



# Supporting Pupils with Medical Needs in Schools and First Aid Policy

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Approved by Local Governing Body: June 2018

Next Review: September 2021

## **PART ONE: SUPPORTING CHILDREN WITH MEDICAL NEEDS**

### **1. Introduction**

*At the Turner Free School (TFS), our mission is to give our pupils the education and social skills they need to be successful at university, in professional employment and in their home lives. We are a grammar school for everyone, with the highest expectations for achievement and conduct. Working as a team, we aim to deliver exceptional pastoral care and support in order to ensure that all pupils, regardless of their starting point, have access to a Powerful Education and Success Without Selection.*

*This policy is written in line with the requirements of:-*

- *Children and Families Act 2014 - Section 100*
- *Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Dec 2015*
- *0-25 SEND Code of Practice, DfE 2014*
- *Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014*
- *Equalities Act 2010*
- *Schools Admissions Code, DfE 1 Feb 2010*

### **2. Definitions of Medical Conditions**

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



- **Short-term** affecting their participation at school because they are on a course of medication:
- **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

Some children with medical conditions may be considered disabled. Where this is the case, the Trust **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN Policy/SEN Information Report and the individual healthcare plan will become part of the EHCP.

### **3. Policy implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Board. The Board has conferred the following functions of the implementation of this policy to the staff below. However, the Board remains legally responsible and accountable for fulfilling our statutory duty.

### **4. Roles and responsibilities**

The **Principal** has overall responsibility for the implementation of this policy and responsibility for ensuring that

- sufficient staff are suitably trained
- cover arrangements in cases of staff absences or staff turnover
- someone is always available and on-site with an appropriate level of training

The **SENDCo** has responsibility for briefing supply teachers, supporting with risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

The **SENDCo and Senior Pastoral Leader** has responsibility, in conjunction with parents/carers, for the drawing up, implementation and keeping under review



the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

TFS can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, providing or commissioning specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

**Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

**Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Local authorities** are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be



ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) see 'Education for Children with Health Needs Who Cannot Attend School' (<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>)

**Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

**All members of staff** are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

## **5. Procedure to be followed when notification is received that a pupil has a medical condition**

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to the school for the first time with good



*notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a child moving to the school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.*

*In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.*

*We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.*

*The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Assistant Principal - Aspiration and following these discussion an individual healthcare plan will be written in conjunction with the parent/carers and the SENDCo and be put in place.*



## **6. Individual healthcare plans (IHCP)**

*Individual healthcare plans will help to ensure that TFS effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Principal is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided below.*

*Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC (Education Health Care) plan, their special educational needs should be mentioned in their individual healthcare plan.*

*Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which the school should take to help manage their condition and overcome any potential barriers to getting the most from their education.*

*The school will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.*



Appendix 6 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer and the Head Teacher, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan





## **7. Storage and Sharing of Individual Healthcare Plans**

*Individual Healthcare Plans are kept in a secure central location, both on SIMS and electronically. Any severe cases are kept in a folder in the medical room.*

*Parent/carers are provided with a copy of the pupil's current agreed Healthcare Plan. All members of staff (including supply) who work with groups of pupils have access to the Healthcare plans of pupils in their care.*

*The school will seek permission from the pupil and parents/carers before sharing any medical information with any other party.*

*Copies of the pupil's Healthcare Plan will be sent to any emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.*

*The school will ensure the timely transfer of individual Healthcare Plans to the hospital in the event of an emergency.*

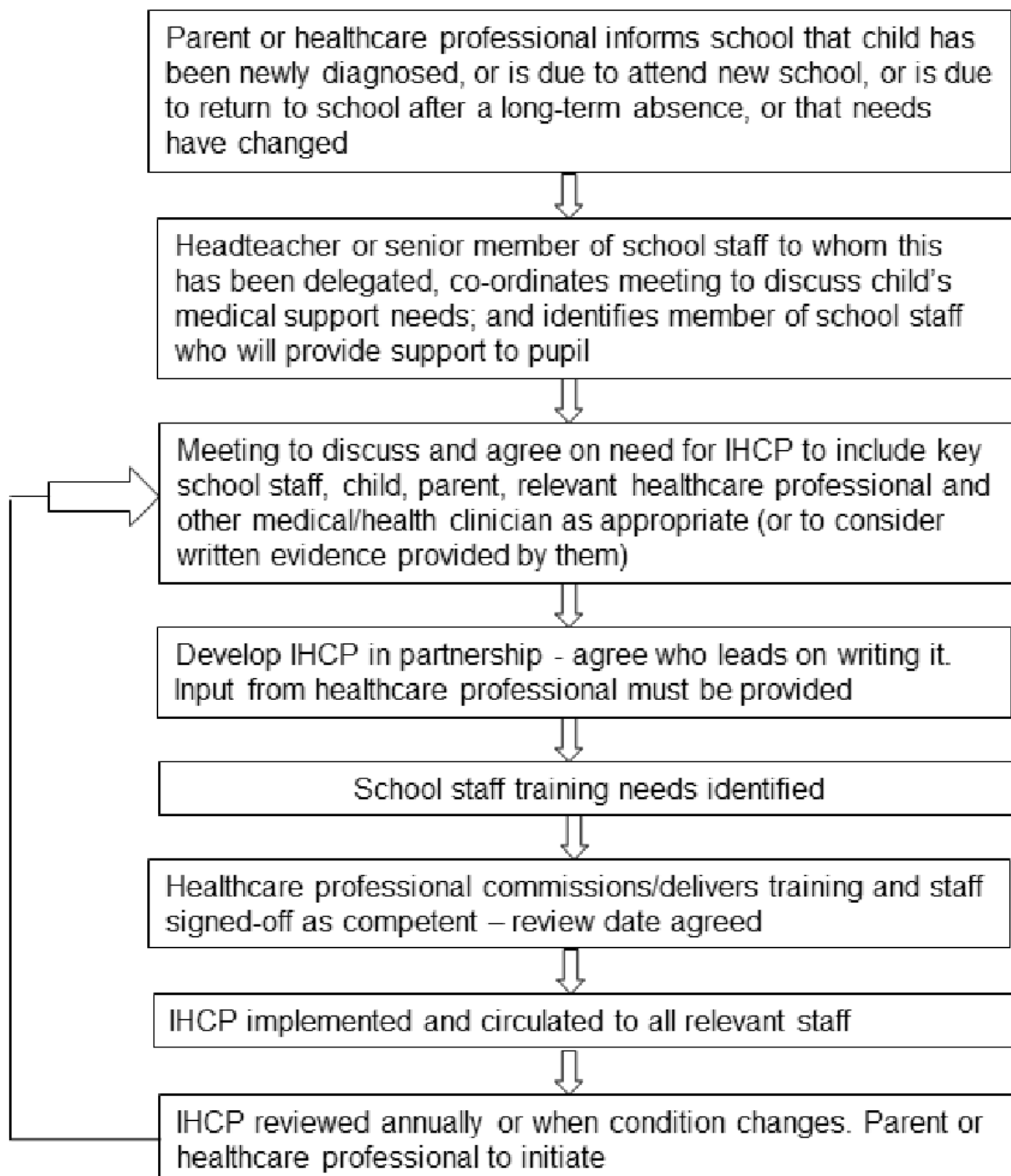




## **8. School Asthma Card**

*The Asthma UK School Card is a document for parents/healthcare professionals to complete to keep the school updated on their child's medication/asthma control and update the individualised healthcare plan for the child. This should be completed by the pupil's asthma nurse. This then replaces the need for an Individual Health care Plan unless their condition is severe and requires an emergency treatment plan. All asthma cards are stored on SIMS and in the hard copy in the medical room at the **Secondary phase**.*

## 9. Individual Healthcare Plan Flowchart





## **10. The child's role in managing their own medical needs**

*If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.*

*Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the medical room to ensure that the safeguarding of other children is not compromised. The school does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.*

*If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.*

## **11. Staff training and support**

*All staff members who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. Staff members who require training are responsible for the up keep and ensuring their knowledge is up to date.*

*Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.*

*Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can*



*provide confirmation of proficiency of staff in a medical procedure, or in providing medication.*

*All staff will receive induction training and regular whole school awareness training so that all staff members are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Principal will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.*

*The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.*

## **12. Emergency procedures**

*The Principal will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.*

*Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff members are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.*

*If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems. See also First Aid Policy Procedures.*

## **13. Day trips, residential visits, and sporting activities**

*We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.*

*We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be*



*included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.*

#### **14. Other issues for consideration**

*Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition that is life-threatening, we will share the pupil's individual healthcare plan with the local authority.*

#### **15. Unacceptable practice**

*Although staff at the school should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:*

- *Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;*
- *Assume that every child with the same condition requires the same treatment;*
- *Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);*
- *Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;*
- *If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;*
- *Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;*
- *Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;*
- *Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or*
- *Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.*



## **16. Complaints**

*Should parents\carers be unhappy with any aspect of their child's care at the School, they must discuss their concerns with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Principal. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using The Complaints Procedure.*

## **17. Administration of Medication**

*At the school the following procedures are to be followed:*

- *Medicines are only administered at the school when it would be detrimental to a child's health or school attendance not to do so*
- *Parents/carers are encouraged to administer medicines at home whenever possible, e.g. if 3 doses of antibiotics are to be given – the child should have one before coming to the school, one as soon as they get home and the last one before bed.*
- *No student under 16 will be given prescription or non-prescription medicines without the parent/carers written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.*
- *Staff administering medicines should do so in accordance with the prescriber's instructions.*
- *Sharps boxes should always be used for the disposal of needles and other sharps.*
- *During school trips the first aid trained member of staff will carry all medical devices and medicines required.*



## **18. Types of Medication**

*No medication can be administered unless there is specific prior written permission from the parents/carers (Please see Appendix 3 Parent/Carer Information on Medicines in the School and Appendices 5- 6 for Parent/Carer Consent forms).*

## **19. Controlled Drugs**

*The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations.*

*Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine will do so in accordance with the prescriber's instructions. A child who has been prescribed a controlled drug may legally have it in their possession. The school will make the ultimate decision on a pupil by pupil basis.*

*The school will keep controlled drugs in a locked non-portable container/cupboard and only named staff should have access. A record of the drugs in school (type, quantity and pupil/s name) should be kept for audit and safety purposes. Misuse of a controlled drug, such as passing it to another child for use, is an offence.*

*All controlled drugs, even if the pupil can administer the medication themselves, are done under the supervision of a named member of staff at this school. All medication should be given and recorded in a controlled drug book and ideally dual signed to protect staff and in line with guidance with the Misuse of Drugs Act (DoH, 1971)*

## **20. Non-prescription medicines**

*Non-prescribed or "over the counter" medicines include types of painkillers, anti-allergy tablets, laxative medication and skin creams.*

*The school cannot administer aspirin without a doctor's prescription. Students' own paracetamol can only be held within the medical room for pupils to self-administer with supervision when there is written permission and a signed consent form.*

*The school is advised not to give or administer any homeopathic drugs and non-regulated drugs. Any drug given must be in the original packaging and have the drug information leaflet present. If any non-regulated drugs are to be give then*





*there must be prescribed by a registered professional and a consent form signed by said professional and parent with clear guidance. Alternatively parents/carers would need to come to the school to administer the medication.*



## **21. Prescribed Medicines**

The school will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Parents/carers are informed that if their child's medication changes or is discontinued, or the dose or administration method changes, they should inform the School immediately.

## **22. Asthma pumps and EpiPens**

- **Secondary School:** Asthma pumps may be kept on the child and a spare in the Medical Room. EpiPens should be carried with the child at all times. Spare EpiPen's should be also stored in a locked cabinet in the medical room and dates should be checked

## **23. Access to Emergency Inhalers**

Parents/carers of pupils that have been diagnosed with asthma and prescribed an inhaler or prescribed a reliever inhaler have been specifically asked whether they give permission for their child to have access to the school's emergency inhaler in an emergency situation. Signed consent forms are kept in the medical room in the asthma folder.

See detailed Asthma policy below

## **24. Safe disposal of unused medicines**

All medications sent into school should be collected at the end of Term. 6. The school will endeavour to return medication however medication not collected will be destroyed.

## **25. Storage of Medicines/Medication**

All other medication is kept in locked cabinets and the School Nurse has overall responsibility for all the medication at the Secondary phase of the school. All



*medication is logged electronically and recorded on daily attendance sheets. Consent forms are kept in the medical room*

## **26. Refusing Medicines**

*If a child refuses to take medicine, staff will not force them to do so. In the case of Epi-pens, the individual child's health care plan will be followed. Parents/carers should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.*



## **27. Records**

The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. If a child has an adverse reaction to medication this should also be noted and Parent/Carer notified. In guidance with local authority guidance in administration of medicines individual records of administration of medicines should ideally be stored electronically and kept for each individual pupil. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. All data kept should be in guidance with Data Protection Act (DoH, 2003)

## **PART TWO: FIRST AID PROCEDURES**

Parents/carers have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. If required, parents/carers, and the child if appropriate, should obtain details from the child's General Practitioner (GP) or paediatrician. Parents/carers have the responsibility to inform the School about any changes in their child's medical condition; this should be confirmed in writing and relevant medical information will then be passed to the SENCO and Pastoral Team

### **1. Arrangements for First Aid**

TFS has designated first aiders who are responsible for delivering First Aid and have completed the training appropriate to the level of need as identified at the School (see Appendices 8 & 9 for a list of trained First Aiders).

The main duties for a first aider are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school;
- When necessary, ensure that an ambulance is called.

### **2. Procedures for First Aid**

- First Aid trained personnel should not give first aid treatment for which they have not been trained to do so.



- *Those staff qualified in first aid should administer first aid in an emergency and then contact home to inform the parent or carer of the incident.*
- *Permission must be sought from a member of the Senior Leadership Team before sending a pupil home*
- *If a student is being collected, Reception needs to be informed.*



### **3. In the case where a child has been sick or an injury has taken place:**

- *If the pupil says they feel unwell then teachers should encourage the student to wait to break/lunch break if they are struggling. If the pupil still feels unwell, they should be sent to the relevant member of Pastoral Staff. If the student has a red medical pass please do not ask them to wait, allow them to the Pastoral Team straight away. In an emergency, send a student to Reception to request urgent support. In an emergency situation, the Principal must be notified immediately.*
- *Reception will phone a member of the first aid team, who will come to assist the student.*
- *Teaching staff should encourage students to wait until break times or lunch to visit the first aid room (only if it is a minor injury or illness that does not require immediate treatment).*
- *If a child has been sick and needs to go home, a member of the Pastoral Team (First Aider) is to phone the parents/carer and arrange for them to collect the child. The child should sit in an appropriate area to wait to be collected.*
- *If the child has been injured then the treating First Aider is to document the incident in the School incident/accident portal. This includes the time, year group, student's name, reason for medical assistance and the outcome of incident.*

*During break time and lunchtime, the medical room is always open for non-emergency medical issues.*

*Reception should send any students back to lesson who have failed to follow this procedure, if it is safe to do so.*

### **4. In the case of a child presenting with a minor injury:**

- *The First Aider should assess the child and treat the problem using first aid boxes allocated throughout the school or the Medical Room.*
- *The First Aider is to complete an accident form located on the school portal.*
- *If child needs to go home, the First Aider should phone the parents or carer and arrange for them to collect the child.*
- *If the injury requires supervision then a First Aider should stay with the child until the parent arrives. No child is to be left unattended.*







## 5. Serious accident procedures

***UNDER NO CIRCUMSTANCES SHOULD A CHILD BE LEFT UNACCOMPANIED IF SUFFERING FROM A SERIOUS INJURY AND ESPECIALLY A HEAD OR NECK INJURY.***

*In the case of a serious injury the following steps should be taken:*

- If this is a head or neck injury leave the child where they are, phone Reception to alert medical. **DO NOT** move the child.
- A First Aider will then make an assessment of the situation and administer immediate first aid as appropriate. If ever unsure then call from an ambulance.
- If an ambulance is being called or if the First Aider is unable to make the phone call as they are caring for the child, Reception will be informed of the situation and of the actions that are being taken (for example, if an ambulance is being called). Reception will be asked to notify the parents or carer and advise them of the injury, what is being done for the child and what they are needed to do.
- If an ambulance is not required and the First Aider is able to do so, the First Aider is to contact the parents/carers, explain the situation and ask them to collect the child. (For example: broken nose, in which it would be suggested that the student is taken to A&E by the parent/carers)

*If it is impossible to reach the parents (or the emergency contact) and a hospital visit not requiring ambulance transport is deemed necessary then the following additional steps should be taken:*

- An insured driver and a First Aider should take the child to the nearest A&E.
- Medical records from the pupil file (kept in the school office) must be collected and taken with the child to A&E.
- The Principal and SLT to be kept informed by Reception staff.
- Reception will continue to try and make contact with the parent/carers. When parent or carer is reached, they will be asked to come meet the child at the hospital. The First Aider will stay with the child until the parent/carers arrives.

## 6. Procedure for calling an ambulance

- The first aid trained person or Reception should call for an ambulance. It is generally recommended that if in doubt, call an ambulance.



- *The parents or carer (emergency contact person) is to be phoned to arrange to meet the child at A&E.*
- *Facilities should be contacted to unlock school gates and arrange easy access for the ambulance to get to the desired location.*
- *A member of staff should be sent to wait for the ambulance and then instruct them where to go*
- *A First Aider will accompany child to A&E with the child's medical records from their pupil file (kept in school office).*
- *The Principal and SLT to be kept informed of events by Reception Staff.*

### **7. Procedure for contacting a First Aider from an isolated area such as sports pitches**

- *The member of staff is to phone/radio Reception to call for a member of the first aid team. Reception should be told if a wheelchair, buccal or epi-pen is required.*
- *A First Aider to attend and follow injury procedures.*
- *If the injury appears to be of a serious nature, the child should not be moved unless a First Aid trained person has given permission.*

### **8. Procedure for dealing with first aid incidents for all off site activities and trips**

*First Aid kits should be taken on all trips and it will often be appropriate for a trained first-aider to accompany the visit. Should illness or an accident occur during a visit, the procedures given below must be adhered to, as far as is practicable. Teachers will need to exercise their judgement about the best course of action: this may vary considerably according to circumstances.*

### **9. Illness**

*Do not administer any drugs to students. They must be responsible for providing their own medication, including paracetamol. However, you may wish to look after medicines for younger students, e.g. asthma inhalers and EpiPens.*

### **10. Accidents**

*If a student is injured when under the supervision of the school immediate first aid should be given but a qualified first-aider should be summoned if necessary. The*



*teacher in charge at the time of the incident should remain with the student. If necessary, other students should be removed from the scene and sent to an appropriate safe place. Where injury or illness is serious, a first-aider or a senior member of staff will call an ambulance.*

*Any accident involving a member of staff, and all accidents involving students during a school-organised activity must be recorded on an Accident Report Form then when able put on the School accident portal (A hard copy will be put in each trip pack).*

### ***11. Hygiene Procedure for Dealing with the spillage of Blood or Body Fluids***

- Staff must wear disposable gloves when toileting or dealing with blood or body fluids.*
- A fluid disposal box is kept in the Medical Room.*
- The facilities team should be contacted and have fluid appropriate disposal materials to deal with other spillages.*



## **12. Reporting of Incidents**

*All incidents requiring First Aid (whether minor or major) must be recorded on the school incident portal. This is located on the school intranet and can be used on any school site.*

*It is the responsibility of the First Aiders dealing with an injury or administering first aid, to complete an accident form. This is located on the school intranet portal.*

*The form should be completed with:*

- *The date, time and place of incident;*
- *The name and year group of the injured or ill person;*
- *The details of the injury/illness and what first aid was given, what happened to the person immediately afterwards (for example went home, resume normal duties, went back to class, went to hospital); and*
- *The name and signature of the First Aider dealing with the incident.*

## **13. General accidents with staff**

*Follow the procedure as above and complete the on the same incident/accident form. The details of the injury should be given as facts not opinions and as a witness statement documenting exact facts of what was done and seen.*

## **14. Intimate Care**

### *Principles*

*All members of staff, following a clear management lead, are positive in their attitude to intimate care. The 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. Members of staff who provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.*



A risk assessment will be undertaken on any matter of intimate care which presents a significant risk (e.g. exposure to bodily fluids, manual handling) and hygiene procedures followed to avoid infection.

### Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. 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. 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).

### Procedures

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. Any historical concerns (such as past abuse) should be noted and taken into account.

Staff who provide intimate care are fully aware of best practice. The school has a "named professional" to whom they can refer for advice. The Principal will arrange appropriate training for all school staff who are willing to administer intimate care.

Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies. These will include disposable gloves and aprons.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

Staff will be supported to 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.



*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. This is to be included on the Individual Health Care Plan and listed who their key worker is.*

*Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers 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 member of staff is 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 will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.*



## **15. Soiling**

*Intimate care for soiling will only be given to a child if this has been previously agreed in a Health Care Plan.*

## **16. The Protection of Children**

*Safeguarding procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor/school nurse and Head teacher to identify the areas of concern and how all present can address them.*

*If these concerns continue there should be discussions with the Designated Safeguarding Lead about the appropriate action to take to safeguard the welfare of the child.*

*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 a member of the Safeguarding Team.*

*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.*

## **17. Asthma Policy**

*The Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.*

*The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.*





*The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).*

*Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler.*



The school's protocol is as follows:

Arrangements for the supply, storage, care, and disposal of the inhaler and spacers.

- Inhalers and spacers are purchased from a recognised pharmaceutical supplier in small quantities on an occasional basis.
- The inhalers and spacers are stored in the Medical Room.
- On a monthly basis the School Nurse will check that the inhalers and spacers are present and in working order and the inhalers have sufficient numbers of doses available.
- Replacement inhalers are obtained when the expiry date approaches.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use. The plastic spacer must not be reused. It can be given to the student to take home for future use or stored in the medical room.
- The inhaler itself can usually be reused, provided it is cleaned after use and used through a spacer.
- Spent inhalers, or out-of-date inhalers should be returned to the pharmacy to be recycled.

Students who can use an emergency inhaler.

The emergency salbutamol inhaler should only be used by students:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- or who have been prescribed a reliever inhaler;

AND

- for whom parental consent for use of the emergency inhaler has been given

The signed consent form is kept in the Asthma Folder in the Medical room and consent will be listed on Sims.



*The asthma register is kept in the medical room and this includes whether there is parental consent for an emergency inhaler to be administered. When the emergency inhaler is to be used, a check should be made that parental consent has been given for its use. A draft consent form is at Annex 1*



## **Responding to asthma symptoms and an asthma attack**

*Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.*

*For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.*

*Common 'day to day' symptoms of asthma are:*

- *Cough and wheeze (a 'whistle' heard on breathing out) when exercising;*
- *Shortness of breath when exercising;*
- *Intermittent cough.*

*These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.*

*Signs of an asthma attack include:*

- *Persistent cough (when at rest);*
- *A wheezing sound coming from the chest (when at rest);*
- *Being unusually quiet;*
  
- *The student complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache);*
- *Difficulty in breathing (fast and deep respiration);*
- *Nasal flaring;*
- *Being unable to complete sentences;*
- *Appearing exhausted;*
- *A blue / white tinge around the lips;*
- *Going blue.*



If a student is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

#### *Responding to signs of an asthma attack*

- *Keep calm and reassure the student;*
- *Encourage the student to sit up and slightly forward;*
- *Use the student's own inhaler – if not available, use the emergency inhaler;*
- *Remain with the student while inhaler and spacer are brought to them;*
  
- *Immediately help the student to take two separate puffs of the salbutamol via the spacer immediately;*
- *If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs;*
- *Stay calm and reassure the student. Stay with the child until they feel better. The student can return to school activities when they feel better and inform parent/carer.*
- *If the student does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE;*
  - *If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way;*
  - *The student's parents or carers should be contacted after the ambulance has been called.*
- *A member of staff should always accompany a student taken to hospital by ambulance and stay with them until a parent or carer arrives.*

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT:**

- *Appears exhausted;*
- *Has a blue/white tinge around lips;*
- *Is going blue;*
- *Has collapsed.*



*Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. The student's parents must be informed in writing so that this information can also be passed onto the student's GP. The draft letter at Annex B may be used to notify parents.*



## ***Designated Members of Staff trained to help administer an Emergency Inhaler***

*TFS has designated members of staff to help to administer an emergency inhaler.*

*ALL staff will be:*

- *trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;*
  - *aware of the asthma policy;*
  - *Aware of how to contact the designated members of staff for help.*

*Designated members of staff should be trained in:*

- *recognising asthma attacks (and distinguishing them from other conditions with similar symptoms);*
- *responding appropriately to a request for help from another member of staff;*
- *recognising when emergency action is necessary;*
- *administering salbutamol inhalers through a spacer;*
- *Making appropriate records of asthma attacks.*

*At TFS the SENDCo is responsible:*

- *for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;*
- *For the supply, storage care and disposal of the inhaler and spacer.*





**Appendix 1**

**CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER**

<i>Child's Name</i>	<i>Tutor Group</i>

- 1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (Delete as appropriate).*
- 2. My child has a working, in date inhaler, clearly labelled with their name, which they will bring with them to school every day.*
- 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.*

<i>PARENT/CARERS NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>

**ADDRESS**



<i>Home Telephone Number</i>	<i>Mobile Telephone Number</i>	<i>Email Address</i>

**Appendix 2**

**LETTER TO INFORM PARENTS/CARERS OF EMERGENCY SALBUTAMOL INHALER USE**

<b>Child's Name</b>	<b>Tutor Group</b>	<b>Date</b>

To.....

This letter is to formally notify you that.....has had problems with his/her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given... ..puffs.

Their own inhaler was not working, so a member of staff helped them to use the emergency inhaler containing salbutamol. They were given.....puffs.

(Delete as appropriate)



*Although they soon felt better, we would strongly advise that you have.....seen by your own doctor as soon as possible.*

*Yours sincerely,*



## Appendix 3

### MEDICINES IN SCHOOL

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#### Information for parents/carers

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To bring TFS in line with the Department of Health's *Managing Medicines in Schools & Early Years Setting* and Kent Council's *Policy for the Administration of Medicines in School*, we have adapted our Medicines in Schools Policy.

The school will be adhering to the following guidelines, this is reviewed on a yearly basis:

- Prescribed medication should only be taken during the school day when essential. Parents/carers are encouraged to administer medicines at home whenever possible, eg. if 3 doses of antibiotics are to be given – the child should have one before coming to the school, one as soon as they get home and the last one before bed.
- All prescribed medicines to be administered in school must have written parental consent using the appropriate form (attached). Also we must have written confirmation from the GP/hospital, registered homeopath/dentist that the medicine needs to be given within school hours, the dosage and times etc. Forms are also available from the School medical room. We would suggest you keep some spare forms with you so that you can take them with you when you visit the GP.
- In line with Council policy, we cannot administer aspirin without a doctor's prescription. Students own paracetamol can only be held within medical room for pupils to self-administer with supervision when there is written permission and consent form signed. For the Primary phase, please see section under Non-Prescribed Medicines regarding the administration of Paracetamol.
- All medication sent into school must be in original packaging (boxed, not single strip) with pharmacy prescription label and dosage instruction leaflet.



- *We are advised not to administer any other non-prescription medicines due to the problem of unknown side-effects and possible counter effects of combining other medicines or foods. We would therefore encourage you to seek your doctor's advice for any condition and obtain written confirmation from the doctor if any medication is to be administered. Alternatively parents/carers would need to come to the school to administer the medication.*



- *All long term medications sent into school should be collected at the end of the academic year. The School will endeavour to return medication however medication not collected will be destroyed. If new medications are required it is the responsibility of the parent/carer to supply the school with these along with the appropriate completed forms.*
- *All short term medication should be handed in and collected on a daily basis by the parent/carer from the School Office (Primary phase).*

*If you have any questions or queries please contact the School Nurse.*

<https://www.education.gov.uk/publications/eOrderingDownload/Managing%20Medicines%20Nov%2007%20version.pdf>

[http://www.clusterweb.org.uk/UserFiles/CW/File/Policy/Childrens\\_Social\\_Services/LAC/Policy\\_Procedures\\_and\\_Guidance/Management\\_and\\_Administration\\_of\\_Medication\\_Policy\\_and\\_Guidance\\_1208.pdf](http://www.clusterweb.org.uk/UserFiles/CW/File/Policy/Childrens_Social_Services/LAC/Policy_Procedures_and_Guidance/Management_and_Administration_of_Medication_Policy_and_Guidance_1208.pdf)

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Appendix 5:

**PARENTAL AGREEMENT TO ADMINISTER MEDICINE**

The Turner Free School cannot give your child medicine unless you complete and sign this form.

If more than one medicine is to be given, a separate form should be completed by each one.

Student's Name	
Date of Birth	
Tutor Group	
Medical Condition of Illness	

**MEDICINE**

The medicine must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

Name/Type of Medicine	
Dosage	
Timing (When To Be Given)	
Any other instructions (include details of inhalers, if any) and any particular circumstances requiring medication (e.g. asthma)	
Are there any side effects that the School needs to know about?	



**CONTACT DETAILS**

Name	
Address	
Relationship to student	
Daytime Telephone Number	

**DECLARATION**

<i>I understand that I must deliver the medicine personally to:</i>	<i>The School Nurse or her appointed duty.</i>
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*I request that the above medication to be given in accordance with the above information by a responsible member of the Turner Free School staff who has received any necessary training.*

*I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the School premises.*

*I accept that whilst my child is in the care of the School, the School staff stands in the position of parent, and that the School staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of such action as soon as is reasonably possible.*

Name	Relationship to Student	Signature	Date
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Appendix 6:

HEALTH CARE PLAN TEMPLATE

**Health Care Plan**

<b>Name of child</b>	
<b>Key Worker</b>	
<b>Date of birth</b>	
<b>School</b>	
<b>House and year</b>	

**Family Contact Details**

<b>Name of parent/ carer</b> (A carer must have legal responsibility for the child)	
<b>Relationship to child</b>	
<b>Address</b>	
<b>Phone number: Day time/mobile</b>	
<b>Emergency</b>	
<b>GP Name</b> <b>Surgery</b>	
<b>Address</b>	



<b>Phone number</b>	

<p><b>Medical Condition/Diagnosis</b>  <i>Description of condition, including pupil's likely symptoms:-</i></p>
<p><b>Childhood Illnesses and Immunisations</b>  <i>Illnesses had and whether immunisations are up to date:-</i></p>
<p><b>Moving and Handling</b>  <i>Extent of Mobility, any equipment required, any assistance needed:-</i></p>
<p><b>Health and Safety</b>  <i>General health condition, Staff training needs:-</i></p>
<p><b>Toileting</b>  <i>Assistance needed, Facilities to be used, Equipment / toiletries, Contenance status:-</i></p>
<p><b>Dressing</b>  <i>Assistance required? Clothing requirements:-</i></p>



<b>Education and Teaching</b> <i>Position in the classroom, teaching aids to be used, any specific education plans:-</i>
<b>Pressure Care/ Posture</b> <i>Assistance required, Special requirements for any equipment:-</i>
<b>Food and Drink</b> <i>Any Dietary Requirements, Assistance at meal times, any equipment?</i>
<b>Pastoral and Emotional</b> <i>Self esteem, interaction with peers &amp; teaching staff, emotional needs:-</i>
<b>Life Skills/ Independence</b> <i>Degree of Independence, motivation etc:-</i>
<b>Physiotherapy</b> <i>Physio programme, equipment required/used:-</i>
<b>P.E./Swimming</b> <i>Resources to be used, special arrangements:-</i>



<p><b>Fire Evacuation</b> <i>P.E.E.P. (Personal Emergency Evacuation Plan) to be written by school, if appropriate.</i></p>
<p><b>Transport/Trips</b> <i>Transport to/ from school, arrangements for trips:-</i></p>

**Care Plan Agreement**

We, the undersigned, agree to this Health Care Plan.

Parent/ Carer:..... Date:.....

Headteacher/ Other:..... Date:.....

Health Professional:..... Date:.....

Review Date:.....

Contact Details of Professionals Involved
---



<i>Name</i>	
<i>Contact Number</i>	



APPENDIX 7:

*First Aiders*

**FIRST AID AT WORK/PAEDIATRIC FIRST AID/EMERGENCY FIRST AID AT WORK**

<b>Name</b>	<b>Department</b>	<b>Qualification</b>	<b>Awarding Body</b>	<b>Date Passed</b>	<b>Expiry Date</b>