



Liden Academy
First Aid and Medical Needs Policy

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FIRST AID AND MEDICAL NEEDS POLICY

Medicine and Supporting Pupils at School with Medical Conditions Policy

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the School 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 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. 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.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our School website.

Policy Implementation

All schools and 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 School will ensure 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 School will also ensure individual healthcare plans are in place for each child that requires one.

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.

Definitions of Medical Conditions:

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

- Short-term affecting their participation in School activities because 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).

During the school day there are also occasions when children feel unwell or suffer minor injuries through day to day activities. In order to deal with such occurrences a number of staff have first aid training and we all have an abundance of TLC (tender loving care) and this is administered freely. If this proves insufficient then parents are informed and expected to make arrangements to have their child collected.

Accidents at School

In the case of accidents, the above applies except in an extreme emergency. The school will then endeavor to contact parents immediately on their emergency contact number while the child is transported to hospital by ambulance. It is therefore essential that all parents provide the school with up to date contact numbers.

In most cases, the class teacher will determine what a reasonable and sensible course of action is taken in the event of an accident. However, where the injury is regarded as an emergency, the head teacher (or deputy) will make the appropriate decision. In all cases, where hospital treatment is required an ambulance will be called to the school site and the parents/careers contacted immediately.

Head Injuries

If a child receives a bump on the head at school, a record of this is kept and a head injury form is sent home. Should the child remain in school, they will be closely monitored throughout the day. If we are concerned that the injury may require further treatment or assessment, the parent is informed immediately and asked to take the child home and seek medical attention.

Accident Reporting

In the case of accidents at school, the following procedures will be followed:

Minor accidents – records of minor bumps and bruises will be recorded and kept in an accident book. Accident books are kept in each classroom in the first aid box, the first aid room by the school reception and in the mobile first aid trolley that is taken out at breaktimes by first aider. Information will include the child's name, details of the incident and first aid given.

Serious accidents – accidents of a more serious nature (particularly those involving head injuries) will be recorded and a note sent home to the parent. Further guidance is sought from the LA as to which accidents require a report to the H & S Executive (HSE).

Accidents involving members of staff or visitors will all be recorded with further guidance being sought from the LA should it be required.

Illness

Children should not attend school when ill. We do not have the facilities or the personnel to care for the children appropriately and we feel that every effort should be made to stop viruses from spreading. In the case of stomach upsets, children are expected to be kept away from school for at least 48 hours after the last episode of sickness or diarrhea. Information in respect of childhood illnesses, as laid down by the Department of Health, is kept in the school office.

Allergies

The School must be informed in writing of any allergies a child might have. This must be accompanied by a not from the doctor/hospital confirming the details. Medical records are kept but please make sure that the information we have is up to date. A list of children with allergies or medical needs will be included in each class register so that prompt action can be taken if necessary. This will be regularly updated.

Head Lice

Although not an illness, head lice are very common and can be frustrating for parents to deal with on a regular basis. We cannot prevent infestation between children but do ask that hair is checked regularly and that, should head lice be found in a child's hair, they are treated before returning to school.

Sun Protection

In the summer, children will be encouraged to wear sunhats and to come to school wearing sun cream on hot, sunny days. Sunglasses will only be worn if a child has a medical condition which makes this advisable. If a child has a particularly fair skin and therefore needs special treatment, the parent will need to teach the child how to re-apply sun cream under the supervision of a teacher or the child may need to stay indoors at playtimes.

The Role of Staff at Liden Primary and Nursery School for Children with Medical Conditions

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and Liden Primary and Nursery School's SEN Information Report.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The School, 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 school 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 school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Liden Primary and Nursery School we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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

We will ensure that the correct procedures will be followed whenever we 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 Liden Primary and Nursery School, 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 Liden Primary and Nursery School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the School will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening.

We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The School will ensure that arrangements give Parents/Carers and pupils confidence in the School's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. The School 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.

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 make sure that no child with a medical condition is denied admission or prevented from attending the School because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' 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.

The School 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. Following discussions an Individual Health Care Plan will be put in place.

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 should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the School Nurse but it will be the responsibility of all members of staff supporting the individual children 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 at school.

Individual Healthcare Plans will help to ensure that the School effectively supports pupils with medical conditions. They will 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. They

are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, health care professional and Parents/Carers should agree, based on evidence 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/Carers and Aaron Meredith 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 Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition; 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 School's responsibility to write or review.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

The medicines for each individual child will be labelled and stored in cupboards within the child's classrooms to ensure that the safeguarding of other children is not compromised. The School recognises 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 staff should help to administer medicines and manage procedures for them.

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 Liden Primary and Nursery School's Site

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the School when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- We will not administer non-prescription medicines, lotions, gels or creams to a child. If a Parent/Carer wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the School to administer it to their child.
- The School 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.
- All medicines will be stored safely in the designated cupboards within classrooms or in the fridge in the main school office. Children should know where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters, adrenaline pens, etc, 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. If a child requires an asthma inhaler it is crucial that there is an inhaler in the School at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The School 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 School should be noted. Appendix C and D outline these procedures.
- Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.

Although we aim to give medication when required, we can make no assurances that exact timings will be adhered to due to the nature of school life. Parents may elect to visit the school themselves to give medication if timing of the dosage is of paramount importance.

In cases of complex medical needs, staff will not administer medication unless the appropriate training has been received. The school reserves the right to refuse to administer medication should they have any concerns regarding the treatment.

Painkillers, cough medicines and throat sweets must not to be brought to school. (Unless prescribed)

Unacceptable Practice

Although School 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:


- 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/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively because the School is failing to support their child's medical needs; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of School life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

Complaints

Should Parents/Carers 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 complaints procedure outlined in the School's Complaints Policy.

This policy is linked to:

- Anti-Bullying policy
- Acceptable Use IT Policy
- SEN policy
- Intimate Care policy
- Behaviour and Discipline policy
- Safer Recruitment policy
- Child Protection and Safeguarding Policy (Sarah Turner)
- Part I of Keeping Children Safe In Education (Sept 20)
- The code of conduct for volunteers
- Information about what to do if worried about a child / adult
- Annex A of Keeping Children Safe In Education (Sept 20)
- The school's staff code of conduct
- The safeguarding response for children missing in education
- Health and Safety policy
- Attendance policy
- Children arriving and being Collected from school
- Positive handling and the use of reasonable force policy
- Intimate Care Policy
- Computing policy
- Mobile Technology Policy
- Internet safety policy
- Safer recruitment policy
- Central Record of recruitment and Vetting Checks
- Looked after Children policy
- Swindon's Neglect Framework
- SBC escalation policy
- Staff and Volunteers code of conduct.
- Managing allegations against staff policy
- Whistle Blowing policy
- Violence and Aggression against staff policy



Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



Medical Form

Name of School:	Liden Primary and Nursery School
Activity:	
Residential:	

Pupil Details

Surname:	
Forename:	
Date of Birth:	
National Health Number:	

Medical Information

Does your son/daughter suffer from any allergies, illness or physical disability? (Including asthma) If so please describe:

My child is able to administer his/her own inhaler: Y/N
My child needs to be supervised administering his/her inhaler: Y/N
INHALERS MUST BE CARRIED ON ALL ACTIVITIES

If regular prescribed medication is required, please describe dosage, frequency and storage arrangements:(Including if required asthma pumps)

To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks:
If so, please give brief details:

Is he/she allergic to any medication?
If so, please give brief details:

Has your son/daughter received a tetanus injection in the last 5 years?

Please indicate any special dietary requirements due to medical, religious or moral reasons.

Please indicate any other information that you may consider useful. (Sleep walking, bed wetting and night terrors etc.)

Signed:

Date:

Parental Declaration

I give permission for my daughter/son _____ (insert name) to take part in the above activity as described, including all organised activities.

I undertake to inform the visit organiser or the Head teacher as soon as possible of any relevant change in medical circumstances occurring before the journey.

I hereby authorise any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.

I understand the extent and limitations of the insurance cover provided.

Contact Information

Name:	
Address:	
Home telephone no.:	
Work telephone no.:	
Mobile no.:	
Emergency Contact	
Name:	
Address:	
Home telephone no.:	
Work telephone no.:	
Mobile telephone no.:	
Name of family doctor:	
Contact number of family doctor:	
Address of family doctor:	
Administration of Calpol I give permission for my child to receive Calpol 6+ during their stay if required.	
Application of sunscreen I give permission for sunscreen to be applied to my child during the above visit.	
I give permission for my child to receive Piriton medication during their stay if required.	
Date:	
Signed:	