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The John Moore Primary School

First Aid

(Incl. Administration of Medicines and Supporting Pupils with Medical Conditions)

Statutory Policy

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1 Introduction

The Governors and Headteacher of The John Moore Primary School accept their responsibility under the Health and Safety (First Aid) regulations of 1981 and acknowledge the importance of providing First Aid for employees, children, and visitors within the school.

2 Roles and Responsibilities

2.1 Governing Body

- The Governing Body are required to develop a policy to cover their own school and ensure that it is monitored and reviewed appropriately and regularly.
- This should be based on a suitable and sufficient risk assessment carried out by a competent person.
- Most of the day to day functions and managing of Health and Safety are delegated to the headteacher.

2.2 Headteacher

- The headteacher has responsibility for putting the governing body's policy into practice and for developing detailed procedures.
- The headteacher should also make sure that parents are aware of the school's health and safety policy, including arrangements for first aid.
- The headteacher should ensure that all staff are informed of the first aid arrangements. This should include the location of equipment, facilities and first aid personnel.

2.3 Teachers and other school staff

- Teacher's conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks.
- Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children.
- In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- Adequate and appropriate training and guidance must be arranged for staff who volunteer to be first aiders / appointed persons.

3 Statement of First Aid organisation

The school's arrangements for carrying out the policy include nine key principles.

- Places a duty on the Governing Body to approve, implement and review the policy

- Places individual duties on all employees
- To report, record and where appropriate investigate all accidents
- Records all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make easy arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

4 First Aid Roles

Designated First Aiders (holding First Aid at Work Qualification) Erfa

- Mrs Kerrie Offord
- Mrs Tracy Moore

Paediatric First Aiders (including outside First Aid) Erfa

- Mrs Tracy Moore
- Mrs Sarah Sheppard
- Mrs Catherine Hodgson
- Mrs Sarah Hathaway
- Mrs Sarah Sheppard

Emergency First Aiders (holding Basic First Aid in education qualification) Erfa

- Mrs Georgina Coleman
- Mrs Debbie Holtham
- Mrs Jo Russo
- Mrs Betania Singer

4.1 Staff First Aid Training

All first aiders have been appropriately trained as above and their training is renewed as required. All staff have also completed First Aid Basics training through SSS Learning.

5 Materials, equipment and facilities

The school will provide materials, equipment and facilities as set out in the DfE Guidance on First Aid for schools.

The location of the school defibrillator is in the Deputy Head / Inclusion Manager's office
Teachers have been advised that if in doubt to use it. The defibrillator itself decides whether to send an electrical impulse or not.

The location of the First Aid Kit in school is: Deputy Head / Inclusion Manager's office

Each First Aid Kit should contain: safety pins, triangular bandages (x2), sterile dressings (med/small), sterile eye pads (x2), vinyl gloves, micro pore tape, blunt/non-pointed scissors, resuscitation mask, guidance card/booklet

The contents of the kits will be checked on a regular basis by the Designated First Aiders

Appointed person for First Aid is the Designated First Aiders (named above).

6 Off-site activities

At least one first aid kit will be taken on all off site activities, along with individual pupil's medication such as inhalers, epipens etc.

A person who has been trained in emergency first aid will accompany all off-site visits.

7 Information on First Aid arrangements

The Headteacher will inform all employees at the school of the following:

- The arrangements for recording and reporting accidents.
- The arrangements for First Aid.
- Those employees with qualifications in First Aid.
- The location of First Aid kits.

In addition, the Headteacher will ensure that signs are displayed at strategic points in the school providing the following information:

- Names of employees with first aid qualifications (and the nature of the qualification)
- Location of first aid boxes (and required contents list)
- Access to the School's First Aid Policy.

8 Actions at an Emergency (To be undertaken by trained First Aider)

- Access to the situation: Are there dangers to the First Aider or the casualty? Make the area safe, look at the injury: Is there likely to be a neck injury?
- Assess the casualty for responsiveness: Does the casualty respond?
 - IF THERE IS NO RESPONSE:
- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position. If the casualty is not breathing send a helper to call an ambulance and give 2 rescue breaths making 5 attempts at least.

- Assess for signs of circulation. Look for breathing, coughing or movement. If present, continue rescue breathing and check signs for circulation every minute. If breathing is absent begin Cardio Pulmonary Resuscitation (CPR).

9 Transporting injured pupils to hospital or home

The Headteacher will determine what is the most reasonable and sensible course of action to take in each individual case.

Where the injury is an emergency an ambulance will be called following which the parent / carer will be called.

Where hospital treatment is required but it is not an emergency, then the Headteacher will contact the parents / carers for them to take over responsibility for the child.

If the parents / carers cannot be contacted then the Headteacher may decide to arrange transport of the pupil to hospital.

Where the Headteacher makes arrangements for transporting a child then the following points will be observed:

- Only staff cars insured to cover such transportation will be used.
- No individual member of staff should be alone with a pupil in a vehicle.
- The second member of staff will be present to provide supervision for the injured child.

10 Pupils with specific medical conditions

The list of pupils with specific medical conditions is kept in a folder in the School Office.

Pupil's emergency medical plans are stored in a labelled folder in the School Office

If a pupil is presenting with symptoms related to their condition then a designated First Aider should be contacted and their emergency plan implemented.

Medication related to emergency medical plans is located in the locked cupboard in Deputy Head / Inclusion Manager's office, All medicines are labelled by pupil.

If there is a concern regarding a pupil's condition (i.e. if there is a deterioration or the pupil does not respond to the designated treatment detailed in the emergency plan) then an ambulance should be called.

Emergency plans are reviewed at the end of each academic year and all medicines are sent home. Parents / carers must complete a new medical plan for each academic year.

11 Personal Safety

When administering First Aid it is important that the following guidelines are followed:

- First Aiders should always wear medical gloves (available from the School Office and in all kits) when treating a child.
- All gloves used dressings and contaminated tissues should be put in a sealed plastic bag and placed in the outside bins.

- If the pupil's injury is in an area that requires the removal of items of clothing, then a second member of staff should always be present. If feasible, ask the child to remove their own items of clothing.
- Where possible, get the child to assist with their care (e.g. removing clothing, holding dressings in place etc.)
- If the injury is to an intimate part of the body, then try to get the children to carry out any simple wiping or cleaning of the injury. Treatment of such injuries should always be in the presence of another staff member. For an injury of this nature it may be more appropriate to contact the child's parent / carer and inform them of the situation. Pupils (particularly older children) may feel uncomfortable being treated by a member of staff.

12 Safeguarding/Child Protection

- Whenever feasible two members of staff should be present when First Aid is administered. This is particularly relevant if the child's injury is to an intimate area of the body and they are required to remove items of clothing to allow treatment. If there is a concern regarding how to treat an injury then a designated First Aider should be consulted.
- If a First Aider has concerns regarding a child following administration of First Aid (eg notices a suspicious bruise or mark) or a child makes a disclosure to them then the Designated Safeguarding Lead (DSL) should be notified immediately and the incident recorded on CPOMS.
- Always refer to the school Safeguarding (Child Protection) Policy for further information regarding allegations management, reporting concerns and handling disclosures.

13 Administration of medicines

See 'Administration of Medicines' Policy

14 Accident Reporting

14.1 Pupil Accidents

Accidents that require any pupil's treatment or have caused any injury (or potential injury) to a pupil will be recorded in the Accident Folder.

All records are stored centrally and analysed on a half termly basis by the Headteacher and reported to Governors.

A notification slip will be sent home with the child for parents / carers.

If pupils have bumped their head, they will be given a First Aid sticker/bracelet to wear.

If the staff member treating the child has any concerns that the injury sustained may be more serious, or involves a head or neck injury, then the child's parents / carers should be notified immediately and a designated First Aider consulted.

If a child's injury is potentially significant, or their condition is deteriorating, then an ambulance should be called.

If the situation is life threatening, then an ambulance should be called at the earliest opportunity without waiting for the designated first aider to arrive on the scene. Phone 999 (9 for an outside line)

14.2 Accidents to employees, visitors, and contractors

The Governing Body will implement the LA's procedures for reporting:

- all accidents to employees.
- all incidents of violence and aggression

The Governing Body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety executive as it applies to employees.

- An accident that involves an employee being incapacitated from work for more than 7 consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury

or

- It is an accident in school which requires immediate emergency treatment at hospital.

For instance where the Headteacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought if required.

Where a pupil has an accident, it will be reported to the Local Authority.

All accidents to visitors which result in injury will be reported to the authority.

Appendix 1 – Report of First Aid Applied

Report of First Aid Applied

Name of child: _____ Date: _____

Time of accident: _____ Location of incident: _____

Details of injury: _____

Details of treatment given: _____

What happened to the child next? _____

Name of First Aider/Person dealing with the incident: _____

Signature: _____

Any further comments / future action taken: _____

Administration of Medicines Policy

1 Introduction

Children with medical needs have the same rights of admission to our school as other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with well controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies. Children with severe asthma may have a need for daily inhalers and additional doses during attacks.

2 Aims of this policy

- To explain our procedures for managing prescription medicines which may need to be taken during the school day.
- To explain our procedures for managing prescription medicines on school trips.
- To outline the roles and responsibilities for the administration of prescription medicines

3 Long Term medical needs

It is important to have sufficient information about the medical condition of any child with long term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.

The school needs to know about any particular needs before a child is admitted to the school, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving parents and relevant health professionals.

4 Prescribed Medicines

As a general principle prescribed medicines will only be administered during the school day in exceptional circumstances or for long term medical needs where it would be detrimental to a child's health if the medicine were not administered during the school day.

It may be possible for parents and carers to administer all prescribed medicines outside of the school day. Where this is not possible parents and carers will be, in the first instance, asked to come into school during the day to administer medicine, if in exceptional circumstances this is not possible only then will the Staff and The John Moore Primary School administer medicines as detailed below.

Staff at The John Moore Primary School will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be accepted

in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration.

Prescribed medicine will not be given:

- Where the timing of the dose is vital and where mistakes could lead to serious consequences.
- Where medical or technical expertise is required.
- Where intimate contact would be necessary.

5 Administering medicine

- No child under 16 will be given medicines without their parent's / carer's written consent.
- Any member of staff giving medicines to a child should check:
 - The child's name
 - Permissions from the parent/carer.
 - Expiry date
 - Prescribed dosage
 - Written instructions provided by the prescriber on the label or container.

Ensure that a second adult is present who will also check the details above.

Ensure that the administration and dosage given is recorded.

If in doubt, staff should not administer the medicine but check with parents / carers or a health care professional before taking any further action.

Parents / carers must give written permission for an older sibling to come to school to administer a medicine

5.1 Self-Management

The school supports and encourages children, who are able to take responsibility to manage their own medicines from a relatively early age. (most frequently asthma inhalers but may include for example medication for diabetes).

Adults will always supervise children when taking their medication.

There will also be circumstances where it is not appropriate for a child of any age to self-manage.

5.2 Children with asthma

Children who have inhalers should have them available where necessary.

Inhalers should be kept in a safe but accessible place.

These are kept in a box in the child's classroom.

Included in the box is a record sheet for each pupil – the time, date and number of puffs will be recorded by a supervising adult.

Depending on the needs of the individual, inhalers should be taken to all physical activities.

Inhalers must be labelled and include guidelines on administration.

It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

5.3 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.

Any 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.

The school will keep such controlled drugs in a locked, non-portable cupboard in the Deputy Head / Inclusion Manager's office with only named staff to have access. A record of the contents will be kept for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parents / carers when no longer required in order to arrange for safe disposal.

5.4 Non-prescription medicines

The school is unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

We are unable to give children aspirin or medicines containing ibuprofen unless prescribed by a doctor.

5.5 Storage of medicines

All medicines should be delivered to the school office by the parent or carer.

In no circumstances should medicines be left in a child's possession.

Teachers and teaching partners should not take receipt of any medicines.

All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the Deputy Head / Inclusion Manager's office or staffroom fridge and should not be kept in classrooms, with the exception of adrenaline pens and inhalers.

All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff and kept in an agreed place in the classroom.

5.6 Disposal of medicines

Staff should not dispose of medicines. Parents / carers are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal.

6 Educational Visits & Trips

Children with medical needs are given the same opportunities as other children.

Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits.

A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

This may include carrying out a risk assessment for such children.

The school visit co-ordinator will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication.

Roles and responsibilities of parents / carers as outlined below will apply.

7 Roles and Responsibilities

7.1 Parent / Carer

Should give sufficient information about their child's medical needs if treatment or special care is required.

They should, jointly with the headteacher, reach agreement on the school's role in supporting their child's medical needs.

Must deliver all medicines to the school office in person.

Must complete and sign the parental agreement form.

Must keep staff informed of changes to prescribed medicines.

Keep medicines in date – particularly emergency medication, such as adrenaline pens.

7.2 Headteacher

To ensure that the school's policy on the administration of medicines is implemented.

There are members of staff within the school willing to administer medication to specific pupils if required.

Ensure that staff receive support and appropriate training where necessary.

To share information, as appropriate, about a child's medical needs.

Ensure that parents / carers are aware of the school's policy on the administration of medicines.

Ensure that medicines are stored correctly.

7.3 Staff

Staff of pupils with medical needs in their class, should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Teacher's conditions of employment do not include giving or supervising a pupil taking medicines. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance.

On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked.

Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction.

Ensure that a second member of staff is present when medicines are administered.

Complete the 'administration of medicines' record sheet each time medication is given.

Ensure that medicines are returned to parents / carers for safe disposal.

7.4 Legal requirements

There is no legal duty that requires school staff to administer medicines.

8 Refusal of medicines

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents / carers immediately or as soon as is reasonably possible.

9 Record Keeping

Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child
- name of the medicine
- dose
- method of administration
- time and frequency of administration
- any side effects
- expiry date

A parental agreement form (see appendix) must be completed and signed by the parent/carer before medicines can be administered.

At the time of administering medicines, the member of staff must complete the medicines record sheet, held in a folder in the Deputy Head / Inclusion Manager's office (opposite the school office)

No medication should be given unless it has been checked by a second adult.

10 Confidentiality

The headteacher and staff should always treat medical information confidentially.

The headteacher should agree with the child/parent/carer who else should have access to records and other information about a child.

11 Staff training

Training opportunities are identified for staff with responsibilities for administering medicines.

12 Staff Medical Needs

All staff are responsible for any medication they require during working hours.

ANY medication prescribed or un-prescribed should be kept in a secure location which is not accessible to pupils.

Staff are advised to inform Senior Staff of any long-term medical condition which may result in first aid assistance being required (e.g. Epilepsy, Diabetes).

Personal Care Plan – Members of staff who disclose a long-term medical condition, which may result in first aid assistance being required will be offered a personal care plan, to be followed in the event of an emergency.

13 Other linked policies

- Health & Safety Policy
- Child Protection (Safeguarding) Policy
- Special Educational Needs and/or Disability Policy (including JMPS Local Offer)
- Early Help Offer

Appendix 2, Asthma Profile

Asthma Profile

Child's full name: _____ Date of birth: _____

Your home / mobile telephone number: _____

Name and telephone number of your child's doctor: _____

Name and telephone number of additional contact person:

Trigger factors – if known: _____

Medication prescribed, type of inhaler, dosage: _____

If, in case of an emergency, your child's inhaler is not available for any reason, will you allow another child's inhaler to be used?

Yes/no: _____

Any other relevant information: _____

Signed: _____ Print name: _____

Supporting Pupils with Medical Conditions Policy

1 Designated Member of Staff

Headteacher: Mrs Ruth Laing

In the Headteacher's absence, a member of the school leadership team will assume responsibility. It is the responsibility of the named member of staff to:

- Ensure that sufficient staff are suitably trained.
- Show a commitment that all relevant staff will be made aware of the child's condition.
- Ensure that suitable cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Brief supply teachers.
- Work with Health and Safety Governors to ensure that all risk assessments for school visits, holidays, and other school activities outside of the normal timetable, are completed.
- Monitor individual healthcare plans.

2 Definition

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

- Short-term affecting their participation in school activities in which they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

3 Rationale

Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises.

In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school.

This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required.

The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014 section 100, places a duty on schools to make arrangements for children with medical conditions.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty

to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site.

This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

4 Aims

The school aims to:

- Assist parents in providing medical care for their children;
- Educate staff and children in respect of special medical needs;
- Arrange training for volunteer staff to support individual pupils;
- Liaise as necessary with medical services in support of the individual pupil;
- Ensure access to full education if possible.
- Monitor and keep appropriate records. (These are handed over at the end of each academic year to the next teacher/Teaching Partner (TP).

5 Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils. The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support. The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- Receive appropriate training;
- Work to clear guidelines;
- May have concerns about legal liability;
- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs;
- Have responsibility for administering medication when 'confident and competent';
- Choose whether or not they are prepared to be involved.

6 Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person.

A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

6.1 Governing Bodies

Make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented;

Ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life;

Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;

Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

6.2 Headteachers

Ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;

Ensure that all staff who need to know are aware of the child's condition;

Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

Have overall responsibility for the development of individual healthcare plans.

Make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

6.3 School staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

6.4 School nurses

The school will make every effort to gain access to the school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

6.5 Other healthcare professionals

Notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

6.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Wherever practicably possible, the school will endeavour to ensure that they should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will also be made aware of conditions so that they can be sensitive to the needs of those with medical conditions.

6.7 Parents

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

6.8 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 so far as relating to their physical and mental health, and their education, training and recreation.

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

6.9 Providers of health services

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. The school recognises that health services can provide valuable support, information, advice and guidance to support children with medical conditions at school.

7 Staff training and support

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This training should have been identified during the development or review of individual healthcare plans.

The school recognises that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.

Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

The school may choose to arrange training themselves and should ensure this remains up-to-date.

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

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school awareness training will be used to ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing this policy.

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

8 The child's role in managing their own medical needs

The school recognises that in some cases, children may be competent to manage their own health needs and medicines. After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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

9 Managing medicines on school premises

Please refer to 'Administration of Medicines' section in this combined policy.

10 Unacceptable practice

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

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; 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 unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg 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.

- 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.

11 Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies.

Where a child has an individual health care plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will 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.

12 Day trips, residential visits and sporting

Arrangements will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

13 Record keeping

Written records must be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

14 Liability and indemnity

The school will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions and insurance policies will be accessible to staff providing such support. Insurance policies will provide liability cover relating to the administration of medication, but individual cover might need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from

the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

15 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only take place where other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Appendix One – School Specific Procedures

School Specific Procedures

<p>Children with Asthma</p>	<ul style="list-style-type: none"> • Children who have inhalers should have them available when required. • Inhalers should be kept in a safe but accessible place. • These are kept in a box in the child’s classroom. • Included in the box is a record sheet for each pupil – the time, date and number of puffs will be recorded by a supervising adult. • Inhalers should be taken to all physical activities. • Inhalers must be labelled and include guidelines on administration. • It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.
<p>Storage of medicines</p>	<ul style="list-style-type: none"> • All medicines should be delivered to the school office by the parents or carer. • In no circumstances should medicines be left in a child’s possession. • Teachers and teaching partners should not take receipt of any medicines. • Medicines will normally be kept in a locked medicine cupboard in the Deputy Headteacher/Inclusion Manager’s Office or staffroom fridge and should not be kept in classrooms, with the exception of adrenaline pens, inhalers and diabetic medication. All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the dose of the medicine and the frequency of administration. • All emergency medicines, such as asthma inhalers, adrenaline pens and diabetes medication should be readily available to children and staff and kept in an agreed place in the classroom. • School should not dispose of medicines – these should be returned to parents.
<p>Parental agreement form</p>	<ul style="list-style-type: none"> • A parental agreement form must be completed and signed by the parent/carers, before medicines can be administered.
<p>Staff Medical Needs</p>	<ul style="list-style-type: none"> • All staff are responsible for any medication they require during working hours. • ANY medication prescribed or un-prescribed should be kept in locked location which is not accessible to pupils (ALL staff have access to a personal locker) with the EXCEPTION of medication needed to treat emergency conditions such as an adrenaline pen, asthma inhaler or diabetes medication.