St. Michael's CE (Controlled) Junior School

Inspired by Him, we serve the community of St Michael's by creating an inclusive learning culture where all differences are respected, where courage is shown to face and overcome adversity, and resilience is embedded in our journey to success so we can be the very best we can be.

Medical Policy

Creation Date	July 2024	
Issue Date	May 2026	
Agreed & Authorised (Name & designation)	Mrs Kirsty Kingham Head teacher	Mr Kevin Davies Chair of Governors
Next Review Date	May 2029	
Remarks		

Introduction

St. Michael's CE (Cont.) Junior school will undertake to ensure compliance with:

- Section 100 of The Children and Families Act 2014, which places a duty on the governing body of the school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.
- The relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Key Roles & Responsibilities

- The Governing Body is responsible for ensuring that arrangements are in place to manage medical needs in school.
- The Headteacher is responsible for day to day management of the arrangements.
- Teachers and Support Staff are responsible for ensuring that they are aware of the contents of this policy, and medical issues affecting the children in their care.
- The School Link Nurse is responsible for providing advice and guidance to the school and parents, and may be asked to attend meetings if required.

Part 1: Supporting Children with Medical Needs

Identifying children with health conditions

We will identify children with medical needs or as the medical need arises on entry to the school by working in partnership with parents/carers. Initially, children with medical needs will be identified when parents advise staff on application to the school, or on completion of the school's information form, which is required as part of the induction process for new children. Where a possible medical need is identified, school staff will liaise with parents to establish whether it is necessary to complete an Individual Healthcare Plan. The procedure will follows the HCC guidance "Suggested process for identifying children or young people with a medical condition."

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of Angela Hammond, First Aider to work in partnership with the parents/carer, and if necessary a relevant healthcare professional who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We will use an individual healthcare plan based on the template produced by the DfE to record the plan, as shown in Appendix A of this policy.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Copies of Individual Healthcare plans will be provided to teachers and other staff responsible for the child's care. The original plans will be filed in the school office. A record of all plans will be maintained which will indicate review dates, which will be at least annually. Plans may be reviewed at any time if there is a change in a child's medical needs.

Staff training

Prescription medication

The Headteacher may delegate to nominated staff the duty of administering prescription medicines, which have been provided in original packaging as dispensed by the pharmacist and include instructions for administration and dosage. This will include oral medicines, creams, ointments and eye drops and assisting children to use their asthma inhalers.

All nominated staff will be provided with awareness training by Angela Hammond, Administrative Asssistant,who has been trained in 'Supporting Children with Medical Needs.' We will retain evidence that staff have been provided the relevant awareness training.

Non-prescription medicine

Non-prescription medicines will not normally be administered in school. In exceptional circumstances, the Headteacher may agree to administer non-prescription medicine on a short term basis. In this case, the Headteacher may delegate administration of the medicine to nominated staff.

Specific healthcare procedures

Staff must not undertake specific healthcare procedures without appropriate training. Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan. Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training. We will retain evidence that staff have been provided the relevant specific training.

All new staff who deal with children will be asked to read this policy when they join the school and will be asked to sign to confirm that they are aware of the contents.

The child's role

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will explain what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).Where possible we will endeavour to ensure that children have easy access to emergency medication, allowing for the need to keep medicines away from other children.

Managing medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give any medicines, prescription or non-prescription, to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this). The name of the child, dose, expiry and shelf life dates must always be checked before medicines are administered.

There is a documented tracking system to record all medicines received in and out of the premises.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

Prescription medicines

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Non-prescribed medicines

We will not normally administer non-prescribed medicines in school. Agreement to administer non- prescription medicines in exceptional circumstances is at discretion of the Headteacher.

Administration of pain relief

It is our policy to give age appropriate doses of liquid Paracetamol, which we will hold in school, as described on the medication, if we are in receipt of written permission from the parent. We will check with parents before giving, to confirm that children have not previously taken any medication containing paracetamol within the preceding 4 hours, and will only give one dose. Confirmation of the dosage and time given will be sent to parents by text message from the school office team.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

Controlled drugs

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any medication handed in, doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

Emergency medicines

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely where children cannot gain access to it.

Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in the main school office in a clearly labelled airtight container.

Children will be made aware of where their emergency medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility. Children's asthma inhalers are stored in labelled drawers in the Medical Room.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure where this is necessary. There will be appropriately trained staff present to administer day to day and emergency medication and individual health care plans will be considered with Risk Assessments for all off site visits to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through ann approved contractor who will remove them from site regularly.

Medical Accommodation

The medical room will be used for all medical administration/treatment purposes. However, minor injuries will be dealt with in classrooms or on the playground/patio area at lunchtimes.

Record keeping

A record of what medicine has been administered including how much, when and by whom, will be recorded on a 'Consent Form for the Administration of Medicines/ Treatments"form. The form will be kept on the pupil's file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until the parent arrives, this includes accompanying him or her to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips/off site activities

We will ensure that teachers are aware of how a child's medical condition will impact on his or her participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities with in reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

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

Part 2: First Aid

Needs and Objectives

Our first aid requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises
    - It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision

- The Children's Services First Aid Needs Assessment Form (CSAF-002) will be used to produce the First Aid Needs Assessment for our site
- Ensuring that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

Training

The responsible manager will ensure that appropriate numbers of school first aid trained staff, qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

Qualified First Aiders *(Those completing the HSE approved First Aid at Work course)*

At St. Michael's CE (Cont) Junior School there are 4 qualified first aiders who are as follows:

Gavin Fox, Rachel Woodhouse, Angela Hammond and Allie Parkes

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. Other duties which are identified and delegated to the first aider (e.g. ensuring that first aid kit inspections are undertaken) are the responsibility of Angela Hammond.

Provision

Our First Aid Needs Assessment has identified the following first aid kit requirements:

- There are 25 first aid kits on the premises
  - These first aid kits will be situated at the medical room, school office, and all classrooms.
- There are 6 travel first aid kits for use on school trips
  - These travel first aid kits are located in the medical room and must be signed in/out for any offsite activity.
- There are 2 first aid rucksacks that are used for break and lunchtimes, and also for school trips including sporting fixtures.
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It is the responsibility of the classroom assistants to check and restock the contents of the class first aid kits regularly. It is the responsibility of the school office team to check and restock all other first aid kits and to complete the Children's Services First Aid Kit Checklist (CSAF-003) every term. Completed checklists are to be stored in the first aid file in the School Office. The contents of first aid kits are listed under the *'required quantity'* column on the checklists themselves.

The medical room is designated as the first aid room for treatment, sickness and the administering of first aid. The first aid room will have the following facilities:

- Running water, sofa, fridge and first aid equipment

Procedure for serious injuries

Upon being summoned in the event of an accident, the first aider other trained persons are to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.
The first aider/ other trained person is always to call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- Whenever an epipen has been administered
- Where a child's medical condition necessitates that an ambulance be called in certain circumstances.

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires attendance at hospital
- is an injury that would cause distress to the parents had they not been forewarned

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents can not be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Procedure for minor injuries

In the event of a minor injury, a member of staff will treat the child in the classroom, playground or medical room as required. The member of staff will request assistance from a first aider or other senior member of staff if he/she is unsure as to the severity of the injury or the most appropriate treatment.

The system for advising parents of minor injuries is as follows:

- A red advice letter is completed: for a minor head injury where there is a mark or bump, but where the child has not displayed any other symptoms of concern.

First Aid Records

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Initials of the qualified/school/paediatric first aider or for minor injuries the name of the member of staff who treated the child
- Date of the accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken
- If the parents have had to be informed, who was contacted and at what time.

2. In the event that a child has had an accident in school which requires further medical treatment:

- Where the school has felt it necessary to call an ambulance or
- Where parents have been contacted to take the child for medical treatment either to hospital or to a GP

It will then be necessary for the First Aider or another staff member to complete a form CSRF 003 which will then be stored in the school office in the accident file.

3. All accident records are reviewed each term by the First Aider, Anglea Hammond, to identify trends which are then reported to the Governing Body.

Liability and Indemnity

Staff at the school are indemnified under the County Council self - insurance arrangements.

The County Council's is self - insured and have extended this self - insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal compliant via the school's complaints procedure.

Signature of Responsible Manager/Headteacher:	
Date:	

Appendix 1

Care Plan

Name of School/Setting	St Michael's CE Junior School
Name of Child	
Class	
Date of Birth of Child	
Address of Child	

Medical Diagnosis/Condition	
Date	
Review Date	

Name of Family Contact	
Relationship of Family Contact	
Contact's Home Telephone No.	
Contact's Work Telephone No.	
Contact's Mobile Phone No.	

Clinic/Hospital Contact Name	
Telephone No.	

Name of GP	

GP's Telephone No.	

Describe your child's medical needs and provide details of your child's symptoms which staff should be aware of

Daily care requirements eg. before sports, at lunchtime etc

Describe <u>what would an emergency look like for your child</u> and <u>what action should be taken</u> if this occurs
<u>Emergency signs</u> **<u>Actions to be taken</u>**

Follow-up care?

Asthmatics

By signing this form you consent to your child being administered an emergency salbutamol inhaler if necessary

Who is responsible in an emergency (state if different for off-site activities)	
Lead First Aider in school	Designated First Aider if on school trip

Form copied to:	
Office Staff – Care Folder	Class Teacher
It is the parent/carers responsibility to inform the school if there are any changes required to the Care Plan **Parent/Carer name**……. **Signature** ……..… **Date**……..….	

Appendix 2

CHILDREN'S SERVICES ASSESSMENT FORM CSAF-003

First Aid Kit Checklist

Alter the contents list to suit what you have assessed as required for your premises and first aid needs.

First Aid Kit Checklist	
Location of First Aid Kit/Box	
Vehicle & Registration No. *(if applicable)*	
Identity No. of First Aid Kit/Box *(if applicable)*	
Date of Initial First Aid Kit/Box Check	
Name of Assessing First Aider	

Contents Check				
No.	**Premises First Aid Box**	**Minimum Required**	**Required Quantity**	**Actual Quantity**
1	Guidance card	**1**		
2	Individually wrapped sterile adhesive dressings (assorted sizes)	**20**		
3	Sterile eye pads	**2**		
4	Individually wrapped triangular bandages (preferably sterile)	**4**		
5	Safety pins	**6**		
6	Medium individually wrapped sterile unmedicated wound dressings	**6**		
7	Large individually wrapped sterile unmedicated wound dressings	**2**		
8	Pair of disposable gloves	**1**		
No.	**Travel First Aid Kit**	**Minimum Required**	**Required Quantity**	**Actual Quantity**
1	Guidance card	**1**		

2	Individually wrapped sterile adhesive dressings	**6**		
3	Individually wrapped triangular bandages	**2**		
4	Large sterile unmedicated dressing (approx. 18cm x 18cm)	**1**		
5	Safety pins	**2**		
6	Individually wrapped moist cleansing wipes (alcohol free)	**2**		
7	Pair of disposable gloves	**1**		

Additional Checks			
1	Are all items of first aid within expiry date?	**YES**	**NO**
2	Are all items of first aid in good, undamaged condition?	**YES**	**NO**
3	Is the first aid kit/box in good condition & undamaged?	**YES**	**NO**
4	Is the location of the first aid kit/box clean and accessible?	**YES**	**NO**
5	Is the first aid location sign present & in good condition?	**YES**	**NO**
6	Is the list/sign of trained first aiders present & up-to-date?	**YES**	**NO**

Summary of Actions		
FIRST AID KIT PASSED (eg. 3-MONTH) CHECK & NO ACTION REQUIRED	**YES**	**NO**
Actions required if 'NO'		

Name of Assessor		**Signature of Assessor**		**Assessed Date**	

Follow-up Actions					
REQUIRED ACTIONS IMPLEMENTED/SHORTAGES REPLENISHED				**YES**	**NO**

Name		Signature		Date	

Note: **Minimum Required** – Minimum contents required in any first aid kit under ACOP (legal) guidance
Required Quantity – Your own contents requirements based upon your selected size of first aid kit
Quantities are to be locally inserted before the form is issued or used
Actual Quantity – Actual contents noted at the time of this periodic check of the first aid kit