



THE PARK COMMUNITY SCHOOL

First Aid and Supporting Students with Medical Conditions Policy

Policy Update

Policy Lead Person:	Headteacher
Approved By:	Local Governing Board (25.06.2020)
Next Review Date Due:	June 2022

- Staff *must* sign
- Staff *should* sign
- Governors *should* sign
- Publicly Available

First Aid

Purpose

The school has a dedicated first aid room to treat emergency first aid from 8:30am-4:00pm. There is a principal first aider and a team of additional first aid trained staff for support and backup.

The school does not have a medically trained professional or qualified school nurse on site. First Aiders are not qualified to make a medical diagnosis and are not able to treat pre-existing medical conditions, other than to dispense GP prescribed or parent authorised medication.

Parents are asked to keep children at home if they are poorly at the start of a school day and/or seek medical attention from their own GP if children are suffering from an ongoing medical condition.

Protocols

If a student feels unwell at any point during lesson time they must ask their teacher for permission to visit first aid. If this occurs before registration, during break or lunch time, they should go directly to the first aid room.

First Aid Treatment includes immediate help to casualties with common injuries or illnesses that arise during the school day. It includes actions to minimise further worsening of an injury or condition. The school will always call an ambulance in case of serious injury.

Parents/Carers will be contacted if it is deemed necessary for a child to be collected and taken home. First aiders will ensure appropriate supervision of the student until their parent/carer arrives at school.

When the parent/carer arrives in Reception, the Receptionist will telephone the Appointed First Aider, and the student will sign out/be signed out.

Students who incur a head injury during the school day will always be given a head injury notification letter to bring home.

Supporting Students Medical Conditions

Section 100 of the **Children and Families Act 2014** places a **duty on** governing bodies of maintained schools, to make arrangements for supporting students at their school with medical conditions. In meeting the duty, the Governing Board, **must** have regard to guidance issued by the Secretary of State under this section. This means to take account of the guidance and to carefully consider it. Having done so, there would need to be a good reason to justify not complying with it.

This policy has been developed from guidance in “Supporting Students at School with Medical Conditions – December 2015”.

Aim: The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

At The Park Community School, we will ensure that:

- Students at school with medical conditions are supported so that they have full access to education, including school trips and physical education.
- We consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported according to the advice they provide.
- We make reasonable adjustments to enable children with the above conditions to thrive and to provide the optimum learning environment for all children.
- For children with SEND, their needs will be managed according to the Special Educational Needs Code of Practice 0-25 September 2014 (DFE).
- No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- Students’ health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The named persons responsible for policy implementation will always include: a designated Senior Leader, the Principal First Aider and any link with the county school nurse team.

Procedures:

In consultation with the Public Health Service and other training providers, arrangements will be made to ensure that:

- sufficient staff are suitably trained in first aid, use of the advisory defibrillator, fire evacuation chair, and administration of medicines relating to specific medical conditions and refresher courses will be undertaken at appropriate intervals as required to keep competencies up to date
- all relevant staff will be made aware of a child’s condition
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable will be monitored and reviewed

- Individual Healthcare Plans will be developed and then reviewed at least annually in consultation with parents, child, the Principal First Aider and the School Nurse
- advice relating to Individual Healthcare Plans will be followed when appropriate (see Appendix A)

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 students will be critical (DfE December 2015).

The Park Community School Governing Board will endeavour to:

- ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make for supporting students at school with medical conditions
- ensure that sufficient staff have received suitable training and are competent before they take on the responsibility of supporting children with medical conditions

The Headteacher will endeavour to:

- ensure that all staff are aware of this policy and how they can contribute to its implementation
- ensure that all staff who need to know are aware of a child's condition
- ensure that staff are appropriately insured to support students
- ensure that sufficient staff have received suitable training and are competent to deliver against all healthcare plans drawn up in consultation with the School Nurse and Principal First Aider
- ensure that whole school awareness training will be updated yearly for administration of epi-pens and advice regarding asthma and diabetes

All school staff will endeavour to:

- provide support to students with medical conditions, although they cannot be required to administer medicines
- take account of medical conditions of any students that they teach
- follow specific identified first aid procedures for students with medical conditions

The child's role in managing their own medical needs

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures which may be reflected within an Individual Healthcare Plan. This will relate to conditions specified as: asthma, diabetes, cystic fibrosis and anaphylaxis.

Children will be allowed to carry asthma inhalers and epi-pens and relevant devices and be able to access their medicines for self-medication quickly and easily. All other medicines will be stored by the Principal First Aider.

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 will be informed so that alternative options can be considered.

Managing medicines on school premises:

The Governing Board will ensure that the school's policy is clear about the procedures to be followed for managing medicines:

The Park Community School daily procedures:

Storage:

All medicines are stored in school in the first aid Room supervised by the Principal First Aider. They are in a locked cabinet. The first aid room is locked at night and is secured within the library via the school alarm system. Students do not carry medication, unless it is approved medication described such as an epi pen, an asthma inhaler or specific medical support for conditions such as cystic fibrosis.

Administration protocol:

All medication must be brought in to school by the parent, should be prescribed and has to be accompanied by a completed form (provided by school) describing name of student, prescribing doctor or surgery, pharmacy, dosage and recommended time limit. Antibiotics requiring less than 4 doses each day will not be accepted in school. Paracetamol and ibuprofen can be accepted in school but the appropriate green form must be filled out and the medication must be kept with the First Aider. We do not accept any homeopathic remedies. Out of date medicines will not be administered. (Except out of date Epipens can be administered up to 4 months past their expiry date in cases of an Epipen shortage but this will be authorised by the schools regional health care nurse.) When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

We will administer a maximum 1 x 500 mg tablet or 1 x 5ml liquid non-prescribed paracetamol, with a minimum of four hours between doses unless a parent has requested for their child not to have paracetamol administered in school. This will be administered by a member of the first aid team who will first check for evidence of when the previous medication containing Paracetamol, e.g. Lemsip, was taken. Our first aid team will keep a supply of paracetamol and also spare Ventolin inhalers. Students with diagnosed asthmatic conditions will be able to use a spare Ventolin inhaler in an emergency if approved by parents or carers. This is an approved policy by our school-based Health Service

Record keeping:

Records of administration of medicines will be kept by the Principal First Aider as a central record, either electronically or via a card record system. Medicines for long term care will have a supporting Health Care Plan. School staff will treat medical information confidentially. If information is withheld from staff then they will not be responsible if they act incorrectly in giving medical

assistance but otherwise in good faith. The Principal First Aider or SLT member will seek support from the school nurse or the staff grade Paediatrician nominated by the School Health Service provider.

Controlled drugs:

Controlled drugs that have been prescribed for a student, e.g. Methylphenidate (Schedule 2) will be securely stored in a separate portable container and only named staff will have access. A record will be kept of any doses used and the amount of the controlled drug kept in school. The Principal First Aider, SEN Administrator, SENCO, Assistant to SENCO and SLT member will administer a controlled drug to a child for whom the drug has been prescribed in accordance with the prescriber's instructions. A counter signature from a second adult from this named group must be obtained.

Insurance and indemnity

DCC staff are permitted to undertake basic medical procedures and, as long as they have been adequately trained, will be covered under Risk Protection Arrangements insurance policy accordingly.

Training

At The Park Community School, once the Principal First Aider or senior leader has been informed by the School Nurse team or parent of a specific medical condition, which may need either a healthcare plan or specific actions relating to care, the School Nurse team will advise on training and jointly commission adequate training with the cooperation of the School Health service.

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the Principal First Aider in the first instance, or the senior leader designated to oversee medical conditions. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints policy available from the school website.

Approved by the Full Governing Board on: 25th June 2020

Review - June 2022

Appendix A Advice on Individual Healthcare Plans from:

Supporting Pupils at School with Medical Conditions - Statutory Guidance for Governing Bodies of Maintained Schools and proprietors of Academies in England”

DfE December 2015

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases 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 should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans 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 statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children’s community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. **The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed. They should be developed with the child’s best interests in mind and ensure that the school assesses and manages risks to the child’s education, health and social well-being and minimises disruption.** Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

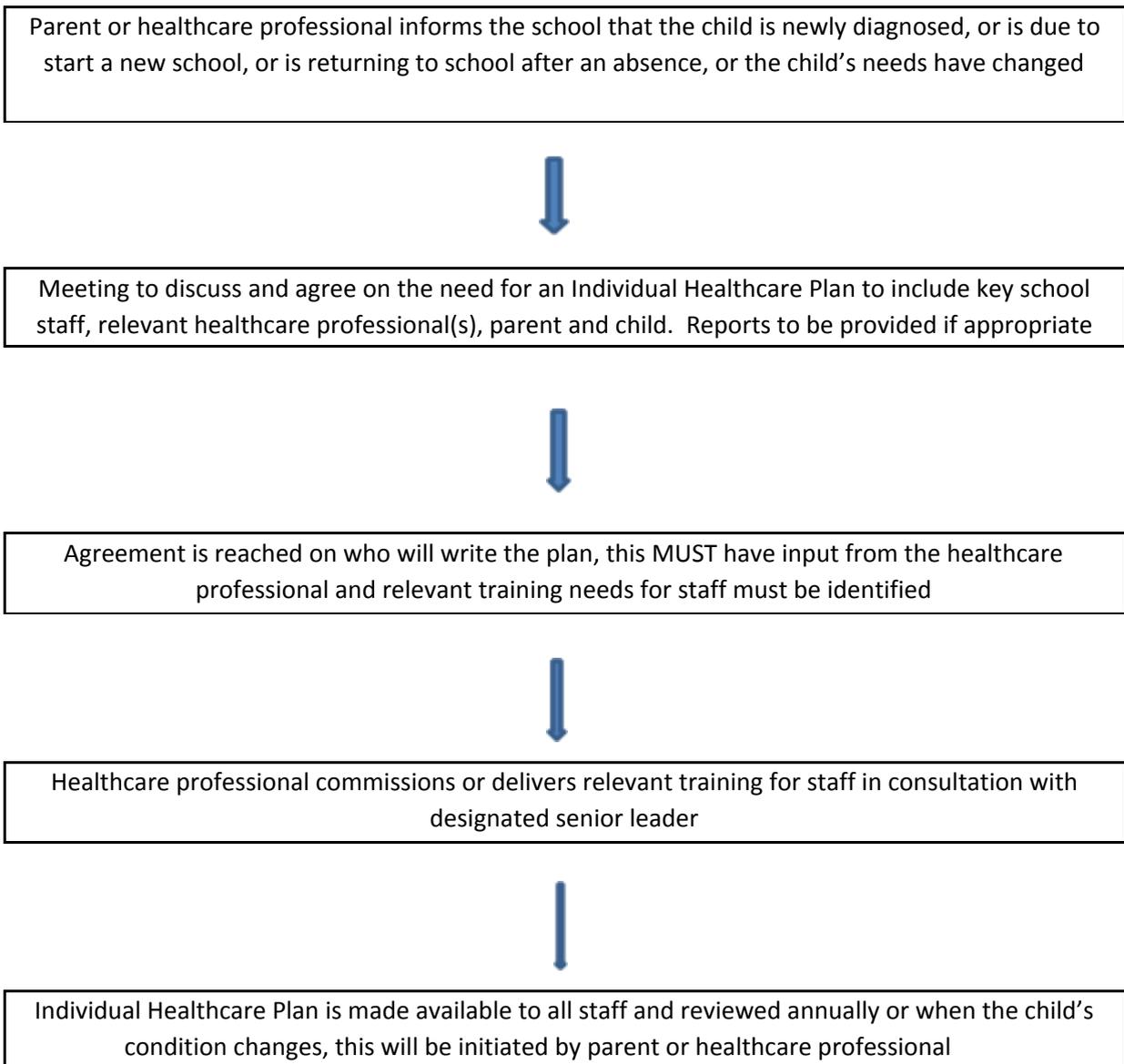
Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

Appendix B

The following flowchart will act as a basic model to follow by the named responsible professionals.



Designated Senior Leader:	Caroline Hill
HLTA Assistant to SENCO:	Suzanne Howard
Principal First Aider:	Ronnie Windsor
SEN Administrator:	Kirsty Jenkins
School Nurse:	TBC

School First Aiders: Mrs P Stroud, Mrs P Crompton, Mrs K Jenkins, Mrs L Tanton-Joy, Mrs L Bennett, Mrs M Semmens, Mrs K Scott, Mrs M Anning and Mr A Matthews