



Medical Needs and First Aid Policy

Date agreed by Governors	Summer 2022
Next Review	Summer 2024

Linked Documents
Supporting pupils at school with medical conditions – DfE (2017)



The United Nations Convention on the Rights of the Child (UNCRC) articles which inform this policy are:

- Article 3: The best interest of the child must be top priority in all decisions and actions that affect children
- Article 12: Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.
- Article 24: Every child has the right to the best possible health.
- Article 29: 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 their environment.

School’s Purpose: To prepare pupils for lifelong success

School’s Vision: At Godwin Junior School we:

- Value everyone
- Instil a love of learning
- Seek and encourage talent
- Inspire resilient learners
- Open minds to develop responsible global citizens
- Nurture confident, articulate individuals

Detailed procedures are in place to cover medical needs and first aid, including the administration of medicines in school.

At Godwin Junior School we aim:

- To provide opportunities for all pupils to learn and to achieve across the whole curriculum
- To meet the needs of all our pupils with medical conditions
- To overcome actual or potential barriers to learning faced by pupils with medical conditions

Responsibilities regarding Medical Needs

As a school we work closely with parents/carers and healthcare professionals to ensure we fully understand the medical needs of our pupils and how they might impact on a child's access to a full and rich educational experience.

After being made aware of medical needs the Lead First Aider will meet with parents/carers and, as far as possible, consult with healthcare professionals in advance of a school admission. However, we recognise that in some instances - such as a newly diagnosed condition or lack of availability of school nursing staff - this may be impossible. We will aim to have plans securely in place within two weeks of admission.

Communication is the key to maintaining the safety of children with medical needs:

The Senior Leadership Team will:

- Ensure the policy is known and followed by staff
- Ensure sufficient staff are properly trained to provide the support the child needs, including plans to cover staff absence
- Ensure that class teachers are supported in planning for adaptations in curriculum delivery (such as particular additional resources) which individual children may benefit from
- Ensure office staff are aware of and sensitive to the circumstances around a child's health and will accommodate medical appointments and absences due to illness without placing pressure on parents/carers with regard to attendance
- Ensure that risk assessments for educational visits take account of additional measures which may need to be in place
- Ensure that supply/cover teachers are aware of any medical information which they may need to know

The Lead First Aider will:

- Keep parents informed of any issues which may affect their child's health or well-being such as the presence of infectious diseases in school
- Liaise with health care professionals and parents/carers when drafting and/or annually reviewing a Healthcare Plan
- Ensure that medication in school is regularly checked to be in date and alert parents/carers if the expiry date is approaching
- Ensure teachers are fully aware of any medical needs and what medication a child with allergies etc might need e.g. EpiPen etc
- Ensure that catering staff are fully aware of children with any food allergies

All First Aiders will:

- Administer first aid treatment and medicines once adequately trained

Parents/Carers will:

- Provide up to date information about their child's needs and any changes
- Ensure the school has sufficient quantity of in-date medicines
- Sign consent forms for medically-trained school staff to administer medication or for the child to self-administer medication under appropriate supervision as necessary

Healthcare Plans

The Lead First Aider will liaise with the school nurse or other medical professionals to develop and monitor Healthcare Plans.

Their scope will include:

- The medical condition - triggers, signs, symptoms and treatments
- The resulting needs: medication, dosages, storage, timings, equipment, access to food and drink, dietary requirements and environmental issues such as private space for treatment
- Specific or additional support
- Level of support and the extent to which a child is able to self-care
- Who provides support, their training needs, clarity over their role - what is expected, cover arrangements
- Who in school needs to know
- Written permission from parents/carers for medicine to be administered in school
- Separate arrangements for educational visits if necessary
- Arrangements to maintain confidentiality
- Emergency arrangements
- The Educational Visits Leader will liaise with the Inclusion Leader, class teacher and Lead First Aider to ensure that relevant planning and risk assessments are conducted.

Staffing

Staff are first-aid trained (Combined First Aid at Work and Paediatric First Aid) on a rolling programme using an approved provider. Specific medical conditions may require additional, bespoke, training from health care professionals.

Qualified Staff are deployed across the school with attention to maintaining an appropriate ratio throughout the day.

All recently-appointed Teaching Assistants and a number of longer-serving Teaching Assistants are first-aid trained. A full list is displayed in various places across the school, including in the Medical Room.

All trained first aiders are aware that they should seek a second opinion from another first aider if they are unsure whether to escalate a case. This will ensure that if there is a case which may require intervention from a more highly-trained medical professional (e.g. paramedic) this happens without delay.

Dealing with Medical Incidents

First aid equipment is stored in locked cupboards in the medical room – all medically trained staff, SLT and admin staff are aware of the code to unlock the cupboards.

If a child is taken ill during the day, they will usually seek assistance from the first aider based in the medical room. In an emergency situation, the nearest available first aid-trained person is called upon and arrangements are made as appropriate to the situation.

Serious accidents are reported to the Local Authority by the Head Teacher or Deputy Head in conjunction with our Health and Safety Lead using an online procedure.

Record Keeping of First Aid Treatment

Copies of records of treatment given are held in the medical room. These must be accurate and clearly recorded as they are potentially a legal document.

A record must be kept of any medication which is administered to, or self-administered by, a child. This must state the time the medication was given and the dose received. This is also applicable for when a child is on an educational visit.

All first aid records may be monitored by SLT to check for patterns and to ensure accuracy and appropriateness. Staff will be briefed if actions result from this monitoring activity.

Emergency Situations

Should a child need assistance beyond what a primary first aider can be expected to provide, an ambulance will be called. Parents/Carers will be telephoned immediately. If they cannot reach school before the emergency services arrive, a member of staff who is known to the child will accompany him/her to hospital - taking information about the child and their medical needs with them. The staff member will remain with the child until the parents/carers arrive. They will travel to and from school in a cab on the school account.

Even if a parent/carer is with their child at school, the first aider will stay with the injured child until they either leave school premises or more qualified medical assistance (such as a paramedic) takes charge of the injured child. Anyone awaiting an ambulance must wait inside unless not practicable to do so as this will be more appropriate than waiting outside. We appreciate that it may be difficult for family members to make decisions when they are concerned about the welfare of a loved one so this will be standard practice rather than being an offer made to families.

Informing Parents/Carers

1. In the case of minor first aid treatment, children are provided with a slip when they receive treatment. They are asked to share these with parents/carers when they go home.
2. In the case of more serious injuries, parents and carers will be telephoned to ensure that they are aware of what has happened.
3. In the case of head injuries, parents and carers are always telephoned advising them of indicators of possible concussion following a head injury or likely head injury.

Best practice is for a follow up 'phone call to be made the day after a serious incident to check on the welfare of a child - regardless of whether they are in school or not.

Educational Visits

When planning off-site activities, consideration must be given to medical and first aid arrangements both on the visit and in school- sufficient cover must be maintained in school.

Medicines in school

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

Medicines are stored in the Medical Room, in a locked cupboard which all first-aid trained staff, SLT and admin staff have the code to open and children will know where they are kept. Medicines that need to be refrigerated are kept in the Medical Room fridge.

We will administer prescription medicines and familiar, common non-prescription medicine such as antihistamines as long as clear, signed instructions are given by parents/carers via letter or email.

Government Guidance states that:

- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed

We will ensure that any prescription medication is either in its original box with the child's name printed on the dispensing label on or in the original bottle with the child's name printed on the dispensing label. Medicine will only be administered if it is within date and the instructions are clear.

Liability and Indemnity

Governing boards should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions.

Insurance policies should be accessible to staff providing such support. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. Our insurance is currently provided by Zurich Municipal Insurance through the London Borough of Newham.

If there is a problem

If parents/carers are unhappy with the arrangements or care given in school they should talk in the first instance with the Lead First Aider. If their concerns are not resolved then, in line with the school's complaints procedures they should address their concerns to the Head Teacher and if still not resolved, the Governing Board.