

# STANLEY PARK JUNIOR SCHOOL



## Supporting Pupils at School with Medical Conditions and First Aid Policy

### Vision Statement

"We believe that every child and adult matters. Working together as staff, parents and Governors, we strive to create a rich, varied and challenging curriculum that provides inspirational learning opportunities for all children as they become successful learners, confident individuals and responsible citizens with a sense of pride in themselves and their school."

**Policy shared with staff:**

December 2022

**Next review date:**

July 2023

## **Introduction**

Stanley Park Junior School is an "inclusive school" we make every effort to ensure that all pupils are included in every aspect of school life and can remain healthy and achieve their academic potential. We welcome and support children with medical conditions, both physical and mental. We will consider the needs of children with particular medical conditions on a case-by-case basis. The Children and Families Act 2014 places a duty on governing bodies to ensure that those children with medical conditions are properly supported in school, so that they can play a full and active role in school life, including school trips and physical education. In meeting this duty the governors of Stanley Park Juniors will also have full regard to the statutory guidance issued by the Secretary of State - Supporting pupils at school with medical conditions (December 2015)

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

We ask parents to provide information regarding medical needs on the admission of their child to the school. Parents are asked to keep the school updated regarding any changes to this information.

For children being admitted to our school for the first time, the arrangements will be in place for the start of the relevant school term (unless a place is offered in August). In these cases, such as a new diagnosis or a child moving to our school midterm, we will make every effort to ensure that arrangements are put in place within two weeks. If we believe that the child will not be safe in school, we would delay their start date.

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 actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so.
- 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.
- 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.

When a child is obviously unwell, the best place to be is at home, with an adult. A sick child will be unable to cope with schoolwork and, if the illness is infectious, will put others at risk.

Where a return to school with prescribed medicines is advised, and it is not possible to administer these outside the school day then the school will supervise self-administration or may administer medication to a child, upon completion of the necessary forms by the parent (see Appendix 2). As there is no legal duty that requires school staff to administer medicines, any staff giving medication of any kind would be doing so voluntarily. They will only do so to cooperate with parents in the best interests of children with long-term or complex medical needs, on the basis that neither they, the school, nor the local education authority will be held responsible for any problems, which may result from their so doing.

The administration of medicines will be for pupils who are:-

- suffering from chronic illness or allergy, or
- recovering from a short-term illness and are undergoing or completing a course of treatment using prescribed medicines, or
- in need of a non-prescription medicine for certain known conditions (e.g: constant ear infections/fractures).

### **Managing Medicines on School Premises**

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

### **Prescription Medicines**

- No child under 16 should be given prescription medicines without their parents written consent using Appendix 2.
- We will only accept medicines that have been prescribed by a doctor, dentist, or qualified non medical prescriber (nurse, pharmacist, podiatrist, optometrist and physiotherapist). Medicines should always be **provided in the original container**, clearly marked with the child's name, as dispensed by a pharmacist and include the prescriber's instructions for administration.

### **Non-Prescription Medicines**

- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken with the parents.

Non-prescription medicines are those which can readily be bought "over the counter". It is recognised that certain pupils may need to take non-prescription medicine, such as Calpol, for conditions such as dysmenorrhoea (period pains, toothache or earache).

- Parental **written consent must be obtained before** administering non-prescription medicines on the appendix 2 form.
- Non-prescription medicines will only be allowed into school in their original containers which clearly state what they are and maximum dose and dose frequency. Staff must ensure this is in line with what the parent has written on Appendix 2.
- When administering Calpol/Ibuprofen, parents will be informed prior to this medicine being given to ensure that maximum dosage isn't exceeded.
- When administering an antihistamine for an allergic reaction, parents will be informed after giving it to the child as per appendix 2.
- *Children at SPJS will never be given aspirin unless prescribed by a doctor*

## **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate. Controlled drugs likely to be prescribed to children which may need to be administered in schools and other educational settings are, for example, methylphenidate and dexamfetamine for ADHD or possibly morphine/fentanyl for pain relief.

Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and these guidelines. Controlled drugs need two people to witness the administration.

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school/setting. Once the controlled drug comes into a school or childcare setting it should be stored securely within a locked cabinet.
- Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.

## **Storage of Medicines**

Children should know where their own medicines are stored. Medicines will be kept in a cupboard in the Office, accessible only to staff. Medicines requiring refrigeration will be kept in the Office refrigerator and clearly labelled. Medicines are locked in a cupboard overnight.

## **Emergency procedures**

The headteacher 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, ensuring that all relevant staff 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.

## **Roles and Responsibilities**

Governing Body:

- Ensure that there is a clear policy identifying roles and responsibilities of all those involved in supporting pupils with medical conditions.
- Ensure staff have received suitable training and are competent before taking on responsibility to support pupils with medical conditions.

- Monitor that pupils with medical conditions are supported to enable them to participate in all aspects of schools life
- Ensure written records are kept for all medicines administered to children.
- Remains legally responsible and accountable for fulfilling our statutory duty in terms of supporting pupils with medical needs

#### Headteacher:

- Responsible for putting this policy into practice and for developing detailed procedure
- Ensure all staff who need to know are aware of child's condition
- Ensure there are sufficient number of first-aid trained staff and staff trained in specific medical needs.
- Have responsibility for overseeing the development of individual health care plans.
- Ensure that children who have a life threatening condition eg severe asthma, diabetes, allergies, are made known to staff and a photograph and brief description of the child's condition, as appropriate, will be put on the staffroom notice board and in the front office.
- Ensure that all parents and all staff are aware of the policy and procedures for dealing with medical needs by ensuring a copy of this policy is available from the school office on request and is also published on the school website.
- Is responsible for ensuring that she and other relevant members of staff consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Ensure that risk assessments are carried out for school trips and school activities outside the normal timetable
- Monitor individuals and annually review individual healthcare plans to ensure this policy is being implemented effectively.
- Ensure that individual healthcare plans will define what constitutes an emergency situation and explain what to do

#### School Business Manager

- Ensure that we have the correct insurance

#### Deputy Head

- Will be responsible for updating supply folders on medical needs and providing these on arrival at SPJS to supply teachers.
- Oversee risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

#### Parents:

- Provide medical information on admission documents prior to the child starting school.
- Should provide the school with sufficient and up-to-date information about their child's medical needs. (In some circumstances the school may require verification from the child's GP or another medical practitioner)
- Be a key partner in developing and reviewing the child's individual health care plans.
- Carry out actions detailed on the health care plans e.g. provide medicines and equipment
- Ensure that they or another nominated adult are contactable at all times.
- Provide the school with the child's medicine which is in-date, labelled, provided in the original container as dispensed by a pharmacist and include written instructions for administration, dosage and storage. The parent must hand all medication to the School Office.

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held by the school when no longer required and/or at the end of each academic year, as appropriate
- Ensure children do not hold their own medication in school - They must be given to an adult in the school office to store. (The only exception to this would be in case of asthma inhalers, provided that the child is capable of looking after the inhaler, and the parent has signed to give permission for this.)

#### Pupils:

- Provide information about how their condition affects them
- Be involved in discussions about how to best support their needs.
- Comply with their Individual Health Care Plan

#### Staff:

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy.

- As there is no legal duty that requires school staff to administer medicines, any staff giving medication of any kind would be doing so voluntarily. All volunteers will be indemnified by the Council's Liability Insurance for any claims made against them provided that they have received training, taken any necessary "Refresher Training," followed the Health Care Plan and used appropriate protective equipment.
- Treat medical information confidentially.
- Keep all medicines in the Office Cupboard and administered by a member of office staff/SLT.
- Take required medicines on a school trip and administer in accordance with written instructions given by the parent on the appropriate form.

#### Local Authorities

Local Authorities are commissioners of School Nurses for maintained schools and academies, under Section 10 of the Children Act 2004, They have a duty to promote cooperation 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. 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) [education for children with health needs who cannot attend school](#).

#### Concerns or Complaints

Should parents be dissatisfied with the support provided to pupils with medical conditions, they should discuss their concern in the first instance with the Headteacher. If for whatever reason this does not resolve the issue, they may make a complaint as set out in the school's Complaint Policy

#### Procedure for Administration of Medicines in Schools

#### Administration of medicines by a member of staff

All staff who participate in administering medication will receive appropriate information and training for specified treatments in accordance with the code of practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child. Training will be through the School Health Service, who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases.

Other trained staff who may be required, e.g. First Aider may be summoned as appropriate. The Headteacher will keep a record of all relevant and approved training received by staff.

### **Written Instructions**

- All medicines that are to be administered in school must be accompanied by written instructions from the parent and/or the GP. (Appendix 2 - Form 2)
- Each time there is a variation in the pattern of dosage, a new form should be completed and it should be accompanied by written confirmation from a medical practitioner to confirm the variation, unless it is a completely new prescription at the end of an existing prescription.

### **Each person who administers medication must:**

- Receive a copy of these guidelines and code of practice;
- check that the medication belongs to the named pupil and is within the expiry date;
- read the written instructions/parental consent form for each child prior to supervising or administering medicine. Confirm the dosage/frequency, expiry date, packaging on each occasion. (Appendix 2)
- Consult the medicine record form (Appendix 3) to ensure there will be no double dosing;
- When administering Calpol/Ibuprofen, parents will be informed prior to this medicine being given to ensure that maximum dosage isn't exceeded.
- When administering an antihistamine for an allergic reaction, parents will be informed after giving it to the child as per appendix 2.
- Be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- understand and take appropriate hygiene precautions to minimise the risk of cross-contamination;
- Know the emergency action plan and ways of summoning help/assistance from the emergency services;
- record on the medication record form (Appendix 3) all administration of medicines as soon as they are given to each individual; (Good records help demonstrate that staff have exercised a duty of care.)
- ensure that all medicines are returned for safe storage;
- ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration of Administration of Medicines and must ensure that the Headteacher is aware of this lack of training/information.

Please see administering medicines flow chart (Appendix 6)

If in doubt about any procedure staff will not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue will be discussed with the parent.

### **Supervision of children taking their own medicines**

Where the Headteacher or staff are willing to be involved voluntarily, the Headteacher is responsible for ensuring that as a minimum safeguard self-administration of medicines that are safely stored is supervised by an adult. This involves ensuring:

- access to the medication at appropriate times. Where schools supervise self administration appropriate measures will be taken to ensure the medicine is appropriately stored to prevent any unsupervised self-administration of the medicine, as per the guidance on the storage;
- the medication belongs to the named pupil and it is within the expiry date; a record is kept in the appropriate form in Appendix 3 noting that the session was supervised but clearly indicating that medication was self-administered by the pupil

### **Individual Health Care Plans for Long Term/Complex Medical Conditions**

If a child has a long term or complex medical condition, the school nurse will meet with the child's parents/carers to discuss how the school can meet the child's needs and an Individual Health Care Plan will be set up (see Appendix 1) Such conditions may include allergies where the administration of an epi-pen is necessary. 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 EHC plan, their special educational needs should be mentioned in their individual healthcare plan where this is relevant.

The plan will be written in conjunction with parents and may also include the school nurse and / or the child's medical carers and, in some cases, the child. It will set out in detail the measures needed to support the pupil in school. The school may also cross-reference support, if appropriate through a EHCP of Special Educational Needs.

Medication will only be administered under the conditions set out above, once appropriate staff have received the necessary training. Parents must provide details, in writing, of the frequency and dosage of the medication.

All individual health care plans will be circulated to all staff and kept in a special file in the school office and on the noticeboard in the staffroom. There is also an Educational Visits file including IHP to take on visits so the original remains in school. School HCPs are also saved on SIMS under the child's medical records section.

All individual health care plans are reviewed annually with parents and any additions/changes are made.

Children who have an allergy will wear a red band when collecting their school dinner to help kitchen staff identify who they are and ensure they do not eat anything that would cause them harm.

### **Asthma Inhalers**

Children who suffer from asthma may bring their blue salbutamol reliever inhaler (in its prescription box with the child's name and dosage details marked clearly on the label) to school. In school we keep a register of these children. Parents must fill in the asthma care plan (appendix 5) when inhalers are to be kept in school. Inhalers are stored in the school office where they can be



accessed by pupils at all times.

The school recognises the importance of children self-managing their inhalers and this is actively supported through the systems and procedures in place. Inhalers are managed within school through the following:

- All inhalers are kept within year group boxes in the front office which is accessible at all times.
- Each class has a large transparent zip wallet to hold all inhalers of children within the class, that sits within the year group box.
- Each child with an inhaler has their own named plastic zip wallet containing their asthma care plan, permission for emergency salbutamol and dosage record card.
- When medication is needed, the child checks the sticker on the front of the asthma zip wallet to ensure they are having the correct dosage, the child records the number of puffs taken on their dosage record card. An adult can assist with this if the child finds it difficult. Children self-administer their own inhalers in school unless identified that they can't on the asthma care plan. Children are asked to inform a staff member if they want more puffs than is recorded on their zip-wallet. (If a child needs more puffs than stated, parents will be notified)
- Staff members will contact parents when a child is using their inhaler very regularly (3 times a week) and encourage them to go to the doctors for a clinical review of their asthma.
- In July (end of school year) all held inhalers are returned home.
- In September all medication is given to office staff and records are updated.

**The school holds two asthma inhalers for emergency use. These can only be used if parents have given written consent and have already have a diagnosis of asthma. (see appendix 5)**

### **Record Keeping - see Appendix 3**

The date, name and class of the child, the type and dose of the medicine and the time of administration of the medicine, will be recorded in the Record Book together with the initials of the administrator which is located in the school office. We do keep records of when children administer their inhalers, including number of puffs taken.

**We keep records of children who are given first aid in the Office - this is recorded in the medical book in the front office and may be recorded in the playground first aid book for minor injuries if treated outside.**

Children record their use of their inhaler in the asthma record sheet in their asthma zip wallet.

### **Safety Management**

Where the school agrees to administer medicines, it has a duty to ensure that the risks to the health of others are properly controlled. Where the school has agreed to store medication the supplied container should be clearly marked with the name of the pupil, the dose of the drug and the frequency of administration.

All staff should be familiar with normal precautions for avoiding infection and must follow basic

hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment.

### **School Trips**

Children with medical needs will be encouraged to participate in school trips, where safety permits. Risk assessments are carried out for all trips as detailed within the Health and Safety and School Journeys policies. These ensure that staff supervising trips are aware of any medical needs and relevant emergency procedures. Arrangements for taking medication must be known and a member of staff must be responsible for ensuring that all medication that could be required is taken on the trip.

### **P.E. and Sporting Activities**

Most children with medical conditions can participate in the P.E. curriculum and such activity is generally beneficial. Some pupils may need to take precautionary measures before or during exercise and/or be allowed immediate access to their medication if necessary. Teachers supervising such activities should be aware of relevant medical conditions as detailed in the Medical List and emergency procedures.

### **Residential Visits**

Where children are staying away from home on a residential visit organised by the school, parents will be asked to sign a form giving permission for mild medication such as paracetamol to be administered by staff if deemed necessary. Other medicines will require a separate form to be completed (this is given out prior to departure). All medicines are handed to the member of staff responsible for the child during their trip away.

### **Dietary and allergen requirements**

At SPJS we aim to cater for all pupils' dietary and allergen requirements. All products used in catering and cooking are checked before being used by pupils for the specific current pupil needs at the school.

The school is nut free both in the food that we offer and in the use in lessons e.g. science and cooking, and caters for gluten free pupils (coeliac) by the use of gluten free products and separate cooking equipment. The school caters for lactose intolerant pupils by offering lactose free products.

The catering staff at Greenshaw, who are involved in the preparation of food are always briefed on the dietary and allergen requirements of pupils. Catering staff are provided with photographs of pupils with allergies alongside their allergen.

### **Staff Training and Support**

- Awareness Training: Every year in September all staff will be made aware of all the children in the school who have an Individual Healthcare Plan and how to best support them.
- Depending on the nature of the medical conditions of pupils in school each year, relevant training will be provided e.g. epilepsy, asthma (**annually**), epi-pen (**annually**), diabetes. To ensure that staff are well equipped to support the pupils at SPJS. The school has a group of Administrative and Support staff who have completed First Aid at work Training and have certificates which have to be renewed every three years. This list is clearly displayed in

Reception and the Staff Room.

- Where the school has accepted responsibility for the administration of invasive or intimate medication or assistance, training will be provided, to staff volunteers, by the School Health Service. Ideally, this training will take place before the child starts school or as soon as possible thereafter. Volunteers who undergo training will receive a certificate acknowledging their competence to undertake such medical assistance.
- 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.
- Administration of medication or medical assistance will not be given until such training is satisfactorily completed.

## First Aid

This policy is based on advice from the Department for Education on [first aid in schools](#), [health and safety in schools](#) and [actions for schools during the coronavirus outbreak](#), and the following legislation:

[The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel

[The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees

[The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept

[Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

### **Appointed person(s) and first aiders**

The school has at least 4 qualified first-aiders. They are responsible for:

Taking charge when someone is injured or becomes ill

Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment

Sending pupils home to recover, where necessary, and in consultation with the Head Teacher or Deputy

Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.

Details of our school's first aiders are displayed prominently around the school.

### **The Governing Body**

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

### **The Headteacher**

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel] are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary

### **Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures

Ensuring they know who the first aiders in school are

Informing the headteacher or their manager of any specific health conditions or first aid needs

### **In-school procedures for dealing with accidents/injuries**

In the event of an accident occurring on the school site the following procedures should be adopted.

1. Midday Supervisors are able to deal with minor mishaps in the playground, and have a supply of plasters and wipes with them. Due to Covid 19 - it is best that children put on their own plaster and if unable or needs cleaning they should go to the office to have first aid administered where PPE can be put on. Details of any child receiving first aid outside, must be recorded in the outside medical first aid book. Should an adult not have first aid training, they then can request help/ second opinion from a qualified First Aider. For any more serious injury, or for a cut or graze which can't be cleaned

outside, the child should be taken by a member of staff or one sensible child, and sent to Reception for first aid treatment. A record of all First Aid treatment administered in the office should be kept in the medical book held in the medical area in Reception.

**Head Injury:** Children who have a head injury (excluding the face) are assessed by first aiders in the office. All bumped heads should be treated with an ice pack. If it is deemed it may have caused concussion, the pupil is given a sticker to wear stating that they have had a bump/knock to the head, to enable teaching staff to easily know this and look out for signs of concussion. They are also handed a letter to give to their parents (see appendix 4). Parents are always called when there has been a bump/knock to the head where there is deemed to be a risk of concussion.

**Face Injury:** If a child has a bump to the face, the pupils will be given an ice pack. Parents will only be called if there is a visible injury e.g. bruising/cut at the time.

**Cuts:** The nearest adult can deal with small cuts. All open cuts should be cleaned with gauze and water or a cleansing wipe. Any adult can treat more severe cuts, but a fully trained first aider must be consulted for advice. Minor cuts will be recorded in either outside or inside accident book. Severe cuts that require attention by a doctor/hospital must be recorded on the online accident reporting management system.

2. In more serious cases, if the child is not able to move without assistance- or could have concussion, do not attempt to move them. Find out the name and class of the child and send for help from the school office using orange help cards - who will arrange for a member of staff with first aid training to assist. (A list of staff with current First Aid Certificates is held in Reception and displayed about the school). The first aider will also decide whether the injured person should be moved or placed in a recovery position.

(The following procedures may be carried out by the Reception staff)

4. First aid administered, the Head or Deputy Head should be consulted if further treatment is thought necessary. It may be considered appropriate to contact the parent and suggest that they collect the child and seek further medical advice regarding the injury. This is particularly appropriate with any injuries affecting the head.

5. In case of serious injury an ambulance should be called. (Print out contact details and medical history off SIMS in addition to copy or original of health care plan to take to hospital)

6. The parent should be contacted immediately afterwards, advising of the imminent removal to hospital and asking them to come to school or go directly to the hospital. If there is likely to be any delay in the parent getting there, advise them to phone the hospital in order to authorise any treatment thought necessary. An adult from the school should accompany the casualty if the parent is not available and wait at the hospital until the parent arrives. The parental consent form should be taken from the child's personal folder.

7. Advise the Head, if she hasn't already been involved, and all staff concerned of the action taken.

8. In all cases of accident and injury the Medical Book in the office should be completed by the member of staff who dealt with the injury. If the injury is serious or the child is taken to

hospital (either by the school or by the parent) then a formal record is made on an online Accident form. A copy of this is automatically sent to the Local Authority Health and Safety Department who decide whether or not the incident should be referred to the Health and Safety Executive.

### **Contacting Parents**

Parents will be contacted in the following cases:

- Head injury where there is deemed to be a risk of concussion (not a facial injury unless a cut/bruise at time of examination)
- When first aiders identify there is risk of a significant injury
- If a child is acting in a way that is unusual/out of character
- If a child is unwell e.g. high temperature, has been sick, looks very pale/clammy
- Prior to administering non-prescribed medication (to check last time child had been given medication to prevent over-dosing)
- When a child visits the medical office more than two times complaining of the same injury.

At all times staff will use their professional judgement when assessing an injury to determine whether parents will be called.

### **Safety Management**

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment.

### **Off-site procedures**

When taking pupils off the school premises, staff will ensure they always have the following:

A school mobile phone or a personal phone if a school one is not available

A portable first aid kit

Information about the specific medical needs of pupils

Parents' contact details

Risk assessments will be completed prior to any educational visit that necessitates taking pupils off school premises.

All staff should be aware of how to call the Emergency Services and should know which staff are First Aid trained in the event of need.

### **Staff Training and Support**

- **All staff are aware of the medical conditions and first aid policy and emergency procedures through routine procedures handbook annually.**
- First Aiders have up to date training with an approved provider
- The school has a sufficient number of trained first aiders on site (1 on site during school hours).

### **Equal Opportunities & Inclusion**

Some pupils with medical conditions may be disabled as defined in the Equality Act 2010. The Act

defines disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities.' Some specified medical conditions are all considered as disabilities, regardless of their effect. Stanley park Junior School aims to adhere to the requirements of the Equalities Act by implementing this policy.

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 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 2014
- Keeping Children Safe in Education (KCSIE), DfE

This policy should be implemented in line with the school's statement on SEN and Inclusion policy, SEN Information Report, Safeguarding Policy, Educational Visits Policy, Complaints Policy.

### **Liability and indemnity**

Sutton Council handles all liability claims on the school's behalf. If you are a third party solicitor Sutton Council's Portal ID is G00302

### **Monitoring**

This policy will be reviewed by the senior leadership team annually.

At every review, the policy will be approved by the headteacher and shared with the safeguarding governor.

A safeguarding governor will monitor the implementation of this policy.

### **Links with other policies**

This policy should be read in conjunction with:

Health and safety policy

Risk assessments

Keeping Children Safe in Education

Staff handbook and routine procedures

### **During coronavirus:**

First aiders will follow Health and Safety Executive (HSE) guidance for [first aid during coronavirus](#). They will try to assist at a safe distance from the casualty as much as possible and minimise the time they share a breathing zone. Treating any casualty properly will be the first concern. Where it is necessary for first aid provision to be administered in close proximity, those administering it will pay particular attention to sanitation measures immediately afterwards including washing their hands.

**See next pages for appendices**



APPENDIX 1 - Individual Health Care Plan

# SCHOOL HEALTH CARE PLAN

Name of school/setting	Stanley Park Junior School, Stanley Park Road, Carshalton, Surrey SM5 3JL
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

## Family Contact Information

Name	
Relationship to Child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

## Clinic/Hospital Contact

Name	
Phone no.	

## G.P.

Name	
Phone no.	

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 etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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



## PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

AT SPJS we will not give your child medicine unless you complete and sign this form. We have a policy to administer medicine, and staff volunteer to do this. For full details please read our policy on supporting pupils at school with medical conditions policy which can be found on our website

**Medicines must be in the original container as dispensed by the pharmacy and handed to the school office staff by the parent/guardian.**

<b>Child's Name:</b>		<b>Class:</b>	
<b>Name of Parent/Guardian</b>		<b>Relationship to Pupil</b>	
<b>Name/Type of medicine:</b>		<b>Medicine prescribed by:</b>	
<b>Date dispensed:</b>		<b>Expiry date of medicine:</b>	
<b>Medical condition or illness:</b>		<b>Last date for medicine to be taken:</b>	
<b>Dosage and method:</b>		<b>Time to be taken:</b>	
<b>Are there any side-effects we should be aware of?</b>		<b>Is it to be self-administered?</b>	
<b>Any Other Instructions:</b>			

- The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to the School administering medicine in accordance with the School policy.
- I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that you will inform me if my child refuses or spits out their medicine.
- I accept that this is a service that the School is not obliged to undertake. I understand that I must notify the School of any changes in writing. Whereas I accept all reasonable care will be taken, I absolve the Staff and Governors at SPJS and Sutton Local authority of responsibility of any maladministration.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY:** I acknowledge receipt of the above medicine.

**Office Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**APPENDIX 3 - FORM 3 RECORD OF MEDICATION ADMINISTERED**  
**RECORD OF MEDICINES ADMINISTERED**

Staff giving medicines to a child will check:

- The child's name
- Prescribed dose
- Expiry Date
- Any written instructions provided by the prescriber on the label or container.
- If giving Calpol/Ibuprofen - contact parents prior to administering

<b>Child's Name:</b>		<b>Class:</b>	
<b>Medicine:</b>		<b>Dosage:</b>	
<b>Time to be taken:</b>		<b>Last Date to be taken:</b>	

<b>Date</b>	<b>Time</b>	<b>Dosage Given</b>	<b>Any Reaction</b>	<b>Self-Administered?</b>	<b>Administered/supervised by:</b>
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

## APPENDIX 4 - NOTOFICATION OF BUMPED HEAD

### NOTIFICATION OF HEAD INJURY

Dear Parent/Guardian

Date:

I am sorry to have to advise you that \_\_\_\_\_ received a bump on the head whilst today at school.

Description of the accident:

A member of staff trained in first aid, assessed your child. Although no problems were seen at the time, we request that you observe your child for the next 48hours for any of the following:

- Abnormal drowsiness
- Disorientation
- Fever
- Repeated vomiting
- Severe headache
- Difficulty in walking or seeing
- Fits or fainting
- Off colour for more than 24 hours.

Contact your family doctor or the nearest accident and emergency department if you notice any of the above symptoms.

Yours sincerely  
Administration Staff

APPENDIX 5 - ASTHMA CARE PLAN

**ASTHMA CARE PLAN**

**ONLY FILL THIS FORM IN IF YOUR CHILD HAS BEEN DIAGNOSED WITH ASTHMA**

Child's Name	
Class	
Date of Birth	
When should they use their reliever inhaler?	
Salbutamol Dosage	
Is a Spacer Required?	
Is your child able to self-administer it? (If so, your child will make a record of their usage)	
What signs can indicate your child is having an asthma attack?	
Expiry Date of Medication	
Parental Signature	
Date	
<b>Subsequent Review Dates</b>	
Y4 - September	
Y5 - September	
Y6 - September	

Remember it is your responsibility to tell Stanley Park Juniors about any changes to your child's Asthma Care Plan and to ensure your child's asthma medication has not expired.

Please ensure you complete the back of this form too.

ONLY FILL IN THIS FORM IF YOUR CHILD HAS BEEN DIAGNOSED WITH ASTHMA

## PARENTAL CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

### Child showing symptoms of asthma/ having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school. (It is parents' responsibility to ensure that they regularly check that the inhaler is in date.)
3. In the event of my child displaying symptoms of an asthma attack, 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.

Childs Name: \_\_\_\_\_ Class: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Telephone: \_\_\_\_\_

### SAMPLE OF ASTHMA RECORD CARD



#### ASTHMA RECORD

Name of Pupil:				
Class:				
Dosage:				
Date	Time	Number of Puffs	Adult Initials	Requirement to contact parent? e.g. regular pattern emerging (3 uses in a week), wanted more puffs?

## Appendix 6 – Administering Medication Flowchart

