



SS John Fisher & Thomas More Catholic Primary School

A Voluntary Academy

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First Aid & Medicines Policy

First Aid

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. The contents of this policy are contained within the St John Fisher & St Thomas More Catholic Primary School Health and Safety policy.

Purpose

This policy;

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. Ensures good first aid cover is available in the school and on visits.

Guidelines

New staff to the school are made aware of this policy 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.

Conclusion

The administration and organisation of first aid provision is taken very seriously at St John Fisher & St Thomas More Catholic Primary School. There are annual procedures that check on the safety and systems that are in place in this policy.

First Aid Policy

First Aid Policy Guidelines

See Appendix 1 for detailed staff procedures.

Training

Designated staff are offered emergency first aid training and are required to renew their qualification every three years, in order to maintain their knowledge and skills.

First aid kits

Every classroom has a basic first aid kit and a sick bucket.



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Nursery, Reception and the ks2 corridor have a full first aid kit. This can be taken out at playtime.

A larger selection of first aid equipment is available in the school office.

An emergency first aid kit is available for use during out of school visits.

There is a stocked and manned first aid station for use at lunchtime and a first aid kit is available for playtimes.

Ryan Coughlan is responsible for ensuring that first aid kits are audited and re stocked when necessary.

Cuts

All open cuts should be covered after they have been treated with a medi 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 accident file and parents informed.

ANYONE TREATING AN OPEN CUT WHICH IS BLEEDING PROFUSELY SHOULD WEAR GLOVES. All blood waste should be placed in a bag and disposed of in the outside bin at the front of school.

First Aid Policy Guidelines

Bumped heads

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 and the child should be given an advisory first aid slip. The child's teacher should be informed and should keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident book. When a bumped head incident has required first aid treatment a phone call home to inform parents will take place.

Accident file

The accident book is located in the school office and should be completed for every incident where first aid is administered. Old accident books are stored in the school office.

For major accidents, an HS1 and RIDDOR form must be completed as soon as possible after the accident.

Calling the emergency services

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number: 0161 998 3422
2. Give your location as follows: St John Fisher & St Thomas More, Woodhouse Lane, Wythenshawe Manchester
3. State that the postcode is: M22 9NW



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4. Give your name:
5. Give name of child and a brief description of child's symptoms:
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the injured party.

Medical Conditions

INTRODUCTION

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN this policy should be read in conjunction with the school SEN policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

PURPOSE OF DOCUMENT

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.



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This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. Refer to school policy on managing attendance.

1. ROLES AND RESPONSIBILITIES

1.1 The Governing Body

The governing body is responsible for:

- ensuring the Head Teacher develops and effectively implements policy with partners and school staff, including regular policy review;
- ensuring the Head Teacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy (*state the role of the designated named person e.g. SENCo/INCo*);
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. are able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including in contingency and emergency situations;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);



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- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

1.2 The Head Teacher / Principal

The Head Teacher / Principal is responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A)
- deciding, on receipt of a "Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate;
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

1.3 Staff

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.



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School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

1.4 Parents/carers Responsibilities

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A);
- complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school;
- complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
 - a) the child's name
 - b) the child's date of birth
 - c) name of medicine
 - d) frequency / time medication administered
 - e) dosage and method of administration
 - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention e.g. catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

2 PUPIL INFORMATION

Parents/carers are required to give the following information about their child's medical condition and to



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update it at the start of each school year or sooner, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

3 MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES

3.2 Administration of Medicines / Medical Interventions

Medicine / medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so. *Schools may add a statement about administration of medicines on an occasional basis e.g. short-term antibiotics / pain relief etc.*

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B)

The Head Teacher Principal will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)

The Head Teacher / Principal will decide whether a child is able to carry and self administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil



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- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C)

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

3.2 Child's Role in Managing their own Medical Needs

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

3.3 Refusing Medication / Medical Intervention

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

3.4 Storage of Medicines / Medical Intervention Equipment and Resources

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

3.4a Controlled drugs

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will



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have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

3.4b Non-controlled drugs and medical resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

3.5 Records

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects / reactions observed
- g) If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E).

4. TRAINING

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Training will be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

School will make every effort to ensure that specialist training will be completed as quickly as possible to



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ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

5. INDIVIDUAL HEALTH CARE PLANS (IHCP)

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) an overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s) / medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

6. OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to



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participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

7. MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

The Head Teacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

8. CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.



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School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

9. LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The school's insurance arrangements are as follows:

Insert information about school insurance arrangements.

10. COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the *Head Teacher / SENCO*.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's governing body.

Insert information about school complaints procedures.

11. UNACCEPTABLE PRACTICE

The school considers that the **following constitute unacceptable practice:** *(school may add or amend as agreed in discussion with governing body, staff and parents/carers)*

- requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.



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Appendix 1

First Aid

Trained first aiders:

NUR	REC	Y1-6
Mrs Morgan Mrs Chesterton Mrs Renwick; Mrs Gordon	Miss Evans; Mrs Bozman Mrs Crump; Mrs Harper Mrs Richardson	Miss Corrigan; Miss Paris; Mr Coughlan; Mrs Wheeler; Mrs Cline; Miss Welch

Lunchtime First Aid Rota

In the event of First Aid being required at Lunchtime, the following 'First Aiders' are on duty each day.

Monday	Tuesday	Wednesday	Thursday	Friday
Mrs Crump Miss Evans	Mrs Bozman Miss Corrigan	Mrs Harper Mrs Wheeler	Mrs Richardson Miss Paris	Mrs Cline Miss Welch

First-aid kits

Every classroom has a basic first-aid kit & a sick bucket.

Nursery, Reception & KS2 Corridor have a full first-aid kit. This can be taken out at playtime.

Mr Coughlan is responsible for ensuring that first-aid kits are audited and re-stocked when necessary.

Procedures in an accident:

Nursery
Administer first aid
Call home if necessary
Report to the office (accident book)

Rest of the school
Administer first aid
If serious, get a first aider
Call home if necessary
Report to the office (accident book)

Sickness:

If a child is sick:
Get sick bucket
Take to the office
Ask a TA or child to notify the office to call home & wait in class until the parent arrives.

If a child feels sick then they need to stay in class.

In Nursery – First Aid can be administered inside the Nursery building by a member of Nursery staff – just remember to notify the office if a child is going home.

Playtime/ P.E/ Lunch

Basic first aid can happen on the playground.
Any serious accidents (head, large cuts etc) to be sent to the trained first aider designated on the rota & recorded in accident book.
Any head injury should be reported to the parents over the phone.

EMERGENCY

Send another adult to the office and make sure you stay with the injured person.

If another adult is not available, send a child to the school office.

You should always remain with the person needing first-aid.

Policy Written November 2018	Policy Review Date November 2020
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