



Cornerstone Multi Academy Trust

Supporting children with medical needs & Administration of Medicines & First aid

This policy aims to promote inclusion and support the emotional and wellbeing needs of children with medical conditions, alongside supporting the medical need itself in turn promoting good attainment for the individual child enabling them to reach their full potential whilst at school.

This policy has been devised to support children with health and medical needs, following on from a recent statutory guidance from the Department for Education (DfE) for governing bodies of maintained schools and proprietors of academies in England, this came into place in September 2014. (updated December 2015)

Section 100 of the children and families act which came into place on 1st September 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

The statutory guidance is intended to help governing bodies meet their legal responsibilities, setting out arrangements that will be expected to make, based on good practice. The aim is to make sure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Key Points;

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

The Trustees and the leadership team must ensure that arrangements are in place in schools to support pupils at school with medical conditions, including training and resources.

Trustees should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

As part of this policy the Trust will ensure;

- Parents/carers need to feel confident that schools will provide effective support for their child's medical condition
- Pupil's need to feel safe and supported. This may involve including them within the plan.
- Staff may need to link in with relevant local health service, for example the school nurse, GP. This would be done with parental consent.
- Staff will liaise with and fully consider advice from healthcare professionals.
- Staff will listen to and value the views of parents/carers and pupils
- Support for the child's emotional wellbeing, which may be effected by their medical condition or attendance, including short term or frequent absence.
- Reintegration back into school needs to be properly supported, to enable full engagement with learning and prevent the child from not falling behind when they are unable to attend
- Compliance with the duties of the Equality Act 2010

- Children with medical needs can access and enjoy the same opportunities at school as any other child, this may include flexible timetables
- Each child will be treated as an individual, although children may have similar conditions they will not necessarily be managed the same way.
- Individual health care plans are devised and implemented for children with specific medical needs, this would be established by meeting with the parents/carers and if appropriate the child, alongside other relevant professionals, Team Around the Child meetings. Including regular reviews. The care plan will be shared with key relevant staff.
- Looking at how the medical condition impacts of their school life, ability to learn, as well as increase their confidence and promote self-care when possible.
- No child with a medical condition should be denied access, and all necessary measures would be put in place to support the child at school. However, this needs to be considered within safeguarding duties to ensure that a pupil's health is not put at risk from, for example, infectious diseases.
- Support with transition prior to starting school
- Endeavour to ensure arrangements are put into place within 2 weeks
- Awareness of the condition and suitable training for relevant staff members
- Risk assessment as needed.
- Who the school should contact if there is an emergency
- How the school will meet special needs, including dietary requirements
- How the school will help children with medical conditions to participate in physical activity and school trips if needed.
- The school should be able to agree with parents/carers of children on how it will manage the child's condition during the school day.
- That policies, plans, procedures and systems are properly and effectively implemented.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Record keeping of medicines administered
- Regular formal review of the Individual Health Care Plan (IHCP)

Working with other professionals including the Educational Welfare Officer (EWO), Educational Psychologist and School Nurse to meet the needs of the individual pupil.

Safeguarding needs to be considered as with all pupils.

Policy implementation;

The head-teacher, SENco, School Nurse and other members of the leadership team will ensure the policy is adhered to.

Individual Health Care plans;

See appendix A for flow chart

Individual care plans established that key staff have access to, adhere to and are reviewed regularly. Annually or beforehand if changes occur.

Where necessary the school nurse will help to devise healthcare plans for individual children, alongside the parents/carers, SENco and relevant class teacher.

Not all children with medical needs will require a healthcare plan. The school, healthcare professional and parent should agree, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the head-teacher is best placed to take a final view. (refer to flow-chart, Appendix A)

(See example of care plans to be used in Appendix B)

Where a child has a SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual health care plan.

Things to consider;

When a formal diagnosis has not been confirmed judgements will be needed about how to support and staff will need to seek advice and medical evidence including consultation with parents in how to best support the pupil.

It is not generally acceptable practice to 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.

Emergencies

- Medical emergencies will be dealt with under the schools' emergency procedures
- Where an individual Healthcare plan (IHCP) is in place, it should detail;
 - What constitutes an emergency
 - What to do in an emergency
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Policy Statement

The Trust aims to support and welcome students with medical conditions.

The school will help to ensure that all children will;

- Reach optimal health

- Enjoy and achieve
- Achieve economic well-being
- Stay safe
- Make a positive contribution

Complaints;

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If whatever reason this does not resolve the issue, they make a formal complaint via the school's complaint procedure.

Other policies that may also be used in line with this policy;

Child protection policy

SEN policy

Intimate care policy

Complaints procedure.

Appendices.

1. Individual Health Care Plan implementation procedure
2. Individual health Care Plan template
3. Policy for medication
4. Virgin Care guidance from training; Medicine Management in Schools
5. Virgin Care guidance from training; Managing Severely Allergic Pupils in Schools
6. Asthma information for schools
7. Eczema information for school settings
8. Head lice information sheet
9. Coeliac's – school pack information for schools

References.

Supporting pupils at school with medical conditions (statutory guidance for governing bodies of maintained schools and proprietors of academies in England) September 2014. Updated December 2015. Dept. for Education.

In the event of minor ailments that require over the counter medication rather than prescribed medication, this can be administered by staff if the correct signed forms are completed and the protocol below is followed.

The staff of Cornerstone wishes to ensure that young people with medical needs receive proper care and support within the Trust. The Headteacher will accept responsibility in principle for members of staff, when giving or supervising a young person taking agreed medication, specified within this policy, if needed during the school day (and on residential where applicable)

Parents/carers can access this policy on the Cornerstone website and request a copy if required.

Medication will not be accepted without written and signed instructions from the parent/carer.

Parents/carers should supply the required amount of medication. Please see table below which details the medication that can be given in school.

Each item of medication must be delivered in its original dispensed container. and handed directly to the class teacher or Receptionist. If the medication needs to be stored in a fridge, it needs to be handed in to the Reception office and forms completed. Emergency medication, e.g Epipens and Ventolin Inhalers, need to be given directly to class teachers and these will be stored in a safe, yet accessible cupboard in the child's classroom. Parents/Carers will be asked to complete relevant School Asthma Cards and the Epipen Protocol. Controlled Drugs will be stored in a locked, non-portable container and only named staff will have access to it. All other medication can be locked in first aid cabinets in the child's classroom and relevant forms completed.

Each item of medication must be clearly labelled with the following information:

- Child's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if important)
- Expiry date (if available)

The Trust will not accept items of medication which are in unlabelled containers, or not in their original container.

Where it is appropriate to do so, young people will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with

them. Please note in the event of a controlled drug such as Methylphenidate (Ritalin), young people may not be allowed to carry these for the safety of other academy users.

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a young person's need for medication.

Staff who agree to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the School Nurse.

The Trust will make every effort to continue the administration of medication to a young person whilst on activities away from the premises; even if additional arrangements might be required. Separate formally agreed arrangements are acceptable on educational visits that involve an on over-night stay.

Medication will only be administered by a member of staff that is happy and competent to do so. The Trust will not force any member of staff to give medication to a child if they are not comfortable in doing so. Staff will be trained in how to complete checks prior to the administration of medication, administering medication and maintaining records.

Medication will only be administered if there is a completed consent form in place with dosage requirements and history of the medication given to the child in the last 24 hours.

Once staff have given medication they will record the administered dose, state the time given and will sign to state that it has been given. This includes assisting the child with taking their asthma inhalers. All medication given needs to be documented.

If there is a concern that a child is needing medication more frequently, staff will liaise with parents and the school nurse may be informed.

First aid at school and the unwell child

Introduction

1. This Policy is designed to promote the health, safety and welfare of pupils, staff and visitors to this school through the provision of first aid equipment and trained personnel in accordance to the requirements of The Health and Safety (First Aid) Regulations 1981.
2. The first aid appointed person is the Assistant Headteacher.

Aims of the policy

3. First aid saves lives and ensures that minor injuries and illnesses do not escalate into major ones. The aim of this policy is to ensure that:
 - a person is appointed to take charge of first aid arrangements;
 - staff nominated as 'first-aiders' receive up-to-date training on courses approved by the Health and Safety Executive (HSE);
 - suitably stocked and marked first aid containers are available at all appropriate locations throughout the school;
 - all members of staff are fully informed with regard to the first aid arrangements;
 - all staff are aware of hygiene and infection control procedures;
 - written records are maintained of any accidents, reportable injuries, diseases or dangerous occurrences;
 - first aid arrangements are regularly reviewed.

Procedure

4. First aid will be available at all times while people are on the school premises and also off the premises while on school visits.
5. The school's First Aid Policy will be made available for scrutiny.

Risk assessment

6. On behalf of the Trustee Board, the appointed person (Brett Renfree) will conduct an annual risk assessment of all school buildings and facilities, paying particular attention to:
 - practical activities;
 - the use of machinery;
 - storage of hazardous substances;
 - the use of equipment for sports and physical education.
7. From this assessment a judgement will be made as to how many trained first-aiders are required to provide an effective and safe response to accidents and injuries. A judgement will also be made as to how many fixed and portable first aid containers should be available and where they are to be located.
8. Specific consideration will be given to staff or pupils who have special health needs or disabilities.

9. In determining the level of provision the appointed person and the Trustee Board will consider:

- the provision during lunch times and breaks;
- the adequacy of the provision to account for staff absences;
- the provision of first aid for off-site activities and school trips;
- the provision for practical lessons and activities, e.g. science, technology, home economics and physical education.

Qualifications and training

10. All school first-aiders will hold a valid certificate of competence issued by an organisation whose training and qualifications are approved by the HSE and valid for three years.

11. Refresher training and retesting of competence will be arranged at least three months before certificates expire.

12. The school will consider annual refresher training to maintain first-aiders' basic skills and keep them up to date with changes.

13. The appointed person does not necessarily have to be one of the certificated first-aiders.

14. The appointed person will:

- line manage the team of first-aiders, monitoring their training and competences;
- look after the first aid equipment, restocking first aid containers when required and replacing out-of-date materials;
- ensure that an ambulance or other professional medical help is summoned when appropriate;
- undertake regular risk assessments and liaise with the Trustee Board and Headteacher as appropriate;
- ensure that all accidents and injuries are appropriately recorded;
- ensure that all members of full-time and temporary staff are familiar with the school's first aid provision.

First aid materials, equipment and facilities

15. First aid containers will be:

- marked with a white cross on a green background;
- located near hand-washing facilities;
- stocked in accordance with HSE recommendations.

16. All school minibuses will have a first aid container on board. Portable first aid containers will be available for all school trips and for sporting and other activities that take place over 200 metres from school buildings.

17. Where it is known that staff or pupils engaged in an out-of-school activity have specific health needs or a disability, the contents of the first aid container will include the resources to meet these specific needs.

18. The school medical room is the school meeting room. Although this room is used for other purposes, the provision of first aid and medical usage will have absolute priority.

Information and notices

19. First aid notices giving the location of first aid containers and the names of members of staff who are certificated first-aiders will be prominently displayed in:

- staff rooms and other common rooms;
- main corridors;
- all locations where sports, physical activities or practical lessons involving machinery or similar equipment, take place.

20. The school will make every effort to ensure that first aid notices are clear and easily understood by all.

21. Information on the school's first aid provision will be included in the staff handbook.

22. Information on the school's first aid provision will be provided in the induction pack given to new and temporary staff.

Hygiene and infection control

23. All staff will:

- follow basic hygiene procedures;
- be made aware as to how to take precautions to avoid infections, e.g. HIV and AIDS.

24. All staff will have access to single use disposable gloves and hand washing facilities. Disposable gloves will be worn at all times when dealing with blood or other body fluids or when disposing of dressings or other potentially contaminated equipment. Instructions on the disposal of all used dressings or equipment will be included in the first aid containers.

Recording accidents and injuries

25. All accidents and injuries will be recorded in the OSHENS application and such records will be kept for a minimum of three years.

26. The record of any first aid treatment given by first-aiders and other appointed persons will include:

- the date, time and place of the incident;
- the name and class of the injured or ill person;
- details of the injury or illness and what first aid was given;
- what happened to the pupil or member of staff immediately afterwards (e.g. went home, resumed normal duties, went back to class or went to hospital);
- the name and signature of the first-aider or person dealing with the incident.

27. Serious or significant incidents will be reported to parents either by sending a note home with the pupil or by direct contact with the parent or carer.

28. In an emergency involving outside medical professionals or services the Headteacher or the appointed person will follow the school's established procedures for contacting a parent or carer.

Reporting accidents to the HSE

29. The following types of accidents will be reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR):

- accidents resulting in death or major injury (including those that result from physical violence);
- accidents that prevent the injured person from doing their normal work for more than three days.

Review of first aid provision

30. The Trustee Board and the Headteacher and or the appointed person will review first aid policy and provision at least once every two years.

Current First aiders in school

Steve Hodge	First aid at work
Nina Rothery	First aid at work
Jane Pearce	First aid at work
Tracey Wills	First aid at work
Hannah LeHuray	Paediatric
Nicky Evans	Paediatric
Chris Monkley	Paediatric
Jamie-Lea Crick	Paediatric
Sarah Pettifer	Paediatric
Laura Fox	Paediatric
Kim Brooks	Paediatric
Tonia Dudley	Paediatric
Savannah James	Paediatric
Kelly Davies	Paediatric
Luke Abrahams	Paediatric
Liz Davidson	Paediatric
Laura Cose	Paediatric
Rhiannon Evans	Paediatric
Jack allen	Paediatric
Ben Clark	Paediatric

Updated: March 2018
Review: March 2019

Rebecca Hoey	Paediatric
Anna Clotworthy	Paediatric
Joe Carswell	Paediatric
Jane Bishop	Paediatric
Carrie Sibbald	Paediatric
Aimee Ralls	Paediatric
Emma Wilding-Webb	Paediatric
Michael Kimber	Paediatric
James Beevor	Paediatric
Mark Harrison	Paediatric
Barnabie Goldstone	Paediatric

The following chart details which medication we can administer and for how long

Type of medication	Examples of reasons for administering	Examples of medication	Where there is a health reason to do so we can administer:
Short term non-prescribed	Child requires short term treatment or pain relief which can be treated with over the counter medication	Only Paracetamol, for example Calpol Antihistamine	For 2 consecutive days
Short term prescribed	Child requires short term treatment, or pain relief and has been prescribed a course of treatment by their GP which lasts no more than 2 weeks	Antibiotics Paracetamol, for pain Ibuprofen Aspirin (However this is not recommended for Under 16s) Eye drops Ear drops Cream / lotions Antihistamine	As per the length of time stated on the instructions
Long term prescribed	Child has been diagnosed with a long term condition (which they suffer from regularly or constantly) and has been prescribed a course of treatment by their GP	Epipen Insulin Inhaler Eczema cream Controlled drugs Paracetamol* Ibuprofen* Aspirin* *a supporting letter is required from their GP is this needed as medicines have been prescribed?	As and when required



MEDICATION ADMINISTERED IN THE LAST 24 HOURS

Name of pupil:	Class:
Contact no:	Date:
Medical condition of pupil:	
Prescribing Doctor/Surgery:	
Medicine:	
Dose:	

Please state below the medication that your child has received in the last 24 hours:

Medicine:	Dose:
Date:	Times given:
Date:	Times given:

Medicine:	Dose:
Date:	Times given:
Date:	Times given:

Medicine:	Dose:
Date:	Times given:
Date:	Times given:



MEDICATION TO BE ADMINISTERED IN SCHOOL

Medicine:	
Dose:	Time:

For staff use only:

Administered by:	Signature:
Date:	Time:

Medicine:	
Dose:	Time:

For staff use only:

Administered by:	Signature:
Date:	Time:

Medicine:	
Dose:	Time:

For staff use only:

Administered by:	Signature:
Date:	Time:

I give permission for a member of staff to administer the medicine to my son/daughter.

Signed:..... Date:.....



Administration of medicines for residential trips

Name of pupil: _____ Class: _____

Contact no: _____

Medical condition of pupil: _____

Name of prescribing doctor: _____
(if medicine is prescribed)

Medicine: _____

Dose: _____ Frequency of dose: _____

I give my permission for the appointed medical administrator (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is on a residential trip.

Signed: _____
(Parent or Person with parental responsibility)

Date: _____

I give my permission for my son/daughter to carry their asthma inhaler with them whilst on residential and to manage its use.

Signed: _____
(Parent or Person with parental responsibility)

Date: _____

I give my permission for my son/daughter to manage the use of his/her own pen injector for diabetes under staff supervision.

Signed: _____
(Parent or Person with parental responsibility)

Date: _____
(See notes of guidance overleaf)

- 1. This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine, to the Headteacher or his/her nominee.**
- 2. The medicine should be in date and clearly labelled with:**
 - (a) its contents;**
 - (b) the owner's name**
 - (c) dosage;**
 - (d) the prescribing Doctor's name (if medicine has been prescribed).**
- 3. The information given overleaf is requested in confidence, to ensure that the Headteacher is fully aware of the medical needs of your child.**
- 4. For further information regarding the administering of medication please see the School's medication policy.**

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the Trust through these guidelines, and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements.

Cornerstone Academy Trust