



The Castle Partnership Trust
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Supporting Children with Medical Conditions Whilst in School
and First Aid Policy

Date: September 2019

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Due for review: Summer Term 2020

This policy is to be operated in accordance with the Asthma & Inhalers in School Policy, Accessibility Policy, SEND Policy and the Complaints Procedure.

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The welfare of our students is extremely important to us as a Trust. Children learn best when they are well. The Board of Directors will have regard for the impact medical conditions can have on a child's ability to learn as well as aim to increase their confidence and promote self-care. This policy is based on Section 100 of the Children and Families Act 2014 which places a duty on governing bodies of schools to make arrangements for supporting students at school with medical conditions.

It is also based on the DfE publication Supporting Pupils in School with Medical Conditions, published April 2014, which includes statutory guidance for governing bodies of maintained schools and academies in England.

Since September 2002 schools and local authorities have a duty to ensure students with medical conditions are not treated less favourably than students who are disabled.

The key aims of this policy are as follows:

- Students at our schools with medical conditions will be properly supported so they have full access to education, including school trips and physical education.
- There will be clear statements of the roles and responsibilities of staff managing administration of medicines and of parental responsibilities in respect of their child's medical needs.
- Prior written agreement will be obtained from parents for any medicines to be given to a child.
- The circumstances in which children may take any non-prescription medicines will be clear.
- The Trust's policy on assisting children with long-term or complex medical needs.
- Staff training in dealing with medical needs.
- Record keeping.
- Safe storage of medicines. Directors will ensure that appropriate training is given to staff who are qualified First Aiders and those who may be required to administer medication or treatment. A record will be kept of staff training.

Roles and Responsibilities

It is the role of the Board of Directors:

- To ensure that there are arrangements in place to support students with medical conditions so they can access and enjoy the same opportunities at school as any other child.
- To ensure access to medication and inhalers is straightforward for all students.
- To take into account that many of the medical conditions requiring support at school will affect quality of life and may be life-threatening so that the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.
- To make arrangements which give parents and students confidence in the Trust's ability to provide effective support for medical conditions in school, showing an understanding of how medical conditions impact on a child's ability to learn, as well as increasing confidence and promoting self-care and finally ensuring staff are properly trained to provide the support that students need.

- Parents should not be required to come into school and administer medication.
- To monitor arrangements put in place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements – in particular procedures for administration of medicines.
- To ensure that any complaints concerning the support provided to students with medical conditions are listened to and responded to appropriately.
- To ensure the Trust provides first aid at work, in line with the Health & Safety (First Aid) Regulations 1981.
- To review regularly this policy and ensure it is readily accessible to parents and school staff.

It is the role of the Headteachers:

- To ensure that the Trust's policy for supporting students with medical conditions is developed and effectively implemented. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.
- To ensure all staff who need to know are aware of the child's condition and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- To ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Head teachers may delegate the responsibility of developing an individual healthcare plan to appropriate staff members, SLT, Safeguarding Lead or Head of House. However, the medical information about the child's condition is shared on a need to know basis only.

The role of Staff

- Any member of staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Whilst the Trust understands that administering medicines is not part of a teacher's professional duties, they should take into account the needs of students with medical conditions who they teach.
- Staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.
- Any member of staff should know what to do and respond accordingly when they become aware that a student with medical conditions needs help.
- The Welfare Officer at The Castle School and the Lead First Aider at Court Fields School will take charge when someone is injured or becomes ill. School staff must inform the Welfare Officer/Lead First Aider if they have administered any first aid, medication or treatment to a student, visitor or staff member so it can be logged and, if needed, an accident form be completed and kept on file.
- In case of a student requiring attention for an injury or medical attention a qualified FAW member of staff must be called who will determine what course of action should be taken.
- The Welfare Officer/Lead First Aider have the responsibility to ensure first aid kits, medical equipment and AEDs are regularly checked.

Medical Information About Students

As part of the admissions procedure, relevant medical information about students is provided by parents and carers. This can, of course, be added to during the student's career at The Castle Partnership Trust. This confidential information is then made available to the following:

PE Department
Heads of House
Qualified FAW Staff
Special Education Needs Department
Pastoral Staff
Any other staff involved in the care of the student as appropriate (eg Exams Officer, trip leaders).

Individual Health Care Plans

When deciding what information should be recorded on an individual health care plans the person writing it should consider the following:

- The medical condition, its triggers, signs, and symptoms and treatments.
- The student's resulting needs, including medication (dose and side effects and storage) 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 student's educational, social and emotional needs.
- Where confidentiality issues are raised by the parent/student the designated individuals to be entrusted with information about the child's condition and what to do in an emergency.

Administering Medication

- Parents should provide full information about their child's needs including any medicines.
- The school should only accept medicines brought to school when essential, that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- The school should only accept medicines that have been prescribed by a doctor, a dentist, nurse, or pharmacist. However, if a signed consent form is required to administer paracetamol this can be done for a child's whole school career, this form can be obtained from the front offices or downloaded from the school websites.
- Medicines are kept in a secure locked cupboard and are specifically labelled concerning who they are for, the date prescribed and when they are out of date.
- We do not administer paracetamol to any student before 11.00 am to avoid the possibility of over-medicating.
- At The Castle Partnership Trust we do not administer aspirin or Codeine based products unless they have been prescribed by a doctor in the original packaging

with the pharmacy label showing the student's name and a current dispensing date.

- All students with medical conditions have easy access to their emergency medication.
- All students are encouraged to carry and administer their own emergency medication, i.e. inhalers, epipens, and insulin, with a spare being kept in school (at The Castle School with the Welfare officer and at Court Fields School in the front office).
- Students know where their medication is stored and how to access it.
- All use of medication is defined as a controlled drug, even if a student can administer the medication themselves.
- The Trust understands the importance of medication being taken as prescribed.

When to Send a Student to Receive Medical Attention.

For essential treatment, staff should give permission by the means of a slip, allowing the student to present themselves to Welfare. Outside lesson/tutor periods students will self-refer themselves. If the Welfare Officer/Lead First Aider is not available, a FAW or qualified member of staff will determine the best course of action.

Notifying Parents

The Welfare Officer/Lead First Aider (or in their absence, a qualified first aider) will inform parents of any accident or injury sustained by a student on the same day or as soon as reasonably practical.

General Guidance

Staff should report details about accidents to the appropriate persons in order that an accident can be registered at the earliest opportunity and certainly on the same day of the accident. Accidents which result in a reportable injury (as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) regulations 4, 5, 6 and 7) will be reported to the Health and Safety Executive as soon as reasonably practicable and, in any event, within 10 days of the incident.

A qualified first aider will determine whether a student is not well enough to remain in school. If deemed necessary to send a student home, the parents must take responsibility for the student leaving the premises and must be contacted. Students will sign out in the appropriate manner.

If a student needs hospital treatment and no parent is available, they must be accompanied at all times by a member of staff until the parent can attend.

A school with over 1,200 students is required to have 3 FAW qualified staff who hold a current first aid at work certificate issued by an approved organisation.

First aid kits contain sufficient quality of first aid materials, the kits are checked and restocked on a regular basis.

First aid kits, information about the specific needs of students, students' emergency contact details and a school mobile phone should be taken out whenever a party leaves school, sporting events, field trips and any camps and journeys. Risk assessments will be completed by the Trip Leader prior to any off site educational trip.

Any incidents should be reported once back at school.

Contagious Diseases

The FAW advice should be sought about any contagious diseases and whether a student should be required to attend school. Specific care should take place when dealing with cuts – latex gloves should be worn at all times and the FAW should be called immediately. Site staff (caretakers) have been given specific advice concerning clearing up spillages of body fluids.

Information relevant to dealing with medical issues which may be affected by religious belief is maintained in this folder. The folder will be updated as needed by the Welfare Officer/Lead First Aider.

Head and Neck Injuries

Head Injuries

- **Concussion Management**

- R Recognise the symptoms of concussion
- R Remove the student from play immediately if he/she has or is suspected to have concussion
- R Refer to appropriate healthcare professional
- R Rest – players must rest from exercise until symptom free for at least 2 weeks, and return to a graduated return to play as directed by their doctor

Signs and symptoms of Acute Concussion

Mechanism of injury
Headache, nausea, confused, dizziness, dazed
Ears ringing, visual disturbances, amnesia, emotional
Vacant stare
Loss of consciousness, convulsion, seizure
Poor coordination or balance
Slowed reaction
Confusion
Balance problems
Pins and needles in hands and feet
Clear fluid leaking from one/both ears
Bleeding from one/both ears
Noisy breathing
Unequal pupil size
Deteriorating level of response

999 → A/E and if
in doubt → A/E

Evaluation of Concussion

- First Aid FIRST → 999 → A/E need escort i.e. parent/staff
 - Particular attention to exclude cervical spine injury
 - Until C-spine cleared – immobilise head in neutral horizontal head hold
 - Ask short term memory questions i.e which team are we playing against/which side scored last?
 - Balance test - stand heel to toe non-dominant foot, hands on hips, eyes closed, hold 20 seconds – 5 failures suggests concussion

Immediate Concussion Management

- Physical and cognitive rest until symptoms resolve; remove from play, lay down in quiet, darkened room with minimal stimulation
- DO NOT leave alone
- If unconscious, maintain the airway and recovery position till help arrives
- Do not allow the student to eat or drink if possibility of admission to A/E
- Inform parents, give advice of when to seek emergency treatment
- Regular paracetamol for headache, be aware not masking symptoms
- Routine head injury observations and vital signs i.e. level of response, breathing and pulse, pupil reaction
- Observe for any of the above signs

Neck Injuries

- With a possible neck injury, it is safest to assume there is an injury until proved otherwise. Flexion and rotation are most likely to produce spinal cord damage either at the time of injury or in the subsequent handling
- **Management**

To immobilise the head, grip it firmly over both ears.

Conscious Casualty

- Do not move the casualty; the neck must be immobilised until medical help arrives. Steady and support the head in line with the neck and spine.

Unconscious Casualty

- The neck must be immobilized until medical help arrives. Maintain an open airway, place in the recovery position by log rolling, keeping head in line with the neck and spine. The nose should be in line with the navel. Be prepared to resuscitate if necessary. In case resuscitation is required, log roll the casualty onto his /her back and commence CPR.

References:

www.rta-training.co.uk

First Aid Manual ST John's Ambulance 9th Edition 2009

The International Rugby Board recommendations.

Appendix 1

Parental Request - Administration of PRESCRIBED Medication

The school will not be able to give your child medicine unless you complete and sign this form. A newly completed form should be submitted at the start of each term for long term medication.

| | |
|------------------------------------|--|
| Date for review to be initiated by | |
| Name of child | |
| Date of birth | |
| Tutor group | |
| Medical condition or illness | |
| Parent/carer name | |

Medicine

| | |
|---|--|
| Name/type of medicine | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|--|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to the school | |

Please note that the Department of education guidelines do not permit schools to administer any ibuprofen, aspirin or codeine based products to student under the age of 16, unless prescribed by a doctor. Long term prescriptions will require a consent form to be completed at the beginning of each new term

Appendix 2

Parental Request - Administration of PARACETAMOL

The school will not be able to give your child medicine unless you complete and sign this form. This consent form will stand through your child's time with the school unless informed otherwise.

DETAILS OF STUDENT

Name..... Date of Birth.....

Tutor Group.....

Address.....

Condition/Illness.....

PARACETAMOL

Dosage as per instructions on the packaging.

Timing (not before 11.00am), then every 4 hours if required.

In making this request, I accept full responsibility for my child's welfare.

Signature..... Relationship to Student.....

Date.....

Please note that the Department for Education guidelines do not permit schools to administer any aspirin or codeine based products to students under the age of 16 unless prescribed by a doctor. Long term prescriptions will require a consent form to be completed at the beginning of each new term.

Appendix 3

Individual Healthcare Plan

Child's name

Form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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|--|
| |
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| |
| |
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| |

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

| |
|--|
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| |
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| |

Clinic/Hospital Contact

Name

Phone no.

| |
|--|
| |
| |

G.P.

Name

Phone no.

| |
|--|
| |
| |

Who will support in school

| |
|--|
| |
|--|

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, contraindications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

| | |
|--|--|
| | |
| | |
| | |
| | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|---|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

I give the school permission to contact my child's doctor.

Signature(s) _____ Date _____

Appendix 4

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 5

Appointed Persons and First Aiders

At The Castle School

| | |
|--------------------|-----------------|
| Welfare Officer | Annette Horsley |
| First Aiders (FAW) | Debbie Lee |
| | Lorraine Johns |
| | Gareth Morgan |
| | Jackie Whatley |
| | Kathleen Waugh |
| | Carol Feiven |

At Court Fields School

| | |
|--------------------|------------------|
| Lead First Aider | Jo Thompson |
| First Aiders (FAW) | Denise Ford |
| | Chrissy Parker |
| | Adam Etherington |
| | Peter Smith |
| | Andy Evans |
| | Ann Denton |

At Wellesley Park School and Pre-School

To be provided

At Isambard Kingdom Brunel School and Pre-School

To be provided

Appendix 6

First Aid Equipment

A typical first aid kit within our schools will include:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Eye wash
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Alcohol-free cleansing wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- Resus mask

No medication is kept in the first aid kits.

Appendix 7

Guidance and protocols for specific medical conditions.

Anaphylaxis

Source : <http://www.nhs.uk/conditions/anaphylaxis/pages/introduction.aspx>

Asthma

Source: [http://www.nhs.uk/conditions /Asthma/pages/treatment.aspx](http://www.nhs.uk/conditions/Asthma/pages/treatment.aspx)

Diabetes

Source: <http://wwwnhs.uk/conditions/diabetes/page/diabetes.aspx>

Epilepsy

Source: <http://www.nhs.uk/conditions/epilepsy/pages.treatment.aspx>