services states that they cannot attend. Only at the discretion of the Headteacher should a member of staff use their own car to transport a pupil to hospital with an escort for the child.
- have clear guidelines on how to manage head injuries and concussion. Referring to the NHS guidance on injuries of this nature.
- ensure the safe storage, handling and disposal of medicine.
- ensure that the risks to the health of others from medicines which may be harmful to anyone for whom they are not prescribed is properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).
- Accept prescribed medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and that are provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. An authorisation form must be completed in advance by the parent.
- Accept over the counter medicines that are provided in the original container which include instructions for administration. An authorisation form must be completed by the parent.
- never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- Maintain a record of medication given to a child which is signed and dated.

The ELT Partnership will:

- offer advice and support to schools to provide for pupils with medical needs.
- help staff who support children with medical needs to feel confident and reassured about the tasks that they agree to undertake.

- have appropriate insurance to provide cover for injury to staff or action against staff acting within the scope of their employment.

The Trustees and Local Education Committees will:

- encourage the inclusion of children with medical needs in the full life within the ELT Partnership.
- monitor the implementation of the policy.

The Headteacher will:

- be responsible for implementing the policy into practice and for developing detailed procedures.
- make sure that all parents or guardians are aware of the policy and procedures for including and supporting children with medical needs.
- ensure that all staff, temporary, permanent or employed by other services, are aware of the policy and where appropriate, follow agreed procedures and that staff are properly supported and trained.
- ensure that there are sufficient members of support staff employed and appropriately trained to manage medicines as part of their duties, as teachers' conditions of employment do not include giving or supervising a pupil taking medicines.

All staff, who work with pupils with medical needs will:

- follow the procedures set out in this Trust policy.
- check the details on the pupil's health care plan/ medication permission form and the medication, in particular the name, written instructions provided by parents or doctor, prescribed dose and expiry date on medication before giving it.
- be given access to appropriate training and/ or advice to enable giving medication
- follow documented procedures and will be fully covered by their employer's public liability insurance should a parent make a complaint.
- not force pupils to take medication should they refuse to do so. However, should this situation occur they will inform parents or guardians as a matter of urgency and if appropriate, call the emergency services.
- naturally be concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Therefore, staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information and it will be recorded on a Care Plan.
- be made aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover will be arranged for when the member of staff responsible is absent or

unavailable. At different times of the day other staff may be responsible for children, the school will provide them with training and advice where appropriate.

- not give medication without the written consent of a child's parent/guardian.
- not administer the medicines if they have any doubts about the procedure or the medication, but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.
- need to be aware of a pupil's medical needs and make arrangements to take any necessary medication on excursions, school trips or other outside activities,
- know where medicines are stored and how to access medication when locked away
- keep records of the administration of medicines so that the school is able to show that correct procedures have been followed.
- provide copies of records of regular medical support to the parents when asked. This will demonstrate that staff have exercised their duty of care.
- in some circumstances such as the administration of rectal diazepam, make sure that the dosage and administration is witnessed by a second adult.
- know who is responsible for carrying out emergency procedures in the event of need.

The School Health Service will:

- provide advice on health issues to children, parents, education staff, education officers and Local Authorities. NHS Primary Care Trusts and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and Governing Boards should work together to make sure that children with medical needs and school staff have effective support.

Parents will:

- notify the school of any change of circumstance relating to their child's medical needs.
- ask their child's GP or consultant to confirm that the child is fit to attend school and to take into account school hours when prescribing medication to enable, wherever possible, medication to be taken outside school hours.
- agree in advance with the Headteacher and Welfare Officer if medication has to be taken in school and this will only be when absolutely essential.
- encourage their children with medical conditions to participate in PE or extracurricular sport where ever possible.
- make sure that the school is aware of any precautionary measures, that need to be taken, before or during exercise and if it is necessary for their child to have immediate access to their

medication. Details should be included in their child's Care Plan and teachers made aware of this.

- note when medication goes out of date and replace it.
- be aware that if the pupils medications are not in school the child may need to be taken home, depending on the use of medication and the child's needs.

Pupils will:

- be encouraged to contribute to their own health care plan, where appropriate to the age and understanding of the pupil.
- be allowed to manage their own medication from a relatively early age when they can be trusted to do so. If pupils can take their medicine themselves, staff will supervise this.
- know where their medicines are stored and how to access it
- carry and administer their own medication, only after discussion and agreement between the school and parents or guardians. This will be recorded on the child's care plan.

The ELT Partnership understands that:

- It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the courts. The school will continue to administer the medicine in line with the written consent given and in accordance with the prescriber's instruction, unless and until a Court decides otherwise.
- It is important that professionals understand who has parental responsibility for a child and should check this as necessary.

School Name and Address:

Parental/carer consent to administer an ‘over-the-counter’ (OTC) medicine

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

Child’s name	
Child’s date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Headteacher/ Welfare Officer (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- In the unlikely event of your child experiencing an allergic reaction to the medication, the member of staff will not be held responsible.
- If a child refuses medication, we will not force them to have it. We will phone you to let you know.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine and that the medication is in its original container.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school. I also agree that I am responsible to collect medication daily if required for use at home.
- In the unlikely event of your child not receiving their medication on the day and time requested, you understand there was a reasonable reason for this.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

School Name and Address:

Parental/carers consent to administer a prescribed medicine

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child’s name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child’s name	
Child’s date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	
I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Headteacher/ Welfare Officer (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- In the unlikely event of your child experiencing an allergic reaction to the medication, the member of staff will not be held responsible.
- If a child refuses medication, we will not force them to have it. We will phone you to let you know.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school if necessary. I also agree that I am responsible to collect medication daily if required for use at home.
- In the unlikely event of your child not receiving their medication on the day and time requested, you understand there was a reasonable reason for this.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Care Plan for a Child with Medical Needs

Child’s Details

Name:	(Insert photo)
Date of Birth:	
Class:	
Medical Need:	
Date Care Plan Written:	
Date Care Plan to be Reviewed (minimum annually):	

Contact Information

Family Contact 1	Family Contact 2
Name:	Name:
Contact numbers:	Contact numbers:
Home:	Home:
Mobile:	Mobile:
Work:	Work:
Relationship:	Relationship:

Clinic/Hospital Contact:	GP:
Contact Name:	Phone Number:
Address:	

Details of condition indicating pupil's individual symptom:

Daily care requirements (*If medication is required, Appendix 2 Parental/carer consent to administer a prescribed medicine form should be completed*):

Please state what constitutes an emergency for the pupil, and the action to take if this occurs:

I agree to the care plan as stated above. If there are any future changes, I understand it is my responsibility to notify the school.

The care plan must be signed annually to be agreed:

Parent Name:	Signature:
Relationship to child:	
Member of Welfare Team Name:	Signature:

Short-Term Care Plan

The short-term care plan is for a child with an injury, following an operation or short-term medical need.

Name of Child	
Class	
Date	

Injury/ operation that took place/ medical need:

Care In School

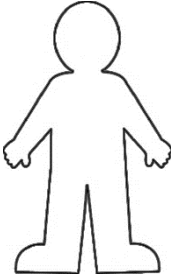
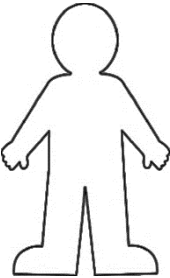
Early morning	
Playtime	
Lunchtime	
Daily care requirements:	

I agree to the short-term care plan as stated above. If there are any future changes, I understand it is my responsibility to notify a member the school.

Parent Name:	Signature:
Relationship to child:	
Member of Welfare Team Name:	Signature:
Care Plan Valid Until:	

Appendix 5 – Sample Welfare Incident Letter

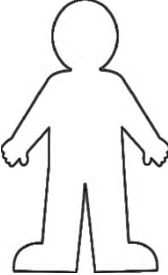
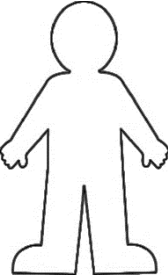
INSERT SCHOOL LOGO

Date:	Name:	Class:	Time
<p>Your child spent time in the welfare room today because:</p> <p>Bumped in to something/ someone Fell over/ tripped over something/ someone/ other:</p> <p>Felt sick Earache Headache Stomach Ache Toothache Other:</p>			
<p>Nature of Injury:</p> <p>Bite Bump Cut/ graze Scratch Mark/ bruise Other: None visible at the time</p>	<p>Location:</p> <p>Classroom Corridor Hall Stairs: Inside/ Outside Playground: Play equipment, football pitch, tarmac area <i>(Please add more examples if required)</i> Other:</p>	<p>Front</p> <p>R L</p> 	<p>Back</p> <p>L R</p> 
<p>Treatment Given:</p> <p>Cleaned Ice/cold pack Plaster Rested in Welfare</p> <p>Temperature taken: _____</p> <p>Other:</p>		<p>Parent Notified:</p> <p>YES/ NO Time:</p>	<p>Child re-checked (if required)</p> <p>YES/NO Time:</p>

Basic First Aid has been given and your child seems fine, but if they had a head/face injury. Please be aware that if they seem drowsy, vomiting, has blurred vision or complains of a persistent headache, then please seek medical attention

Appendix 6 – Sample Welfare Incident Letter – Sending Pupil Home

INSERT SCHOOL LOG

Date:	Name:	Class:	Time
Your child spent time in the welfare room today because:			
Bumped in to something/ someone Fell over/ tripped over something/ someone/ other:			
Felt sick Earache Headache Stomach Ache Toothache Other:			
Nature of Injury:	Location:	Front	Back
Bite Bump Cut/ graze Scratch Mark/ bruise Other: None visible at the time	Classroom Corridor Hall Stairs: Inside/ Outside Playground: Play equipment, football pitch, tarmac area <i>(Please add more examples if required)</i> Other:	<div style="display: flex; justify-content: space-around; font-weight: bold;"> R L </div> 	<div style="display: flex; justify-content: space-around; font-weight: bold;"> L R </div> 
Treatment Given:		Parent Notified:	Ambulance called:
Cleaned Ice/cold pack Plaster Rested in Welfare		YES/ NO	YES/ NO
Temperature taken: _____		Time:	Time:
Other:		Child collected:	
		YES/NO	
		Time:	

Basic First Aid has been given and your child seems fine, but please be aware if they seem drowsy, vomiting, has blurred vision or complains of a persistent headache please seek medical attention

Appendix 6 – Further Guidance specific to Cedar Day Care



Cedar Daycare

Nappy Rash Cream/Teething Gels/ Powders

- Nappy rash creams/teething gels/ powders can be applied by Day Care staff or the Welfare team at Hazelbury. Parents will need to specify when it is to be used and how much is to be applied. The nappy rash cream/teething gel/ powder supplied must be a recognised brand that can be purchased at a chemist and must be in the original boxes/packaging.
- Day Care staff will complete the appropriate request for medication form depending on whether the cream/powder/gel is prescribed by a medical professional or bought by the parent.
- Parent will specify on the form times when this will need this to be applied.

Teething

- At the parents request, Calpol may be given to children that are teething alongside other medications such as teething gels or powders. Day Care staff will complete the appropriate request for medication form with the parent depending on whether the Calpol is prescribed by a medical professional or bought by the parent.
- The last time Calpol was given in the morning before coming to Day Care must be written down by the parent with a signature each day and attached to the request for medication form.
- Calpol must be in the original bottle/sachets and spoon/syringe must be provided by parent.
- Staff will record on a medication record sheet when the child was given Calpol and a copy will be given to the parent at the end of each day.

Medication

- Medication that is prescribed by a medical professional can be administered if required during the day.
- Medication must be in the original packaging and labelled.
- Non-prescribed medication may be administered at the discretion of the Day Care leader and Welfare Lead, depending on the type and reason for the medication.
- Consent must be sought from parents before medication is administered and Day Care staff will complete alongside the parent the appropriate request for medication form depending on whether the medication is prescribed by a medical professional or bought by parent.
- Staff will record on a medication record sheet when the child was given the medication and a copy will be given to the parent at the end of each day.
- Staff at Hazelbury who have their own children in Day Care may be available to administer medication themselves during appropriate times of the day. This will be discussed with the staff member and Day Care staff with times agreed.
- No request for medication form will need to be completed, as staff member is administering their own child their medication.
- The medication will need to be labelled in the original packaging and be kept in the medication area in the Day Care, with the times the staff member will be coming to administer.
- Staff will record on a medication record sheet when the child was given medication by their own parent and a copy will be given to the parent at the end of each day.

Medication Storage

- All Medication will be kept in the milk kitchen with the first aid equipment and medical needs information, this includes teething gels.
- Medication is individually kept for each child in a zipped wallet clearly labelled.
- Nappy rash creams and powders will be kept with the child's individual nappy changing items.

Signature of Chair of Trustees:

Signature of Chief Executive Officer: