

ARDLEIGH ST. MARY'S CHURCH OF ENGLAND  
VOLUNTARY CONTROLLED PRIMARY SCHOOL



*Our School is a Christian place where children come to learn more about themselves and the world and where they will develop a lifelong love of learning.*

Policy for Children with  
Medical Needs including  
First Aid  
  
and  
  
Administering Medicines

APPROVED BY THE FULL GOVERNING BODY:  
30 NOVEMBER 2016

REVIEWED: April 2019

REVIEWED: October 2020 - Approved 01.12.20

TO BE REVIEWED: October 2021

## **Supporting Children with Medical Needs (including Administration of Medicines)**

The governors and staff of Ardleigh St. Mary's CEVC Primary School wish to ensure that children with medical needs receive care and support in school. Children should not be denied access to a broad and rich curriculum because they need medical support or are on medication, nor should they be denied access to school trips. They should be properly supported to play a full and active role in school.

### **Roles and Responsibilities**

#### **a) The Local Authority (LA) is responsible for:**

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

#### **b) The Governing Body is responsible for:**

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of, any and all, medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

**c) The Headteacher is responsible for:**

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.
- 5) Developing Individual Healthcare Plans (IHPs).
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency e.g. Supply Teachers and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- 10) Ensuring confidentiality and data protection
- 11) Assigning appropriate accommodation for medical treatment/ care
- 12) Considering the purchase of a defibrillator.
- 13) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use

**d) Staff members are responsible for:**

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient.*
- 2) Knowing where controlled drugs are stored and where the key is held.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

**e) School nurses are responsible for:**

- 1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.

4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

**f) Parents and carers are responsible for:**

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

**g) Pupils are responsible for:**

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their IHP
- 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

***The designated person with responsibility for children with medical needs is the Headteacher.***

## **Detailed arrangements**

### **1. Administration of prescription medicines**

- Only essential medication should be given in school, that is, only if it would be detrimental to a child's health if it was not administered. The school will not change the dose from that outlined on the container, unless authorised in writing by the prescribing doctor. The school encourages parents/carers to administer the prescribed medicine out of school hours whenever this is possible and not detrimental to the health of the child. If possible, medicine will be given during break times to ensure lessons are not interrupted.
- Volunteers (teachers/others) may indicate their willingness to administer medication, although they are not required to do so unless specifically employed for that purpose.
- It is good practice to encourage children to take responsibility for managing their own medical needs and medication. If children can take medication themselves, staff need only supervise.
- If a child refuses to take medication, staff should not force them to do so. The child will be reasoned with and the reason for refusal of medication will be recorded. The school will inform the child's parents/carers as a matter of urgency and, if necessary, will call the emergency services.

## **2. Children with chronic or complex medical needs**

- Prior to admission or within 2 weeks of diagnosis or moving schools mid-term, a planning meeting will be convened to enable an IHP to be drawn up (See **Appendix B**)
- Parents/carers, relevant health professionals (or written evidence provided by them), members of staff supporting the child and the designated person will be invited to that meeting and all will contribute to the IHP.
- The IHP will include the specific management and monitoring of a child's medical needs and what action is to be taken in an emergency (**See Appendix C**)
- It is the responsibility of the designated person to ensure that an IHP has been completed and agreed by the parents or carers
- there must be an agreement on what information the child and their parents, or carers, want shared and with whom
- the school will signpost parents and carers to the Essex Local Offer for further advice and support
- Each child with a special medical condition will have a copy of their care plan and details of the condition, kept in the school office, as well as in the appropriate classroom.
- Details of children with minor medical conditions will be listed in the office
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.
- The school will support children who are competent to manage their own health needs and medicines. The details of which will be set out in their own IHPs.

## **3. Training**

- The Head Teacher must be satisfied that any training received by staff is sufficient for purpose. Formal training from approved providers is implemented for more complex needs. A list of all training is kept by the school. All training is reviewed annually or as necessary if circumstances change.
- All staff will receive annual awareness training linked to the school's policy for children with medical needs including first aid and administering medicines.
- The school provides initial training with regular updating from qualified professional agencies for staff who volunteer to administer medication for asthma, diabetes, epilepsy and anaphylaxis or to meet any complex needs. The health professional delivering the training should recommend a refresher training period and record the proficiency of those undertaking the training.
- In accordance with the National Service Framework for Children, Young People and Maternity Services, all schools have access to training provided by health professionals on all medical conditions. Many voluntary organisations specialising in particular medical conditions also provide advice or produce school packs advising teachers on how

- to support children.
- Training needs are based on advice provided by specialist healthcare professionals and other voluntary care organisations.
- All staff who administer injections should have the Hepatitis B immunisation

### **Emergency procedures**

- If in doubt, staff are advised to contact emergency services through the main office, or by use of designated emergency mobile phones. Otherwise, staff are to seek emergency support through contact with SLT support or direct contact with the designated person.
- Whilst waiting for help, the member of staff should move other children away from the scene as appropriate.
- If the casualty is having a seizure, staff present should ensure that objects around the casualty which could cause injury are removed. The casualty's head should be supported, where necessary.
- If the casualty is unconscious or has vomited, they should be placed in the recovery position, ensuring that tight collars are loosened to aid breathing.
- If the casualty has been diagnosed with a complex medical need, their individual health care plan must be followed.
- If a hospital visit is necessary, a member of staff well known to the child will accompany the child until such time as the child's parents/carers arrive.

### **5. Food Management**

- Even in their most severe form, allergies and severe allergic reactions are manageable. All children with a diagnosed severe food allergy must have an individual health care plan. Food/meal arrangements must be covered when the plan is drawn up, in consultation between the school and parents/carers. Where parents/carers wish their child to be provided with school meals, the health care plan must clearly set out what the arrangements are.
- A crucial element of managing the risk from food allergens is ensuring that appropriate emergency arrangements are in place. These should be in place regardless of whether meals are provided by the school.
- Kitchen staff must be made aware of children affected by possible allergies. The basic relevant information from the health care plan, including a photograph of the child, is shared with kitchen staff.
- The school should be provided with pre-filled auto injectors for each affected child.

### **6. Safe storage of medicines**

- Large volumes of medicines should not be stored in school.
- Staff should only store, supervise and administer medicine that has been prescribed for an individual child, for whom parental/carers consent has been given.
- Children should be aware of where their medicine is stored.
- Medicine should be stored strictly in accordance with product instructions and in the original container in which dispensed, other than insulin.
- If a medicine is approaching its expiry date or is close to running out, the designated person and Office Staff are responsible for contacting parents to remind them. The designated person and the Office Staff are responsible for checking, on a half termly basis, expiry dates, batch numbers and ensuring that seals are unbroken.
- Medicines may be locked away and kept in a safe place at all times, in the school office or Headteacher's office.
- Medicines needing refrigeration: these will be kept in a refrigerator in the

- Staff Room e.g. insulin
  - expired medicines will be disposed of in a safe and appropriate way

## **7. Record Keeping**

- For each child with medical needs, a file is held by the designated person. This file contains copies of correspondence with parents/carers, including any agreed IHP.
- A chart documenting medicines administered is kept in the School Office and each classroom and all medicines administered should be recorded including that of inhalers and epi-pens.
- Parents should be informed whenever medication has been administered so that double dosing does not occur.
- Not all children with medical needs will require an IHP. A short written agreement with parents may be all that is necessary. If agreement cannot be reached on whether a health care plan is necessary, the Headteacher is best placed to make the final decision.
- Where required, each IHP will contain different levels of detail according to individual needs. The plan should clarify the support that will be provided. It should include details of symptoms, daily care requirements, detailed emergency procedures and family/medical contact details.
- If the child has Special Educational Needs / Disability (SEND), this should also be recorded on the health care plan.
- Parents/carers should confirm all medical information in writing and in cases of complex or serious conditions; this should be verified by the GP and/or consultant in writing.
- The IHP should be developed in consultation with parents/carers, the GP, the school health service and other professionals as appropriate, with the child's best interests in mind.
- All IHPs are reviewed on an annual basis in September, or earlier if the child's needs have changed.

## **8. Extra-curricular activities and educational visits**

- The school will make arrangements for the inclusion of pupils with medical conditions in such activities, with any adjustments as required, unless evidence from a clinician, such as a GP, states this is not possible.
- When a school trip is planned, medical needs should be identified and managing those needs is then built into the risk assessment process.
- The risk assessment should clearly state the medical needs of all pupils and staff on the trip, including relevant emergency information. All staff should be made aware of this information prior to the trip.
- Copies of care plans and medication should be taken on trips.
- Most children with medical conditions can take part in the PE curriculum and extra-curricular sport. The curriculum should be sufficiently flexible for all children to take part in ways appropriate to their own abilities, clearly identifying any restrictions on a child's ability to take part in PE. These should be recorded in the individual health care plan.
- The child's medicine container should be taken outside by the class teacher / coach if PE is held outside and should always be taken on any school trips.

## 9. **Emergency Salbutamol Inhalers**

- In accordance with Dept of Health Guidance dated September 2015, the school holds 2 emergency Salbutamol Inhalers and spacers.
- These are only to be used by children who have been prescribed a reliever inhaler, and written parental consent for use of the emergency inhaler has been given.
- Parents of all children with asthma will need to complete a form giving them consent
- If a child who meets the above criteria needs to use an inhaler, and their personal inhaler cannot be used, then under supervision they can use the school inhaler. The parents will be advised.
- It is the responsibility of the office staff to check that the emergency inhalers are in date and replaced when they are nearly empty.
- For school trips, the person responsible for the first aid, will take one emergency inhaler with them.

## 10) **Avoiding unacceptable practice**

*Each case will be judged individually but in general the following is not considered acceptable.*

The following behaviour is unacceptable :

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school
- e) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## 11) **Insurance**

- a) Staff who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the LA/school's insurance.
- b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

## **12) Complaints**

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

## **Arrangements for First Aid**

The school will provide materials, equipment and facilities as set out in DfEE 'Guidance on First Aid for schools'

The location of First Aid kits in school are:

- Medical Area (main First Aid cupboard)
- Every classroom

The contents of the main First Aid cupboard will be checked by office staff on a regular basis and classroom kits will be checked by the Teaching Assistant.

Training on First Aid will be undertaken regularly or every three years (dependent on qualification) by nominated staff and a list of all qualified first aiders is kept by the Headteacher.

*The Head Teacher will ensure that signs are displayed throughout the school providing the following information:*

- *Names of employees with first aid qualifications*
- *Location of first aid boxes*

All members of staff will be made aware of the school's first aid policy

## **Accident Reporting**

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 & Safety Executive as it applies to employees:

- An accident that involves an employee being incapacitated from work for more than three 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
- If it is an accident at school which requires immediate emergency treatment at hospital

For each instance where the Head Teacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought.

Where a pupil has an accident it will be reported to the LA.

All accidents to non-employees which result in injury will be reported to the LA.

### **Minor First Treatment**

*All* first aid treatment given to children is to be recorded on a sheet detailing the child's name, how the incident occurred and what treatment given (kept at the back of the accident folder).

### **Pupil accidents involving their head**

The Governing Body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

- Whenever a head injury is reported, regardless of whether emergency treatment is required, a report slip will be completed. If the injury is minor a SMS Parent mail will be sent to the parents, indicating the nature of the injury. Parents will also receive a report slip including information around the injury. If the injury is more serious parents will be phoned and an account of parents' response recorded on report slip. This is signed by the parent and/on behalf of the
- Headteacher and then copied - 1 sent home to the child's parents or guardians and 1 being retained in school at the front of the accident book.

### **Transport to hospital or home.**

- The Head Teacher will determine what is a reasonable and sensible action to take in each case
- Where the injury is an emergency an ambulance will be called following which the parents will be called.
- Where hospital treatment is required but it is not an emergency, then the Head teacher will contact the parents for them to take responsibility for their child
- If the parents cannot be contacted the Head teacher may decide to transport the pupil to hospital. (If this option is decided, 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 pupil).

# **CHILDREN WITH ALLERGIES**

## **AIM**

Ardleigh St. Mary's CEVC Primary School aims to be inclusive and wherever possible include a child with allergies.

1. Our Registration and Contract Form requires parents to disclose any allergy (dietary or otherwise) suffered by their child. It is the parents' or primary carers' responsibility to report this to the school before the child is admitted.
2. The Headteacher should follow up any such disclosure and discuss with the child's **parent or primary carer** the specific needs of the child with regard to the allergy.
3. The Headteacher should ascertain the following:
  - The nature of the allergy
  - The severity of the allergy
  - Symptoms of an adverse reaction
  - Provision of medication in the event of an allergic reaction/anaphylactic shock
  - Precautions to be taken to avoid allergic reaction.

These details should be noted in the appropriate format (**See Appendix A**)

4. Before the child is admitted the Headteacher must carry out a Risk Assessment, particular to the child. Appropriate precautions will be put in place to minimise the risk to the child as far as possible.  
These precautions will be instigated in full and complete discussion with **all** members of staff.  
The Risk Assessment will also be shared with the child's parent/primary carer who will also be required to sign to show their agreement to and satisfaction with the precautions to be undertaken.
5. The Office Manager/ Headteacher will create a summary card/ Care Plan, and display this in the staff room and Kitchen

6. All staff will then be responsible for ensuring, as far as possible, the safety of the child and ensuring that he/she does not come into contact with any food-stuff or substance which may lead to any allergic reaction.
  
7. In the event of a child requiring medication such as an epi-pen, the Office Manager will then arrange for all relevant staff to receive the appropriate training in administering the medication. The use of epi-pens must also be recorded by staff administering them.

## **PROCEDURE TO BE CARRIED OUT IN THE EVENT OF A CHILD CONSUMING INAPPROPRIATE FOOD**

In the event of a child with a known allergy consuming food which is inappropriate and potentially harmful the following procedures will be followed:

- a. Administer any medication as indicated by the child's parent /primary carer. Medication must be administered according to the school's procedures laid down for administering medicines.
- b. Whilst medication is being administered, another member of staff will call an ambulance immediately, and then notify the child's parent/primary carer.
- c. Emergency First Aid will be administered by a trained first-aider as necessary whilst waiting for the emergency services to arrive.
- d. The procedure for taking a child to hospital will be followed.
- e. A full investigation into the incident will be carried out by the Head Teacher.

**Appendix A - Health and Safety -  
Procedures for Children with Allergies**

**RISK ASSESSMENT – ADMISSION OF CHILD WITH  
SPECIFIC FOOD ALLERGY  
INITIAL PARENTAL CONSULTATION**

<b>1.</b>	<b><u>Name of Child:</u></b>
<b>2.</b>	<b><u>Child's Date of Birth:</u></b>
<b>4.</b>	<b><u>Name(s) of Parent(s):</u></b> <b><u>1.</u></b>  <b><u>2.</u></b>
<b>4.</b>	<b><u>Emergency Contact Details:</u></b>  <u>Name &amp; Telephone No. of Doctor:</u>  <u>Surgery:</u>  <u>Contact Tel. No. for Parent:</u> 1.  2.  Emergency Contact Nos. if parent unavailable:  1. <u>Name:</u> <u>Telephone No:</u> <b>Relationship to Child/Family</b>  2. <u>Name:</u> <span style="float: right;"><u>Telephone No:</u></span>  <u>Relationship to child/family:</u>
<b>5.</b>	<b><u>Nature of Allergy:</u></b>

6.	<b><u>Severity of Allergy:</u></b>
7.	<b><u>Symptoms of Adverse Reaction</u></b>
8	<b><u>Details of Any Medication provided in the event of an allergic reaction/anaphylactic shock. (to include dosage, when + how medication is to be administered)</u></b>

**9. Precautions to be taken to avoid allergic reaction**

**10 Signatures:**

**Staff Signature**

The above details have been provided by ..... Parent of

.....

Signed: .....

(member of staff)

Date:

**Parent's Signature**

The above details provided by myself in respect of my child .....

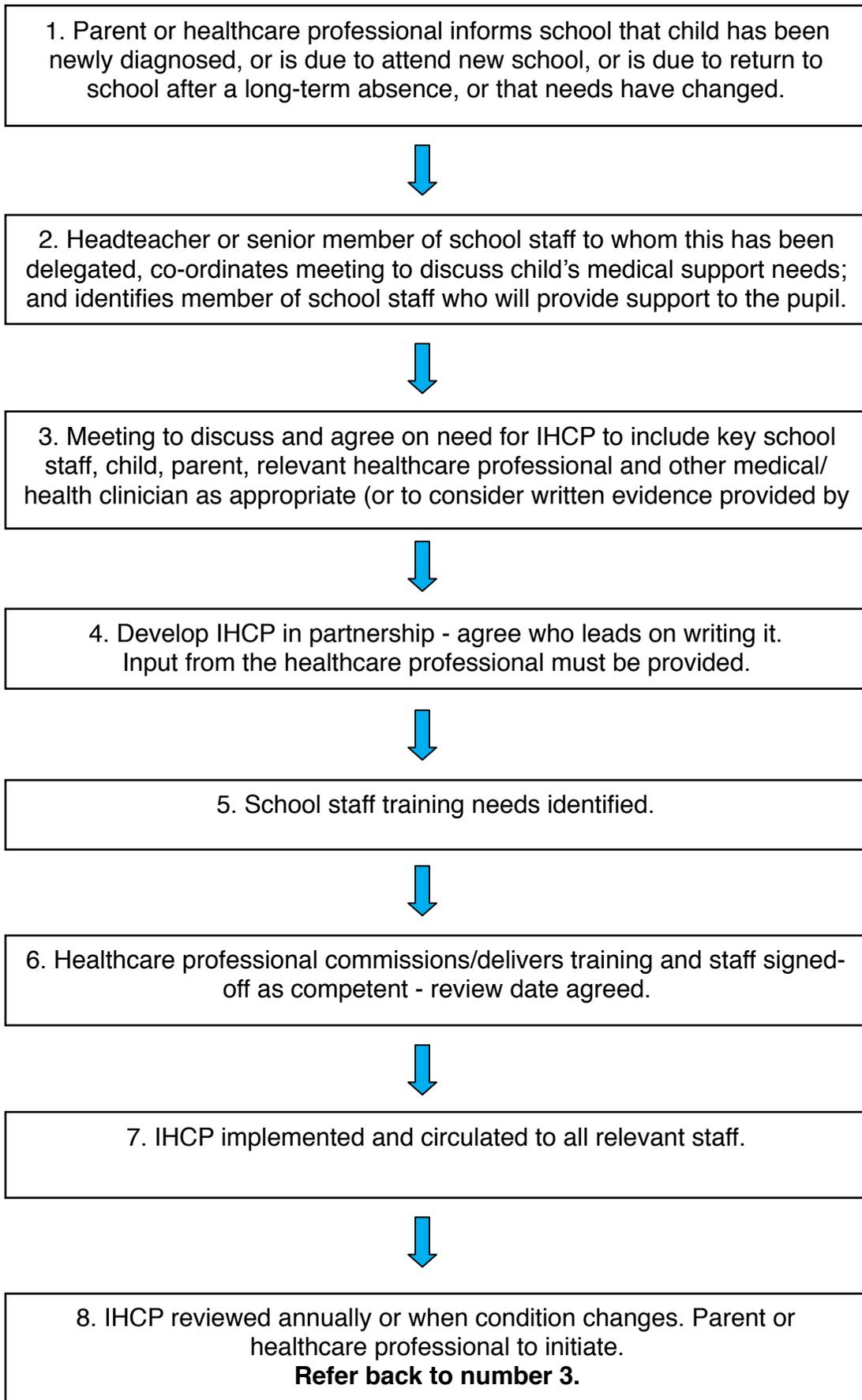
..... are a correct and true record of the allergy, its symptoms, treatment and prevention suffered by child. I give permission for a risk assessment to be carried out by the above-named member of staff and the Pre-school Manager before admitting my child to the Pre-school.

Signed:..... Date: ..... Name in block capitals;

..... Relationship to child

.....

## Appendix B: Model process for developing individual healthcare plans



## Appendix C: Information in Individual Health Plans

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, e.g. 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;

11

- 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, e.g. 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.