



# Petersfield Church of England (Aided) Primary School

## MEDICAL NEEDS & FIRST AID POLICY

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## **SUPPORTING PUPILS WITH MEDICAL CONDITIONS**

The named members of school staff responsible for this medical conditions policy and its implementation are:

NAME...Karen Gwynn & Laura Penrose

ROLE ...Headteachers

### **This school is an inclusive community that supports and welcomes pupils with medical conditions.**

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers/carers.
- Pupils and parents/carers/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- Staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The school community understand and supports the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHCP) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

### **This school's medical conditions policy is drawn up in consultation with key stakeholders within the school.**

- Stakeholders include pupils, school staff, governors and external agencies such as the school nursing team.

### **The medical conditions policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation.**

- Pupils, parent/carers/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through communication channels.

### **Staff understand and are trained in what to do in an emergency for children with medical conditions at this school.**

- School staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- Staff receive training in what to do in an emergency and this is refreshed at least once a year.

- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP)<sup>1</sup>, which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.
- This school has chosen to hold an emergency salbutamol inhaler for use by pupils.

**All staff understand and are trained in the school's general emergency procedures.**

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. Online staff training is now the County expected route for staff training. In certain cases, specialist school nurses or training providers provide annual training for common conditions eg asthma, allergies, epilepsy.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance where appropriate. They will not take pupils to hospital in their own car.

**This school has clear guidance on providing care and support and administering medication at school.**

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it has been prescribed by an appropriate medical practitioner and when a pupil is well enough to be in school and it would be detrimental to a child's health or school attendance not to do so.
- A completed Short-Term medication Request Form or Long-term Medication Request Form and as appropriate Asthma card will be completed by the parent/carer before medication is administered. (Appendix 3 & 4)
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes liaising with School Transport regarding escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.<sup>2</sup>
- Children are encouraged to take responsibility for their own medicine from an early age where appropriate. Parents/carers are expected to identify where this is relevant on the signed medication form.
- Where a pupil refuses medicine, the parents/carers will be informed the same day.
- This school will not give medication to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example prescribed pain relief, this school will check the maximum dosage and any parent instructions as to when the previous dose was given.

- This school will make sure that reasonable adjustments are made to support a pupil attending a residential visit.
- Parents/carers/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

**This school has clear guidance on the storage of medication and equipment at school.**

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
  - Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, in the school office, refrigerator or agreed location as appropriate and that pupils with medical conditions know where they are at all times and have access to them immediately. Medication may be stored in first aid boxes. Controlled drugs will be kept in a locked cupboard.
  - Inhalers are stored in named red bags hanging over the sink in the office. These are accessible but out of sight of pupils and not in easy reach. Where children are severely asthmatic, a second inhaler will be requested for their classroom (and will be kept in unlocked classroom cupboard)
  - Epipens, when needed for a specific medical condition, are stored in the office in the cupboard to the left of the hatch on the top shelf.
  - Medication will only be administered once the member of staff has checked the child's medication form and medication log to ensure medication is due.
- This school will only accept medication that is in date, labelled with the child's name, dose, frequency and method of administration and in its original container including prescribing instructions or an accompanying letter from an appropriate medical practitioner for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump. Current guidance is that, due to the known shortage, out of date insulin can be administered if needed.
- Parents/carers/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication in person to the office at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.
  - Out of date or broken medication will be returned to the parent, who should return it to a pharmacist for safe disposal.
  - Medicines must be collected by parents/carers at the end of term.

**This school has clear guidance about record keeping.**

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHCP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP.

- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff on the medication record form. Wristbands are given to the pupils to inform parent/carers:

Red- head bumps-head bump form sent home  
 Yellow- medication given-short term medication  
 Green- first aid form-first aid form sent home

**This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

**This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.**

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that reasonable adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- Confirmed medical absences will be counted as authorised absences.
- In line with the school SEND policy, children whose progress is impacted by their medical condition will be supported through the graduated approach.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are

considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.**

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

**Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 1.

**The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

- In evaluating the policy, this school may seek feedback including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the classteachers in the first instance. This may then be passed onto the headteachers. If the headteachers cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **Equal opportunities**

Our school is clear about the need to actively support 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 consider what reasonable adjustments need to be made to enable these pupils to participate safely on school visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## **Links to other policies**

This policy links to the following policies:

- Accessibility plan
- SEND policy
- Equality information and objectives

- Health and safety
- Safeguarding

## **Medical Needs – Specific Conditions (Asthma, Diabetes, Epilepsy, Anaphylaxis)**

### **Medical Needs – Asthma**

- Each individual must have an asthma card or in severe cases an individual care plan agreed between school and parents /carers and their specialist healthcare provider.
- All children with asthma should have a reliever inhaler and spacer at school
- Staff will be trained to:-
  - Know that asthma is a widespread, serious but controllable condition
  - Recognise that pupils with asthma need immediate access to reliever inhalers at all times
  - Ensure that the child's reliever inhaler must be immediately available to hand when sports activities take place especially at the swimming pool. If it is helpful medication can be used before the activity begins.
  - Know which pupils have an Individual Health Plan and when to follow this
  - Know the common 'day to day' symptoms of asthma which are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.
    - Cough and wheeze (a 'whistle' heard on breathing out) when exercising
    - Shortness of breath when exercising
    - Intermittent cough
  - Know common triggers including
    - Physical activity
    - Change in weather
    - Viruses
    - Colds
    - Environmental factors
  - Know common signs of an attack
    - Coughing (persistent)
    - Shortness of breath
    - Wheezing
    - Feeling tight in the chest
    - Being unusually quiet
    - Difficulty speaking in full sentences or uncharacteristically chatty
    - Tummy ache or not wanting food
  - Lips are blue
  - Know what to do in an asthma attack

### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer aero chamber
  - The inhaler should be removed from the mouth and shaken between breaths
  - Encourage the child to take 5 slow, steady breaths each puff
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- Record all actions and medication
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

**The school holds two emergency kits which are in red bags with the inhalers in the office which include:**

- a salbutamol metered dose inhaler;
- a plastic spacer compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- a blank medicine administration sheet

### **Salbutamol**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. We therefore ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

### **Storage and care of the inhaler**

Mrs Claire Davy and Mrs Verity Wynn are responsible for maintaining the emergency inhaler kit and overseeing the protocol and ensuring the asthma register is up to date. They have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The inhalers are stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers are kept in a separate bag from any child's inhaler but nearby and the emergency inhalers are clearly labelled to avoid confusion with a child's inhaler.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer will not be reused but given to the child to take home for future personal use. This spacer will then be replaced.

The inhaler will be reused, after cleaning - the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean, safe place. The canister will be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. Where there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it will not be re-used but disposed of.

## **Disposal**

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Petersfield will register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal at <https://www.gov.uk/waste-carrier-or-broker-registration>.

## **School Staff are:**

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

## **Designated members of staff are trained in:**

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

## **Liability and indemnity**

The Governing Body ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

## **Medical Needs – Diabetes**

- Each individual must have an individual health care plan agreed between school and parents /carers and their specialist healthcare provider.
- Staff will be trained :-
  - To recognise the signs of hypo and hyperglycaemia, what to do in the event of an occurrence and when to call an ambulance.
  - To give or help with self-administration of insulin as needed; a Long Term Medication Request Form must be completed.
  - To assist if testing of blood glucose levels is necessary in school hours. The Governing Body will support and the LA will indemnify any member of staff who has been trained, who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.
  - To understand dietary needs and restrictions and consumption of food supervised.

## **Medical Needs – Epilepsy**

This is a complex condition with symptoms which are very varied individually in both type and severity. Each individual must have an individual health care plan agreed between school and parents /carers and their specialist healthcare provider.

- When a child with epilepsy is admitted to the school all staff will receive annual training, online or by a qualified first aider in general care and in dealing with possible seizures and if thought necessary a talk can be given to the class children to reassure and explain. An individual care plan from the hospital will be provided.
- Staff will be trained in :-
  - Knowledge of likely triggers.
  - Type of seizure normally suffered.
  - What action is required in this event and what information should be recorded about the event for the parents /carers.
  - When to call an ambulance.

## **Medical Needs – Anaphylaxis**

- Each individual must have an individual health care plan and a protocol agreed between school and parents /carers and their specialist healthcare provider.
- Individual Emergency Packs with Epipens are kept easily accessible at all times in the school office. (It is the responsibility of the parents /carers to ensure that they are not allowed to become out of date)
- Care is taken in the management and handling of food as it occurs in the curriculum
- Parents /carers of children with food allergies must contact The Lunchtime Club and complete the appropriate form to ensure that an individual, allergy free menu is provided to their child.
- Staff will be trained in :-
  - allergy awareness
  - the administration of Epipens and are aware of the time urgency in treatment.
  - Ensuring that when a visit takes place offsite, Epipens are always taken for identified children and a member of staff trained in their use is always present.
  - If an attack occurs either in school or on a school trip:
    - another person is sent for help and to bring the child's emergency pack.
    - the child is never left alone.
    - If an Epipen is administered, an ambulance is always called and the parents /carers informed.
    - If only oral antihistamine needs to be given as required by the individual protocol, the parents /carers are called for advice on further management of the child.
    - A school can hold emergency epipens, but in time of shortage will only have them if the need arises.

## **Medical Needs – Bodily Fluids**

This policy covers the precautions to be taken when dealing with body fluids.

All body fluids potentially carry transmittable disease, the biggest risk being Hepatitis B, which is difficult to destroy and is carried by up to 20% of the population, Hepatitis C, D and G can also be carried in the blood. HIV can be present in freshly spilt blood, but does not survive outside the body for more than a few seconds. It is not possible to identify all risks so ALL body fluids should be regarded as potentially infectious.

This school uses the following treatment guidelines:

- Always use disposable gloves.
- Always use disposable cloths.
- Encourage children to clean their own wounds, as appropriate.
- Always cover a wound.
- Ensure that wounds are covered during contact sports.
- Control surface contamination by blood and bodily fluids through containment and appropriate decontamination procedures Use the following safety guidelines:
  - If a child finds a used condom, dispose of it and ensure that the child washes their hands thoroughly. The parents must be informed.
  - If a child finds a needle from a syringe, it will be safely disposed of. Ensure that the child washes their hands thoroughly. If there is broken skin, encourage the wound to bleed. The parents must be informed and it is their responsibility to seek medical advice if they believe it to be necessary.

### **Inoculation Incidents**

The most common inoculation incident comes from a sharps injury where a needle or other sharp contaminated with blood or other high risk body fluid penetrates the skin. However, this can also include bites from an infected person, which breaks the skin.

Inoculation incidents involving the potential for injury may be caused by:

- Needlestick or sharp injury with a used needle or instrument
- Body Fluids entering uncovered cuts or breaks in the skin
- Bites and scratches
- Splashes in the eye and/or mouth.

Actions to take following an incident

- Immediately stop work.
- DISPOSE of the causative sharp safely and attend to the injury.
- BLEED IT by applying gentle pressure - do not suck.
- WASH IT well under running water.
- COVER IT – dry and apply a waterproof plaster.
- If blood and body fluids splash into the mouth, do not swallow. Rinse out the mouth several times with cold water.
- If blood and body fluids get into the eye, irrigate with cold water.
- Contact NHS or A & E for advice and or treatment

## **Medical Needs – First Aid**

The policy aims to ensure that children, staff and visitors to the school receive appropriate first aid care in the event of an accident or emergency.

This policy covers the following areas:

- Training of personnel
- Equipment requirements
- Actions in the event of an injury (including transport to hospital if required)
- Recording of incidents

### **Training of personnel**

- There are at least two members of staff on site that are trained to provide First Aid.
- The office staff – Claire Davy, Verity Wynn are the designated first aiders
- A complete list of trained personnel is updated on the Single Central Record
- Current practice is that all staff are offered First Aid training on a regular cycle.
- All staff are offered training annually in resuscitation, asthma treatment and anaphylactic shock, diabetes and epilepsy.
- There is at least one member of staff trained in First Aid on any school trip and a First Aid kit is taken together with all routine medicines.

### **Equipment Requirements**

- The school office and Puffins room are assigned as the First Aid room where any First Aid treatment is carried out.
- This room contains the following equipment:
  - Washbasin with running water
  - The First Aid kit containing scissors and approved dressings is located in a green box with a white cross.
  - Disposable rubber gloves
  - Bowl
  - First Aid record sheets – available in all room folders and stored in the First Aid Folder once completed
  - Wristbands for pupils
- All classrooms have first aid bags.

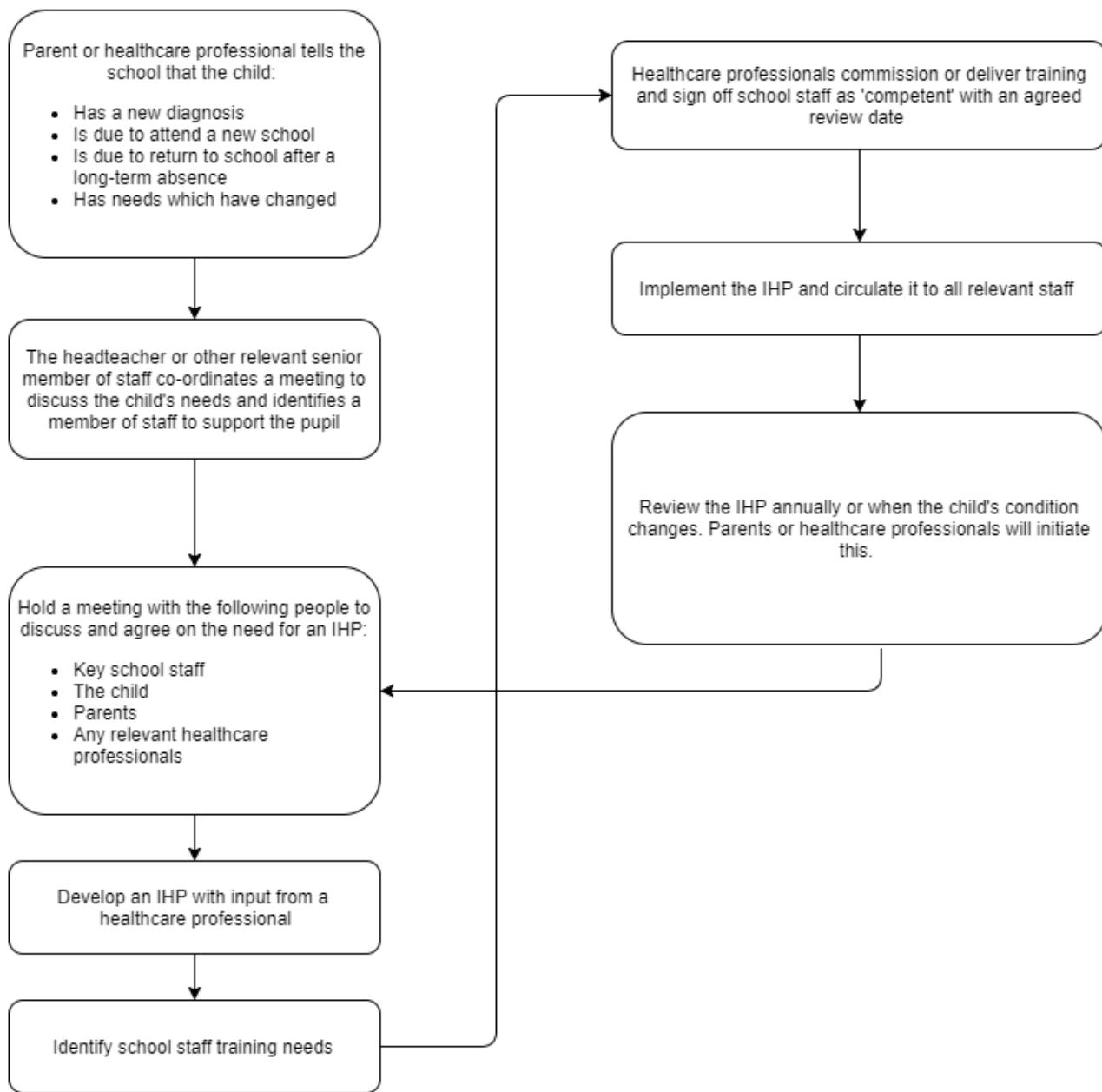
### **Actions in the Event of an Injury/Illness**

- School systems are in place to request First Aid assistance by the use of a staff lanyard or red triangle.
- Where an injury or illness occurs in a child who has an Individual Health Care Plan, this plan is followed and treatment given accordingly.
- In the event of a minor injury or illness: treatment is carried out as required by a member of staff trained in First Aid.
- Any treatment or observation is recorded on a fully completed First Aid Form.
- In the case of bumped heads or serious incidents, a copy of the First Aid form is put in the child's bag to inform parents.
- In the event of illness, it may be necessary to call the parent/s or carers to take the child home.
- If the child is well enough to remain at school, the class teacher is informed of the child's injury.
- All head injuries MUST be reported to the School Office and classteacher – a band is given to the child to wear to identify this to all adults.

- In the event of a serious injury, the member of staff treating the child may decide that the child needs to go to hospital. In such a situation, an ambulance is called. The following information is provided to Ambulance Control when calling for an ambulance:
  - School telephone number
  - School address, including postcode
  - Brief description of the exact location, giving directions where needed
  - Name of the caller
  - Name of the child and a brief description of the symptoms of injury
  - The most appropriate entrance to use and an indication that the ambulance crew will be met when arriving on site and taken to the child
- Before the ambulance arrives,
  - The child should be kept warm and given reassurance.
  - Any history of illness etc is checked.
  - Nothing should be given to the child by mouth in case an anaesthetic is required.
  - The child should not be left unattended.
  - The child's parent/s or carers (or if necessary the emergency contact) will be called as soon as practically possible.
  - If the parent/s or carers for the child have not arrived in time to go with the child to hospital, a member of staff will accompany the child in the ambulance and will remain with the child until the parent/s or carer arrives.
  - Any relevant documentation relating to the child should also be taken, including contact details, records of allergies etc.
  - Details are recorded throughout this period

### **Recording of Incidents**

- First Aid Forms are kept in the First Aid Folder and in every room folder.
- All injuries, or requests for First Aid are recorded along with all cases of vomiting.
- After vomiting, it is advised that a child not return to school within 48 hours.
- If a child is sent home unwell during the course of a school day
  - a note is added to the register
  - the emergency register in classrooms is updated by the member of staff which supervises the handover of the child to a parent/carer
  - the office door register is updated
  - the parent/carer signs the child out of school
- For major injuries, a County Injury form is completed online which informs the LA.



## Appendix 1

### Model process for developing individual healthcare plans

## Appendix 2

### Roles and responsibilities

**Governing bodies** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should 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.

**Headteachers** – should ensure that their school's 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. Headteachers should 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 healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact 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 should 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.

**School nurse** – every school has access to school nursing services. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly 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. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents/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 should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## **Appendix 3 - Short Term Medication Request Form**

Staff at Petersfield School will only give your child medicine if you complete and sign this form. If more than one medicine is to be given, a separate form must be completed for each one. There is a policy for the administration of medicine which staff must adhere to for your child's safety.

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Class: \_\_\_\_\_

Medical condition or illness: \_\_\_\_\_

### **Medicine**

Name/type of medicine (as described on prescription label):  
\_\_\_\_\_

Date dispensed: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Dosage: \_\_\_\_\_

Timing: \_\_\_\_\_ Date of final dose: \_\_\_\_\_

Are there any side effects that the school needs to know about?  
\_\_\_\_\_

Self administration? Yes/No (delete as appropriate)

**Note:** *Medicines MUST be in the original container as dispensed by the pharmacy. Only an adult may deliver medicine to the school and collect it if required. Medication will not be accepted from children or given to children to take home. Parents are responsible for ensuring that medication is in date.*

### **Contact Details**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

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

**If my child has had medication before school, I will notify the school office of time and dosage so that further medication can be administered safely. I consent to this information and any individual health care plan being shared with medical professionals where appropriate (for example in an emergency situation or setting).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix 4 - Long Term Medication Request Form and Asthma Card**

For long term medication, your child must have an Individual Health care plan, protocol or asthma card in place. Staff at Petersfield School will only give your child medicine (**which must be prescribed by a doctor**) if you complete and sign this form. If more than one medicine is to be given, a separate form must be completed for each one. There is a policy for the administration of medicine which staff must adhere to for your child's safety.

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Class: \_\_\_\_\_

Long term medical condition: \_\_\_\_\_

### **Medicine**

Name/type of medicine (as described on container):  
\_\_\_\_\_

Date dispensed: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Dosage: \_\_\_\_\_

Timing: \_\_\_\_\_

Are there any side effects that the school needs to know about?  
\_\_\_\_\_

Self administration? Yes/No (delete as appropriate)

Individual Care plan/protocol/asthma card review date: \_\_\_\_\_

**Note: Medicines MUST be in the original container as dispensed by the pharmacy. Only an adult may deliver medicine to the school and collect it if required. Medication will not be accepted from children or given to children to take home. Parents are responsible for ensuring that medication is in date.**

### **Contact Details**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

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

**If my child has had medication before school, I will notify the school office of time and dosage so that further medication can be administered safely. I consent to this information and any individual health care plan being shared with medical professionals where appropriate (for example in an emergency situation or setting).**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Asthma Card

If more than one medicine is to be given, a separate form must be completed for each one.

Reliever inhaler when needed for shortness of breath

Name/type of medicine (as described on prescription label):  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What signs indicate that your child is having an asthma attack?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child tell you when he/she needs medicine? Yes/No (delete as appropriate)

Does your child need help taking his/her asthma medicine? Yes/No (delete as appropriate)

What are your child's triggers (things that make their asthma worse)?  
\_\_\_\_\_  
\_\_\_\_\_

Date of last GP/nurse review: \_\_\_\_\_

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which I will leave in school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

**I consent to this information and any individual health care plan being shared with medical professionals where appropriate (for example in an emergency situation or setting).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take two puffs of their relieve inhaler (usually salbutamol, blue reliever inhaler, emergency inhaler if permission given) every 30-60 seconds up to 10 puffs.
3. **Call 999 for an ambulance if:**
  - Their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - They don't feel better after 10 puffs
  - You are worried at any time
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes

## **Appendix 5 – Medicine administration form**

## **Appendix 6 – Available in all room and class folders, with the inhalers and on the medicine board**

### **HOW TO RECOGNISE AN ASTHMA ATTACK**

#### **The signs of an asthma attack are**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK**

#### **PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer aero chamber
  - The inhaler should be removed from the mouth and shaken between breaths
  - Encourage the child to take 5 slow, steady breaths each puff
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
  - Record all actions and medication
  - If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
  - The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

## **Appendix 7 – Letter to inform parent/carers of emergency inhaler use**

Child's name: .....

Date: .....

Dear.....,

*[Delete as appropriate]*

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

*[Delete as appropriate]*

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

## **Appendix 8 School illness exclusion guidelines**

The Public Health England 'Guidance on Infection Control in Schools and other Childcare Settings' details this information.