

## Diocese of Gloucester Academies Trust

### Medical Conditions and First Aid Policy: Supporting Children

#### Policy Statement

1. The Trust is an organisation with a Christian foundation. The ethos, values and relationships of the Trust, and its associated academies, are central to witnessing to the value of the foundation.

#### Purpose & Scope

2. Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Teams to make arrangements for supporting pupils at the Academy with medical conditions. This policy is intended to ensure that governing bodies meet their legal obligations and sets out the arrangements that the academy will make to support children.
3. Although the giving of medicine to pupils is a parent/carer responsibility, academy staff may be asked to perform this task, but they may not, however, be directed to do so unless it is identified as part of their contractual duties. In practice, however, many school staff do volunteer.

#### Principles

4. All pupils with medical conditions will be properly supported so that they have full access to education
5. The academy will work in partnership with health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported.
6. The academy recognise that the health care needs of pupils with medical needs may change over time and the academy will work flexibly, within its resources, to support pupils, including supporting reintegration in to school after periods of absence as well as supporting the social and emotional needs of pupils.
7. The Local Governing Body of the academy will ensure that the arrangements give parents and pupils the confidence in the academy's ability to provide effective support for the medical condition in school. This includes, showing an understanding of how a medical condition could impact on a pupil's ability to learn and administer self-care.
8. Some pupils with medical conditions may be considered disabled under the definition set out in the Equalities Act 2010. Where this is the case, the governing body will comply with the requirements of the Act. For pupils with Special Educational Needs, this policy should be read in association with the SEND code of practice.
9. 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.

#### Entitlement

10. The academy will ensure that staff are properly trained to provide the support that pupils need. The academy will ensure that arrangements are 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.

11. Pupils with special medical needs have the same right of admission to school as other children and will not be refused admission or excluded from the academy on medical grounds alone. However, in line with their safeguarding duties, the academy will ensure that no pupil is put at unnecessary risk through academy activities. The academy will therefore not accept a pupil in to school at times when it would be detrimental to their health or others to do so.
12. If a child is deemed to have a long-term medical condition, the academy will ensure that arrangements are in place to support them. In doing so, the academy will ensure that such pupils can access and enjoy the same opportunities at school as any other child. The academy, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at the academy in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into the academy after long periods of absence.

### **Policy Implementation**

13. All academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is the responsibility of the Academy Principal. The academy will identify named individuals who are responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The following named individual will have responsibility for:

Mrs Suki Pascoe Headteacher and Mrs Stephanie Morris for:

Briefing supply staff, risk assessments

Mrs Suki Pascoe and Mrs Rebecca Gray

Updating individual Healthcare plans

The following staff are registered first aiders/have undergone specific training:

Mrs Jacqueline Anderson – Paediatric First Aid and Emergency First Aid at Work

Mrs Linda Johnson – Paediatric First Aid

Mrs Stephanie Morris – Emergency First Aid at Work

First Aid Locations are:

The school office, Kitchen, Green Class, Yellow Class and Blue Class.

A first aid kit is taken onto the field with a member of staff at each playtime

A first aid kit taken on school trips is kept in the school office

14. All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.
15. Details of any pupils who suffer with acute medical conditions which may need staff attention will be displayed in the staff room, as appropriate.

### **Training of staff and support**

16. No member of staff will give prescription medicines or undertake health care procedures without appropriate up-to-date training. Appropriate training will be organised annually and the academy will keep an up-to-date record of all training. The academy recognises that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.
17. The academy will identify a named member of staff who is responsible for staff training and ensuring the academy has adequate first-aid cover. A Paediatric-trained First Aider will be consulted in relation to concerns over early years pupils.
18. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

### **Procedures to be followed when Notification is received that a Pupil has a Medical Condition**

18. The academy will ensure that the correct procedures will be followed whenever they are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at a DGAT academy, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the academy mid-term, staff will make every effort to ensure that arrangements are put in place within two weeks.
19. The academy will make arrangements for the inclusion of pupils in additional activities, such as trips or sporting activities, with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The academy does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the designated senior member of staff. Following the discussions an Individual Health Care Plan will be put in place.
20. Headlice can be a recurrent problem in schools. It is the Parent/Carer's responsibility to check their child's hair regularly. If cases are reported to the academy, a letter will be sent to parents in the relevant classes to notify them and remind them to check/treat their child.

### **Individual Health Care Plans**

21. Individual Health Care Plans will be written and reviewed by the designated member of staff but it will be the responsibility of all members of staff supporting the individual pupil to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported in class.
22. Individual Healthcare Plans will provide clarity about what needs to be done, when and by whom and will be easily accessible to those who need access to them, while preserving confidentiality. Plans will 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 medical condition and the degree of support needed. Where a pupil has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.
23. Not all children will require a Health Care Plan. The academy, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.
24. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by nominated member of staff with support from Parents/Carers, and a relevant healthcare professional, e.g. 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 responsibility for ensuring it is finalised and implemented rests with the Academy.

### **Reviewing Individual Health Care Plans**

25. The Academy will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the Academy assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.
26. Annex B provides a template for the Individual Health Care Plan. All Health Care Plans will include:
  - i. the medical condition, its triggers, signs, symptoms and treatments;
  - ii. 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 e.g. crowded/noisy conditions, travel time between lessons;
  - iii. specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
  - iv. 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;

- v. 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;
- vi. who in the school needs to be aware of the child's condition and the support required;
- vii. arrangements for written permission from Parents/Carers and the designated member of staff for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- viii. 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, e.g. risk assessments;
- ix. where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- x. what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the Academy's responsibility to write or review.

### **The Child's Role in managing their own Medical Needs**

- 27. If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the academy will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.
- 28. 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; these will be stored in the cupboard in the Medical Room (or appropriate alternative space) to ensure that the safeguarding of other children is not compromised. The academy does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant trained staff should help to administer medicines and manage procedures for them.
- 29. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

### **Managing Medicines on and off Site**

- 30. The following are the procedures to be followed for managing medicines:
  - i. Medicines will only be administered at the academy when it would be detrimental to a child's health or school attendance not to do so;
  - ii. No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
  - iii. The academy will not administer non-prescription medicines to a child, if a Parent/Carer wishes a child to have the non-prescription medicine administered during the Academy day, they will need to come to the Academy to administer it to their child.

- iv. The academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- v. Parents are responsible for checking the dates on medication and for renewing it as necessary.
- vi. All medicines will be stored safely in the Medical Room, or equivalent space. Children should know where to locate their medicine. Where relevant, they should know who holds the key to the storage facility.
- vii. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. These should be clearly labelled with the child's name. Class teachers should keep a record of who has an inhaler/epi-pen on the appropriate record sheets.
- viii. During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all bottled and packaged medical devices and medicines required. Pupils, however, will be responsible for carrying their own inhalers.
- ix. Staff administering medicines should do so in accordance with the prescriber's instructions. The Academy will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the Academy should be noted. Annex C and Annex D outline these procedures. Written records are kept of all medicines administered to children.
- x. It is the responsibility of Parent/Carer to collect unused/out-of-date medicine and arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- xi. All staff medication should be kept out of reach of children and stored safely and appropriately.

### **Pupil Accidents: First-Aid**

31. In the case of a pupil accident, the member of staff will assess the injury. In cases where the injury requires first aid or if there has been a head bump, the child will be escorted to the staffroom/first aid room by an older child to receive treatment from a first aider. In instances where the member of staff on duty deems that the pupil should not be moved from the location of the accident, they will call for other adult assistance or send for assistance to the school office via another pupil.
32. In some instances, parents will be telephoned immediately and asked to come into school to assess the injury themselves. Serious injuries which require hospital treatment should also be recorded using the SHE online, an Accident Record sheet and also reported to the Head of Business and Finance at the Trust.
33. When dealing with an accident, the following procedures will apply:
  - i. The administering of items such as antiseptic creams or equivalent are not permitted in case of allergic reaction.

- ii. Cuts and grazes should be cleaned and elastoplast/micropore applied where applicable.
- iii. A Paediatric trained First Aider should be consulted in relation to concerns over early years pupils.
- iv. Staff should wear disposable gloves wherever necessary to prevent risk of infection.
- v. Buckets will be available for pupils who feel sick. A vomit bag is to be placed inside the bucket before use. Sawdust will also be available and a dedicated mop and bucket.
- vi. All blood swabs and used dressings are to be disposed of using a medical bin.
- vii. A list of all trained first-aiders will be displayed in the academy.

### **Written Records**

34. The academy must ensure up to date written records are kept of all medicines administered to children.
35. In the case of a pupil having an accident in an academy and first-aid being administered, the incident must be recorded in the appropriate Accident Book and a note should be prepared to send home to the Parents/Carers
36. A central record will be stored in the academy office or First Aid/Medical Room which provides information about individual pupil's needs. All staff will know how to access the file, should they require.
37. On residential trips, reports will be completed in accordance with procedures at the Residential Centre.

### **Emergency Procedures**

38. Teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent 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.
39. Where a child has an Individual Health Care Plan (HCP), 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 academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
40. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, the academy will be responsible for calling an ambulance. Staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance. In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parent to collect their child from the academy. If a member of staff needs to take a child to hospital, it is essential they have the correct car insurance and that another adult accompanies them in the car.
41. It is the responsibility of the parent to ensure that the school always has an up-to-date contact name and telephone number in the case of an emergency.

### **Unacceptable Practice**

42. Although Academy staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

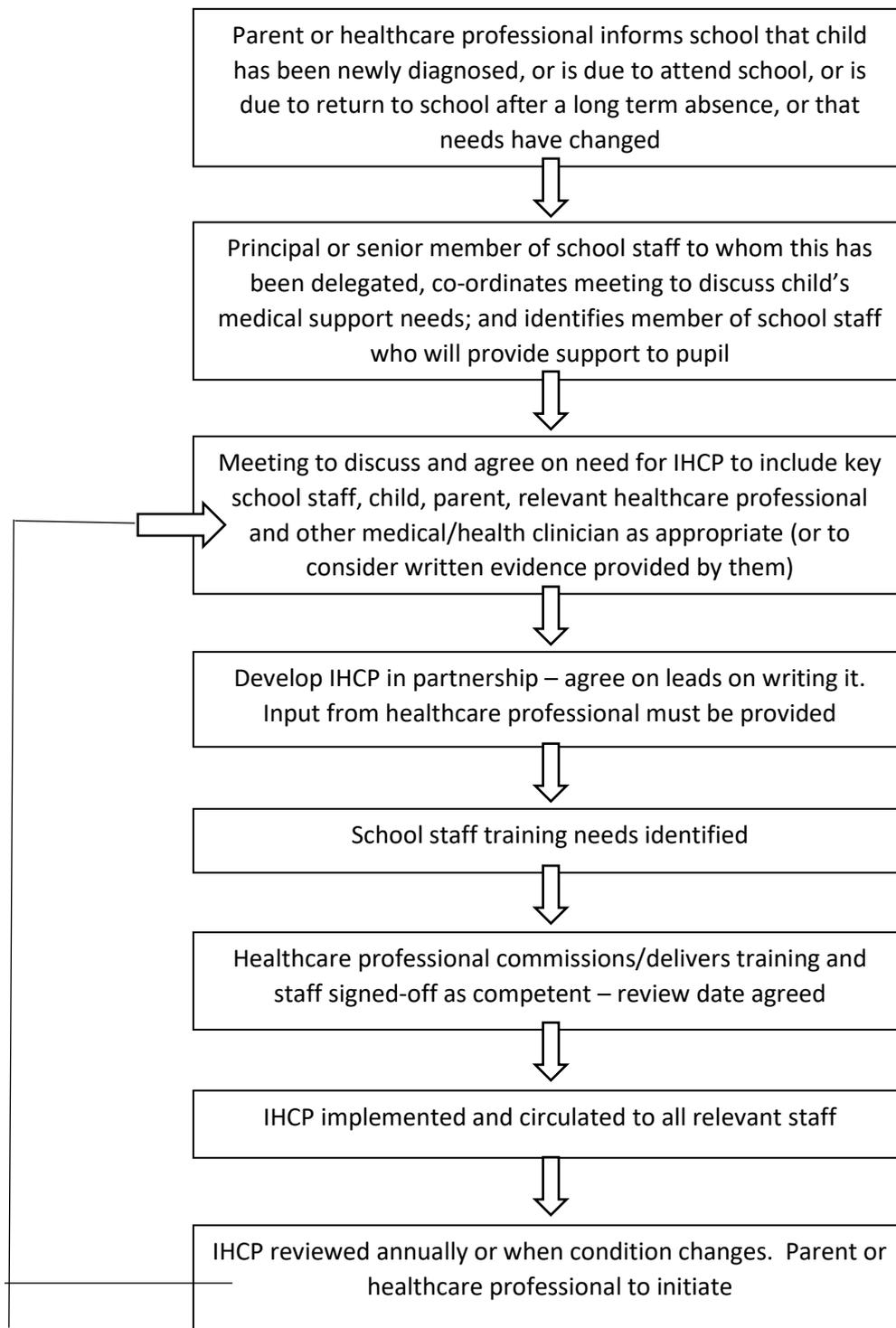
- i. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- ii. assume that every child with the same condition requires the same treatment
- iii. ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- iv. 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
- v. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- vi. penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- vii. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- viii. prevent children from participating, or create unnecessary barriers to children participating in any aspect of Academy life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

## **Complaints**

41. Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the Academy's Complaints Policy.

Annex A

Model Process for Developing Individual Health Care Plans



Annex B

Primary Individual Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	

Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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

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Daily care requirements

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

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Arrangements for the school visits/trips etc.

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Other information

--

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

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Who is responsible in an emergency, state if different for off-site activities

--

Staff training needed/undertaken – who, what, where, when

--

Plan developed with	Signed

Form copied to

Annex C

Record of Medicine Administered to an individual Child

Child's Name	
Class	
Date medicine provided by Parent/Carer	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature	
Parent/Carer signature	

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

