

## Our Lady of the Wayside Catholic Primary School

### First Aid Statement and Policy



Date written	<b>January 2024</b>
Date of last update	<b>February 2024</b>
Date agreed and ratified by governing body or management committee	<b>08/03/2024</b>
Date of next full review	<b>Spring 2025</b>

## **Policy Statement**

At Our Lady of the Wayside Catholic Primary School, we recognise the importance of providing adequate and appropriate first aid equipment and facilities for all children, teaching staff, non-teaching staff and visitors to the school and will take all reasonable practical steps to fulfil our responsibility. We will undertake to ensure compliance with the relevant legislation with regard to first aid and provision of medicines in School.

## **Aims**

- To formulate and implement effective procedures for incidents requiring first aid, ensuring that all responsible practical steps are taken to meet the needs of all site users.
- To ensure that all reasonably practical steps are taken to maintain the health and welfare of all persons using the premises.
- To ensure that all reasonably practical steps are taken to ensure the health and safety of staff, pupils and other supervising adults participating in off-site visits.
- To establish and maintain safe working procedures amongst staff and pupils.
- To ensure that all medicines are stored safely and administered according to instructions received from parents and medics.
- To develop first aid awareness amongst staff, pupils, and other supervising adults by opportunity to qualify as a First Aider at work or Paediatric First Aider or access outside provision.

## **First Aid Provision**

The Headteacher is responsible for ensuring that there is an adequate number of qualified First Aiders.

There are currently:

- Two qualified 'First Aiders at Work'
- Thirteen qualified 'Paediatric First Aiders'.

The number of first aid personnel is sufficient to cover break and lunchtimes and absences. The school also ensures that there is appropriate provision for after school clubs and activities, which are run by the school.

People using the school site for evening and weekend lettings are responsible for ensuring their own adequate first aid provision.

First aid training needs are reviewed on an annual basis by the Headteacher and particularly after any changes, to ensure the provision remains adequate.

### **First Aid Boxes**

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Cotton swabs

School has one scan thermometer to use if a temperature is suspected. This is located in the school office. The thermometer should not come into contact with the individual. It will scan at a distance.

### **School Visits**

Portable first aid kits are available to be taken on all school visits and are available in advance. A qualified First Aider is required to go on any school visit and a Paediatric First Aider will accompany children under 8 years old. A supervised member of staff will administer medicines and support young pupils with their inhalers, if required.

### **First Aid Boxes**

First Aid boxes are located in every classroom and are fully stocked with suitable first aid materials. Lunchtime personnel, also have access to first aid materials. First aid boxes are checked on a regular basis.

### **Recording and Reporting First Aid Treatment**

#### **1. In the event of an accident resulting in injury:**

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- If outside, a qualified first aider will be called if needed.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.

- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child.
- If emergency services are called the school office will contact parents immediately.
- When appropriate, an accident report form will be completed on the same day or as soon as is reasonably practical after an incident resulting in an injury.

## **2. In the event of a minor injury any member of staff will provide appropriate care.**

### **Cuts**

All adults can deal with small cuts.

All open cuts should be covered after they have been treated with a medi-wipe, and/or gauze. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing.

ANYONE TREATING AN OPEN CUT SHOULD USE PROTECTIVE GLOVES. All blood waste should be should be double bagged and appropriately disposed. A member of staff will also complete the first aid register and send a notification slip home to parents.

### **Head Bumps**

Children with a bump to the head should be treated with an ice pack and given a completed first aid form. The child will wear a wrist band indicating a head bump. The supervising adult must be made aware and monitor the condition closely.

The consequence of an injury from an accident involving a bump or a blow to the head is not always evident immediately and the effects may only become noticeable after a period of time. Therefore, for every head bump, the school office will telephone the child's parent/guardian to inform them of the incident. If appropriate, pupils will be sent home for observation and rest.

### **Calling the emergency services**

In the case of major accidents, it is the decision of the first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision. If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The child's date of birth
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of the staff, should wait by the school gate and guide the emergency vehicle into the school. If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their

next of kin should be called immediately. All contact numbers for children and staff are located in the school office and on Bromcom.

### **Administering medicines in school**

#### **What can be administered?**

There are many times when children recovering from a short-term illness are well enough to return to school whilst still receiving medication. Where this is necessary, we ask that the medicine/tablets be given at home. In many instances the dosage is such that could be conveniently administered immediately before and after school. A responsible adult (over 18 years old) is welcome to come into school to administer any medicines at any time. School prefers not to administer any routine medications, unless in exceptional circumstances and with the exception of medications such as inhalers, no children should bring medication to self-medicate. Individual medication cases should always be discussed with the school.

The school can administer regular medication. Parents/carers of children with long-standing medical conditions (e.g. diabetes, epilepsy,) should contact the school for clarification of the schools', "administration of medication policy."

All medicines should be retained in the school office. These are clearly labelled and a completed written consent form is to be in place. Medication is checked and verified by two members of staff before administering. The administration of medicine is carried out by a member of staff and witnessed by another. The date, time and dosage is logged on a record sheet and signed off by the two members of staff.

#### **Prescription Medicines**

- When necessary, prescription medicines may be brought into school by a parent/carer. They will be clearly named. A form will be completed at the office detailing relevant information. (Parental/Carer consent to administer a prescribed medicine form)
- If the medicine needs to be refrigerated it will be stored in the fridge in the school office.
- Two members of staff will administer medication and follow safeguarding procedures as highlighted above – two members of staff involved in the process and sign-off.
- When no longer required medicines should be returned to the parent or carer for safe disposal.
- Parents/carers should routinely collect medicines held by the school at the end of each day.

#### **Non-Prescription Medicines**

Parents/guardians may ask for non-prescription medicines to be given to their child. Where possible, these are to be administered at home before coming to school. If this is not possible, then the circumstances are to be discussed with the school. A parental consent form is to be completed and the above procedure for administering medication will be followed.

## **Creams**

Non-cosmetic, medicated creams can be applied in school creams for skin conditions. Staff will supervise pupils applying creams; however, staff must not rub cream onto a child's body unless agreed with the parents. With agreement, application of these creams will be made under the observation of another adult.

## **Where medicine is stored**

No medicines should be kept in the class or in the child's possession (except inhalers and EpiPens). All medicines and spare EpiPens are clearly labelled and stored in the school office. All medicines and EpiPens are kept secure and out of reach of children.

## **Asthma and other medical problems**

At the beginning of each academic year, any medical problems are shared with staff and a list of these children, and their conditions is kept on the schools IT network. Data sheets are sent to parents at the beginning of each year for them to approve, sign and return to the Family Support Worker. New photographs and signs are made of children with severe medical problems and are available on class medical profile lists.

## **Inhalers**

Inhalers are kept in medical boxes in each relevant classroom. The Family Support Worker is responsible for ensuring that inhalers are in date and retains records of expiry dates.

Each time an inhaler is used it should be recorded on the medication sheet attached to the inhaler.

The spare school inhaler and spacers are retained within the school office.

**School inhalers can only be used if parents have given their permission for them to be used in an emergency. Inhalers need to be cleaned to avoid cross contamination. Spacers are not to be re used – give to the child to take home.**

## **EpiPens and anaphylaxis shock training**

The school retains two EpiPens for each child. One is kept in the classroom medical box and the other in the school office. They are to be clearly labelled and are for the use of named child. EpiPens are to be administered with parental permission (preferably in writing).

Clear procedures are in place for staff to use EpiPens. When administered, details are to be recorded on the parental consent form.

Details of those children requiring an EpiPen are recorded on the child's care plans.

Staff receive annual training on the use of EpiPens.

### **Headlice**

Staff should not touch children or examine them for head lice. If school suspects a child has head lice parents are informed and school will request that parents review and treat, if required. When school is aware of a case of head lice, communication is shared with parents of the identified class. No reference to an individual is made. Children can return to school, once they have been fully treated.

### **Vomiting and Diarrhoea**

If a child or adult vomits or has diarrhoea in school, they will be sent home immediately. Children and adults with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

### **Residential and out of school visits**

The school will make every effort to continue the administration of medication to a pupil whilst on visits away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to manage an individual pupil's condition safely and this will feature as part of the risk assessment.

## **Supporting Pupils at School with Medical Conditions Policy**

This Policy is governed by the statutory guidance and non-statutory advice set out in the document 'Supporting Pupils at School with Medical Conditions' Department for Education, April 2014.

The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting pupils in school with medical conditions.

### **Key Points**

Every effort will be made to ensure that:

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing Body is legally responsible and accountable for ensuring that arrangements are in place in school to support pupils with medical conditions.
- The Governing Body will ensure that school leaders consult health and social care professionals, pupils, and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- The needs of the children include educational impacts, and social and emotional implications associated with medical conditions.
- The Governing Body will ensure that it meets its duty under the Equality Act 2010.
- As some of our children have an Education Health and Care Plan (EHCP), this policy operates in conjunction with the SEN Code of Practice

Education must develop every child's personality, talents, and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

### **The Role of the Governing Body**

The Governing Body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child.

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. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements the Governing Body 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. Some will be more obvious than others. The Governing Body 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 Governing Body will ensure that their 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. They will ensure that staff are properly trained to provide the support that pupils need.



Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Governing Body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The Governing Body will ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

This aligns with their wider safeguarding duties. The Governing Body will ensure that this policy is reviewed regularly and is readily accessible to parents/carers and school staff.

### **Policy Implementation**

The head Teacher is responsible for ensuring that:

- Sufficient staff are suitably trained, including in the case of staff absence or staff turnover.
- All relevant staff, including supply staff, are aware of children's conditions.
- Risk assessments for school visits and other school activities outside of the normal timetable include reference to children's medical needs.
- Individual pupil school healthcare plans are kept up to date.

Procedures to be followed when notification is received that a pupil has a medical condition. Where required, a school leader will consult with the relevant health and social care professionals, the pupil, and parent/carers as soon as notification is received. This may include occupational therapist, physiotherapist, and nursing services. Where a child is changing schools, the health and social care professionals linked to the previous setting will be consulted.

Relevant Health & Social Care professionals, the pupil, parent/carers will contribute guidance as appropriate where a pupil is being re-integrated or where their needs have changed. This may include decisions about the rate of integration, timetable adaptations and changes, and arrangements for any staff training and support. For children new to school, arrangements should 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 school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In some cases, the school may not 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 medical evidence and in consultation with parent/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, in the best interests of the child.

Individual Pupil School Healthcare Plans School, healthcare professionals and parent/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view. Individual Pupil School

Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

Individual Pupil's School Healthcare 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. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, who can best advise on the needs of the child. For example, school nursing services may advise who can contribute to the sections on feeding needs such as gastrostomy, nasogastric, alongside specialist nurses for children with a tracheostomy. Pupils will also be involved whenever appropriate. The aim will be to capture the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

The Individual Pupil's school Healthcare Plan will be linked to or become part of each child's Statement or Education/Healthcare Plan.

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

### **Contents of Individual Pupil's School Health Care Plans**

These will include, as appropriate:

- 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, • Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required.

- Arrangements for written permission from parent/carers and the head teacher 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.

Where children have an emergency healthcare plan prepared by their lead clinician, this will be used to inform development of their Individual Pupil School

## **Healthcare Plan**

### **Roles and Responsibilities**

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parent/carers and pupils is critical in providing effective support, to ensure that the needs of pupils with medical conditions are met effectively.

Collaborative working arrangements between all those involved, showing how they will work in partnership is set out below.

- **The Governing Body** - will make arrangements to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

- **The Headteacher** – will ensure that this policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual pupil school healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of Individual Pupil School Healthcare Plans. The Headteacher will also make sure that school staff are appropriately insured and are aware ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual pupil school healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of Individual Pupil School Healthcare Plans.

The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will be responsible for contacting the

school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- **School staff** - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- **Universal Public Health Nursing Service 0 to 25 years** (e.g. Health Visitors, School Nurses) - are responsible for notifying the school when a child has been identified as having a medical condition which will require support in the school. Wherever possible, they will do this before the child starts at the school. They may support staff on implementing a child's Individual Pupil School Healthcare Plan and provide advice, liaison, and access to appropriate training. Community nursing teams will also be a valuable potential resource for the school seeking advice and support in relation to children with a medical condition.
- **Other healthcare professionals, including GPs and Paediatricians** - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams will be asked to provide support for children with particular conditions (e.g. asthma, diabetes and epilepsy).
- **Pupils** – with medical conditions may be best placed to provide information about how their condition affects them. They will be as involved as possible in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual pupil school healthcare plan. Other pupils will be encouraged to be sensitive to the needs of those with medical conditions.
- **Parent/Carers** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual pupil school healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are always contactable.
- **Local Authorities** – are commissioners via Public Health for universal school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training, and recreation. Local Authorities should provide support, advice, and guidance, including suitable training for school staff, to ensure that the support specified within individual pupil's school healthcare plans can be delivered effectively. Local Authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education at the school because of their health needs, the Local Authority will be contacted to fulfil its duty to make other arrangements. Statutory guidance for Local Authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from

schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

- **Providers of health services** - should co-operate with the school in the support of children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Good relationships with health services will be fostered and developed as they can provide valuable support, information, advice, and guidance to school, to support children with medical conditions at school.

### **Staff Training and Support**

- How will staff be supported in carrying out their role to support pupils with medical conditions?
- How will this be reviewed?
- How are training needs assessed?
- How and by whom is training commissioned and provided?

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

Staff receive training in first aid and paediatric first aid training.

Currently, there are two qualified 'First Aiders at Work' and thirteen members of staff are 'Paediatric First Aiders'.

This will have been identified during the development or review of Individual Pupil's School Healthcare Plans. Where staff already have some knowledge of the specific support needed by a child with a medical condition, extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school may choose to arrange the training themselves and will ensure this remains up to date. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual pupil's school healthcare plans. This will include an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual pupil's school healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, which may include the school nurse, will provide confirmation of the proficiency of staff, in a medical procedure, or in providing medication.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff will include reference to this policy. The advice of the relevant healthcare professionals will be taken on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

### **The Child's Role in Managing Their Own Medical Needs**

After discussion with parent/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Pupil School Healthcare Plans. Wherever possible, guided by safety considerations, children will be able to access their medicines or relevant devices for self-medication quickly and easily. Children who can take their medicines themselves or manage procedure will have an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual Pupil School Healthcare Plan. Parent/carers should be informed so that alternative options can be considered.

### **Managing Medicines on School Premises**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carer. In such cases, every effort should be made to encourage the child or young person to involve their parent/carer, while respecting their right to confidentiality. Non-prescription medicines may only be administered with written parent/carer permission.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.
- Where annual consent has been given for emergency pain relief to be administered, parents will be contacted to obtain verbal consent to administer the emergency pain relief held by the school office. Dosage and timing is also discussed with parents and recorded when administered.
- Where clinically possible the school will ask for medicines to be prescribed in dose frequencies which enable them to be taken outside school hours.
- 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 to school inside an insulin pen or a pump, rather than in its original container.
- All medicines must be stored safely. Children should know where their medicines are at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.
- The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access.

- Controlled drugs will be easily accessible in an emergency. A record will be kept of and doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will 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 school will be noted.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

### **Record Keeping**

The Headteacher is responsible for ensuring that written records are kept of all medicines administered to children.

On a day-to-day basis, staff administering medication will keep written records of all medicines given, and sign to confirm the details. Parent/carers will be informed if their child has been unwell at school, either by home-school book, phone call or in person as appropriate.

### **Day Trips, Residential Visits and Sporting Activities**

Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments. 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.

School staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. (Please also see Health and Safety Executive (HSE) guidance on school trips.).

### **Complaints**

The procedure for making a complaint is set out in the School Complaints Policy available to parent/carers/pupils on the school website. School hope that should parents/carers or pupils be dissatisfied with the support provided; they will discuss their concerns directly with school first. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parent/carers (and pupils) will be able to take

independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

### **Legislation and Guidance**

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees.
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE) and set out the timeframe for this and how long records of such accidents must be kept.
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records.
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils.
- The Children's and Families Act 2014 Section 100, which placed a statutory duty on school governing bodies to make arrangements for supporting pupils with medical conditions.
- Guidance from NHS "Administration of medicines in schools and early years settings – August 2018.
- <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3>
- Solihull Borough Council. The Administration of medicines in school and settings 6th edition January 2015.