

…those who hope in the LORD will renew their strength.

 They will soar on wings like eagles; they will run and not grow weary, they

will walk and not be faint.’ Isaiah 40:31

# connect | nurture | aspire | learn | excel | hope



# Charing Church of England Primary School

**First Aid and Supporting Children with Medical Conditions**

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| **Document Information**  | **Date/source of Policy**  | **Responsibility**  |
| **Date of review**  | **November 2020**  | **FLO**  |
| **Date of new review**  |  **September 2021** |  **FLO / Admin** |

Our Visions – Our school is an inclusive family, proud of our faith in God and our friendship with our community. We develop respect, aspiration, curiosity, tolerance and determination. We are a creative, compassionate and confident team.

***Confidence Determination Faith Friendship Respect***

## AIMS

The Aim of this Policy is to set out guidelines for all Staff in school in the administering of First Aid, and to determine whether or not the child is in need of ‘First-Aid’ or merely ‘Pastoral Care’. The Children and Families Act 2014 places a duty on maintained schools for pupils at school with medical conditions to be properly supported so that they have full access to education, including school trips and physical education. Charing CE Primary School ensures that the relevant information has been collated and recorded from health and social care professionals, pupils and parents to ensure that the needs of children with declared medical conditions are effectively supported.

## STAFFING

Charing CE Primary School have designated staff with responsibility for administering First-Aid in school. Administration holds the first aid at work responsibility and qualified first aider lists can be found in the office and around the school. The Headteacher is responsible for ensuring that sufficient staff are suitably trained. Supply teachers can find information regarding children Individual Health Care Plans in the class folder.

A member of the Senior Leadership Team must be consulted in the event that a child (or member of staff) should sustain a major injury or injury of the following nature:

* Cut to head or serious knock
* Suspect sprain or break
* Burns
* Stings: i.e. bees/wasps/insects (due to the possibility of allergic reaction)

## First Aid procedures

**Accident Procedures, Reporting and Recording**

Any child who has an injury should be checked by one of the school first aid trained staff. If the injury is to the head or face area, the child will be given a head bump alert sticker to enable all adults to watch for signs of concussion and a telephone call home to the parent informing them of the incident will be made as soon as possible.

If the first aider dealing with any medical incident considers that the injury should be checked by a medical professional, the parents will be advised to collect the child from school immediately. If the accident is less serious but hospital treatment is deemed to be necessary and a parent cannot collect the child in good time then a member of staff with a car appropriately insured may take the child to hospital with another adult.

If the parents cannot be contacted and the injury is deemed an emergency SLT will decide if a member of staff should take the child, accompanied by another adult to the nearest medical centre, whilst office staff continue to speak to any of the emergency contacts listed on the child’s record. All actions will be recorded on the first aid incident form in the school office. If a decision to call for an ambulance has been made by the First Aider attending, SLT should be informed as soon as possible – with the parent/s also being contacted as soon as possible. In the absence of the child’s parent, a member of staff will accompany a child to hospital in the ambulance taking with them the child’s urgent consent form and a copy of any relevant Individual Health Care Plan.

Any accidents that require the child to be taken to hospital will need an accident form to be completed and a report completed on line to RIDDOR at [www.hse.gov.uk/riddor.](http://www.hse.gov.uk/riddor) These accidents are best reported by the person dealing with the incident as they have knowledge of what has happened and not given to a second party to deal with. In these circumstances it is best to use the phone to report the incident.

## Accidents to Staff/Visitors

All accidents to staff or visitors, including contractors, should be recorded as for pupils ie These should be recorded in the accident book and a report completed on line to RIDDOR at [www.hse.gov.uk/riddor.](http://www.hse.gov.uk/riddor)

## Recording

All incidents that require first aid are to be recorded on the appropriate sheet which are filed in the school office. All first aid incidents are monitored by the H&S Officer – FLO so as to prevent any future accidents. “Near misses” are also recorded on the appropriate sheet and kept in the office.

## First Aid/Illness/Medications

All classrooms have first aid kits. First aid boxes are located in the school office and in the school hall. All staff should make themselves familiar with their location. Any shortages or other comments about the contents should immediately be reported to the school office. Staff should notify the FLO of all medication they may take by declaring this on the staff emergency contact sheet.

Pupil health information will have been provided by the parent(s) at time of admission, and updated as necessary. Parents will also have signed an urgent consent form when the pupil first started school, on which any health information relevant at that time should have been noted. This information is kept in the office. Before taking part in any trips off-site other than local walks, new permission slips will be sent to parents requesting permission not just for the child to take part in the activity, but also again for any necessary treatment to be given should the need arise. This slip will further prompt the parent to give any new medical information.

## Asthma, Diabetes. Epilepsy, and Anaphylaxis

Any child or adult suffering from the above will have an Individual Health Care Plan which will be kept in the office, and relevant classrooms. All staff should be aware of these children and adults and their symptoms. Staff should try to ensure that asthmatics have their inhalers with them. See Appendix A for template of IHCP.

Asthma pumps will be kept in a labelled bag in the child’s class medical box. A record sheet is kept with the inhaler and any administration is recorded with **date, time, dose and reason.**

**Epipens** There are a number of pupils in school requiring ‘Epipens’. The administering of Epipens must be carried out by the nearest member of staff in the event of an emergency and/or when anaphylactic shock is apparent irrespective of whether Piriton has been administered first.

## Procedure for changing children after wetting/soiling

Children who have wet themselves are given a clean pair of pants and change themselves.

If children have soiled themselves, two members of staff are to be present whilst cleaning the child if he/she is unable to clean him/herself. Soiled clothing should be put into a plastic bag and returned to the parent. Any incident of this kind should be recorded on the appropriate form.

## PASTORAL CARE

Incidents requiring ‘Pastoral Care’ should be treated as follows:

* **DURING LESSON TIME**: Each class generally has a member of Staff to support the Teacher/Cover supervisor. Should an incident occur during morning session, the member of Staff supporting the class should take ‘Pastoral’ care of the child ensuring his/her

well-being. .

* **BREAK AND LUNCHTIMES:** The staff on duty should provide appropriate pastoral care. At break time children should be sent to the staffroom accompanied if needed where a first aider should attend to them. At lunchtime, dinner ladies carry out these duties. The above guidelines for determining ‘First-Aid’ or ‘Pastoral Care’ should be followed during these times.

In the event of minor injury, once treated, a first aid slip should be completed and given to the school office. In the event of an injury to the face or head the procedure outlined above should be followed.

Consultation from a second member of First-Aid staff should besought if the first aider dealing with any incident requires a second opinion.

Classification for incidents such as these is **‘FIRST AID’**

* Minor cuts or grazes
* Pupils who feel – or who are actually – sick
* Minor bumps to the head – i.e. pupils colliding in the playground.
* Minor marks to the body (bruises), skipping rope burns e.t.c

Classification for incidents such as these is **‘PASTORAL CARE’**

Should the child be feeling unwell or have been sick in school, the class teacher must be notified so that an informed decision may be made, the First Aider should consult with SLT to see if it is deemed appropriate for the child to be sent home.

In the event of **major injury**, a second member of staff should be sent for immediately. This should be the Head Teacher or SLT in their absence. An informed assessment will be carried out and the appropriate treatment given.

Should the injury require medical assistance (i.e. Parent called into school/hospital visit/ambulance), a member of the office staff should be contacted immediately to make the relevant calls and SLT should be informed as soon as possible.

**Supporting, Managing & Administering Medicines**

## Individual Health Care Plans

If a child or adult requires a health Care plan then the following should be considered and recorded on an Individual Health Care plan (template A):

* 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 and dietary requirements;
* 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 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 assessments;
* where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child’s condition; and what to do in an emergency, including whom to contact, and contingency arrangements.

## MEDICINES

Charing CE Primary School recognises that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. Charing CE Primary School will ensure that any arrangements made will give parents and pupils confidence in the school’s ability to provide effective support for medical conditions for their child in school. The arrangements will show an understanding of how medical conditions impact on a child’s ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

We welcome our duties under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations in relation to age (as appropriate), disability, ethnicity, gender (including issues of transgender, and of maternity and pregnancy), religion and belief, and sexual identity. We welcome our duty under the Education and Inspections Act 2006 to promote community cohesion.

We recognise that these duties reflect international human rights standards as expressed in the

UN Convention on the Rights of the Child, the UN Convention on the Rights of People with Disabilities, and the Human Rights Act 1998. This policy is available in all classrooms and the school website.

## Long term medicine

If a child requires medicine to be administered as part of an ongoing medical condition, this will be included in a health care plan and the appropriate permission form will need to be completed by parents/carers. This will include details of pupil’s name, medication, dosage. A record will be kept by the school when medicine is administered, including any medicines administered by parents on school premises.

## Short term medicine

If a child is prescribed medicine on a one-off occasion, i.e. antibiotics which need to be administered during the school day, the appropriate permission form will need to be completed by parents/carers. Administration of medicines by staff is voluntary.

## Non-prescription medicine

If parents wish staff to administer medicine to their child during the school day they will need to complete a form from the office.

All medicines should be clearly labelled with child’s name and staff must ensure that medicines are given as directed on the packet. Any prescription medication needs a label which must show the date, pharmacist name, telephone number and logo. Any medication that is incorrectly labelled cannot be accepted or administered. Staff should not dispose of medicines. All medication will be returned to parents at the end of the school year, except Inhalers and Epipens. If a child leaves the school or medication is out of date and parents do not collect medicines they should be returned to a pharmacy and parents informed.

## Refusing Medicine

If a child refuses to take a medicine they should never be forced to do so. This should be noted in records and parents informed.

## Medication Storage

Medication will be stored in either a locked cabinet or a lockable fridge in the school office. Emergency response treatment should be risk assessed and suitably stored. On school trips and off-site visits medication should be stored in a lockable bag or box and kept under the supervision of carer.

## Record Keeping

Clear records are maintained in the Medications Register. This is a mandatory requirement. The medications register must show:

Medication provided :

* Child’s name, date of birth and address
* Date brought to school
* Who brought to school
* Medication name
* Medication form (i.e tablets, capsules e.t.c)
* Medication amount
* Expiry date
* Dosage regime

Medication administered

* Date
* Name of Medication
* Amount given
* Amount left (tablets only)
* Time given
* Administered by
* Comments/action/side effects
* Signature of witness (if available)

**In addition, members of staff must be consulted to treat pupils who are known to have a specific illness i.e. diabetics/pupils known to have allergic reactions/pupils with Epipens in school – irrespective of the type of illness or injury sustained.** On no account must these pupils be left/sent to self-administer their own treatment.

**Pupils with Individual Health Care Plans**

Details of pupils with a specific need i.e. asthma/diabetic/severe allergies/Epipens e.t.c may be found in each classroom and in the class register. Please take time to familiarise yourself with the pupils Individual Health Plans and their individual potential need.

## INCIDENT REPORTING

All incidents requiring first-aid (whether minor or major) must be recorded. Forms to be completed by staff at playtimes, lunchtimes or during lesson times. These forms must then be placed in the folder in the school office.

## TREATMENT

School has a ready supply of minor first aid equipment. These may be found **in the school office and the resources store.** The administering of items such as antiseptic creams e.t.c are not permitted in case of allergic reaction. Cuts and grazes should be treated with antiseptic wipes and Elastoplast/Micropore applied where applicable.

There are buckets and sick bags in the classrooms and school office for pupils who feel sick. **Sawdust, mops and buckets may all be found in the Cleaner’s store.**

**Template A: individual healthcare plan (attach photo of child plan refers to)**

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| **Charing CE Primary School, Ashford**  |
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**Name of school**

**Child’s name**

**Class**

**Date of birth**

**Child’s address**

**Medical diagnosis or condition**

**Date**

**Review date**

**Family Contact Information**

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**Name**

**Phone no. (work)**

**(home)**

**(mobile)**

**Name**

**Relationship to child**

**Phone no. (work)**

**(home)**

**(mobile)**

**Clinic/Hospital Contact**

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**Name**

**Phone no.**

**G.P.**

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**Name**

**Phone no.**

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**Who is responsible for providing support in school**

**Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues e.t.c**

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**Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision**

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**Daily care requirements**

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**Specific support for the pupil’s educational, social and emotional needs**

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**Arrangements for school visits/trips e.t.c**

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**Other information**

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**Describe what constitutes an emergency, and the action to take if this occurs**

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**Who is responsible in an emergency *(state if different for off-site activities)***

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**Plan developed with**

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**Staff training needed/undertaken – who, what, when**

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**Form copied to**

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**Template B: Long Term Parental agreement for setting to administer medicine (EG Diabetes and asthma**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

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| Charing CE Primary School, Ashford  |
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Date for review to be initiated by

Name of school

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

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Name/type of medicine

*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

**Contact Details**

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| [agreed member of staff]  |

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Template C: Record of medicine administered to an individual child (Asthma)**

**Name of School : Charing CE Primary School**

**Child’s name ………………………………………… Date of Birth………………………..**

**Address……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………….**

**Register of Medication Obtained**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date**  | **Name of person who** **brought in the medicine**  | **Name of Medication**  | **Amount** **Supplied**  | **Expiry Date**  | **Dosage Regime**  | **Received by**  |
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**Register of Medication Administered**

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| Date  | Medication  | Amount given  | Amount Left  | Time  | Given by  | Witness  | Comments/Actions/ Side effects  |
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**Template D: Staff training record – administration of medicines**

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| **Charing CE Primary School, Ashford**  |
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**Name of school/setting**

**Name**

**Type of training received**

**Date of training completed**

**Training provided by**

**Profession and title**

**I confirm that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(staff member) **has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by the date stated below.**

**Trainer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I confirm that I have received the training detailed above.**

**Staff signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suggested review date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Template E: Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows - **Charing Church of England Primary School School Road, Charing, Ashford, Kent. TN27 0JN**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

**Template F: Model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child’s medical condition. I enclose a copy of the school’s policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child’s case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child’s medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child’s individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting.

I would be happy for you to contact me by email or to speak to me by phone if this would be helpful.

Yours sincerely

Mr Tom Bird

Head teacher