

Brune Park Community School

First Aid, Administration of Medicines & Students with Medical Conditions Policy

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Maintained by	Michelle Chandler	Next review due	August 2021

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Name of Responsible Manager	Kirstie Andrew-Power

Brune Park Community School

Medical Conditions and First Aid Policy

This policy is revised and updated when necessary and reviewed every two years.

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Ethos and core principles

Our collective and moral accountability is to provide a fully inclusive education with the best quality learning for all so everyone in the school community makes progress, achieves to their best, and is happy and well. The School recognises its primary responsibility to safeguard and promote the welfare of all its learners and is therefore committed to ensuring a thoughtful and responsible approach to first aid, administration of medicines and the support of students with medical conditions.

We support youngsters with medical and first aid needs in a prompt and caring manner to minimise impact on their learning, engagement in lessons and the opportunity for them to engage in extracurricular activities. Our provision includes:

- Thoughtful and responsible decision making around first aid, administration of medicines and support of those with a medical condition/s
- The commitment to accessing expert support, advice and guidance in a timely and appropriate way
- Suitably stocked first aid provision across the school
- Designated Qualified First Aiders and a Health and Well Being coordinator available to oversee first aid arrangements, coordinate planned activity and provide support in situations requiring thought and prompt action
- Named First Aiders and Appointed Persons to support in the administration of first aid, medicines and to provide support for a child with a medical condition/s
- Support, guidance and information provided for employees on all aspects of this policy and practices associated with this policy.

A risk assessment (**Appendix A**) is carried out annually by a Team of staff (including the Assistant Head teacher Inclusion, the Health and Well Being coordinator and members of their teams.) This annual review ensures the school is meeting statutory and advisory responsibilities:

- Overseeing and enabling an ethos and culture of inclusivity for all in the school community, and a commitment of staff to act thoughtfully and responsibly to secure the well being and safety of students and staff
- Ensuring appropriate insurance arrangements are in place and up to date (in liaison with the GFM Central team)
- Overseeing the training and development of staff working directly with students around first aid, administration of medicines and supporting students with medical. This includes ensuring the training and development is in place and up to date to those in the first aid team, the team of volunteer Appointed Persons
- Reviewing policy, and policy into practices - providing guidance on any updates or amendments to current policy, practices and procedures
- Ensuring record keeping for IHCPs is current and appropriate
- Ensuring an up to date record of first aiders and certification dates is kept in The Hub and shared with staff at appropriate times (**Appendix B**).

Responsibilities

Governing Body

Health & Safety policies, including First Aid, Administration of Medicines & Students with Medical Conditions Policy are adopted and reviewed by the Governing Body Committee in accordance with statutory expectations and advisory guidance.

Headteacher

The headteacher delegates specific responsibility for collating the policy, and ensuring policy into practice with detailed procedures to the Assistant Headteacher responsible for Inclusion and the School Leadership Team.

School Staff

Staff are responsible for taking action that prioritises the well being and safety of the child, and secures the staff and student's welfare. The school expects all staff to act thoughtfully and responsibly in their 'locus parentis' role. The school undertakes to provide appropriate training and guidance to a number of first aiders/appointed persons so that students and staff have easy access to those with additional training in safeguarding, first aid and health and safety.

Policy into practice

The aims of this policy are to:

- Establish the role the school and its staff will take in supporting children with medical conditions, and their families
- Ensure the school provides appropriate training and guidance for an appropriate number of first aiders/appointed persons in accordance with statutory requirements
- Establish the role the school and its staff will take in supporting children and their families in the administration of medicines
- Establish the role the school and its staff take in supporting children with medical conditions fully participate in school life
- Establish clear procedures for storage, administering medicines and communicating with families
- Ensure that the interests of students and staff are safeguarded whilst carrying out this policy.

Staff are expected to provide an inclusive school environment for all, and act thoughtfully and responsibly in their 'locus parentis' role. When and where appropriate staff will be provided with relevant training in order that additional support can be provided if appropriate for a student with medical needs.

Parents or carers are expected to inform the school (Head of Year or First Aider or Health & Well-Being Coordinator) of any medical condition or medication which is likely to have an adverse impact on a students' education.

Parents and carers are expected to contact the school if their child has a communicable disease. Some conditions have a minimum exclusion time from school and may need to be notified to the public health authority. A full list of communicable and notifiable diseases can be found on the Public Heath England website. At the time of reviewing this policy the link to this information is: <https://www.gov.uk/topic/health-protection/infectious-diseases>

Reactive first aid

Staff are responsible for taking action that prioritises the well being and safety of the child, and secures student and staff welfare. The school expects all staff to act thoughtfully and responsibly when finding themselves faced with a situation where a child is hurt or unwell, providing care and support for the child and seeking support from another adult. Staff are expected to apply the STAR principle (as we do in response to a safeguarding flag or concern) stopping and thinking, before taking action, then reflecting on the situation and action taken; Stop, Think, Act, Reflect.

Students are supported and encouraged by staff to keep themselves safe and healthy. This is formally through the PSHRE curriculum where the curriculum intends to provide opportunity for learning and reflection with:

- able to make informed choices and decisions in order to stay healthy, happy and safe
- concerned about the welfare of others
- responsible in how they act as citizens, and able to successfully deal with significant life changes and challenges
- prepared for the challenges and opportunities of adult and working life, in a complex and diverse world

The school provides appropriate training and guidance to a number of first aiders/appointed persons so that students and staff have easy access to those with additional training in safeguarding, first aid and health and safety.

Parents and carers will be contacted if their child is unwell or if their child has sustained an injury that needs a parent or carer decision and next stage action. Staff will contact the emergency services if the injury or illness is deemed to require immediate or urgent medical attention. There is a specific response if a child has received a head injury on site - with the parent and carer contacted by phone, with a follow up letter **Appendix C**. This letter follows a recommended template.

Staff are expected to ensure accurate records are kept of an injury or accident involving a child or a member of staff in the school. An electronic 'First Aid Log' is kept recording all responsive and planned first aid treatment given by staff including staff with first aid training and appointed persons. The log keeps a record of:

- The date, time and place of incident
- The name and year group of the injured or unwell person
- Details of the injury/illness, action taken including any first aid given
- What happened to the person immediately afterwards
- The name of the member of staff, first aider or person dealing with the incident

Contact is made with the child's parent or carer as soon as possible after an injury or when they are unwell. In the event of contact with the emergency services, contact is made with the parent or carer or next of kin as soon as is practically possible.

The Care of Children with Medical Conditions - short term, long term and/or complex medical needs

The school is committed to ensure that, as far as is reasonably possible, a student's medical condition is managed safely and sensitively and that they are able to fully participate in school life.

Individual Health Care Plans (IHCPs) are drawn up to ensure a child with a medical condition is able to access education in full. IHCPs are put together following a meeting with the child, their family, medical professionals as appropriate, and staff from school. The IHCP is shared with staff following protocols for information sharing. IHCPs are usually coordinated by the Health and Well Being coordinator and shared with class teachers, the child's Tutor and Head of Year. In some cases IHCPs are shared with line managers.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) as a result of a medical need, the school will work with medical professionals, the family and the child, the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Parents and carers are asked to inform the school about any medical condition that affects their child via the admission form on entry to the school, or to a member of staff if the child is already attending the school. Relevant information is shared with the Assistant Headteacher Inclusion, the Health and Well-being Coordinator and her team

Absence from school because of illness should be rare. Children suffering from infectious or acute illnesses e.g. throat infections, eye infections, ear infections, diarrhoea and sickness should be kept at home until they are fully recovered. Occasionally a child will return to school who is able to cope but still taking prescribed medicine.

Brune Park works closely with the School Health Services and School Nursing Service who are able to meet with parents, students and school when supporting students with specific health needs. The school does not employ a Matron or School Nurse.

Administration of medicines (including storage)

Students are encouraged to access their own medicines, and develop a thoughtful and responsible approach to self-medication.

Life saving medication such as inhalers, epipens, or a diabetic kit will be kept with the student at all times, and measures secured with the student, their family and where appropriate a medical professional in order that they can access and use their medication as appropriate.

Non life saving and controlled drugs will be kept in the Hub. If there is an adjustment to this arrangement this will be agreed in discussion with the family, the child, medical professionals if appropriate and the team in school. Agreements will be recorded on the IHCP. Students are not permitted to carry non-prescription medication with them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents and carers will be informed if there is a concern with a student not taking their medication.

It is the responsibility of the parent to ensure that the school is supplied with medication which is in date and usable. The parent will be expected to bring in replacement medication before the expiry date of medication already held. Any student with life-saving or emergency medication will not be allowed to attend school if their medication is out of date.

Prescription medication

Managing medicines outside normal school working hours is encouraged with the young person and the family having full responsibility. eg a medicine which is prescribed to be taken three times daily could be taken in the morning, after school and at bedtime.

If a child needs medicine administered in school the expectation is for the child to be supported in taking the medicine in school, as they would at home by their family. The family will need to provide permission for the young person to take the medicine, the medicine will be left with one of the First Aid team, and the child will be supported taking the medicine in the Hub. The medicines will be administered according to the pharmacy label instructions and must be in the original container/packaging in which it was received from the pharmacist. There must be no overwriting or handwritten alterations to any pharmacy labels showing the dosage and frequency by which the medication is to be administered.

Medication will be kept in a locked cabinet, located in the Hub, access to the cabinet will only be by those in the First Aid Team. Antibiotics will be kept in a fridge in the Hub. All emergency medicines (epi-pens, inhalers etc.) are kept in a secure, but unlocked cabinet in the Hub for immediate access. The label on the medicine container needs to be checked against the school medicine record on the IHCP. Any discrepancy should be queried with the parent/carer before administering a medicine. Full notes of the conversation and outcome will be recorded on SIMS.

After the child has been supported in taking the medicines, the register of medication administered will be completed by one of the First Aid Team.

To note:

Inhalers and epi-pens are always readily available for immediate use by the student, but care should be taken that other children do not access them.

The school's emergency inhaler will only be used by children for whom parental consent has been given verbally or in writing, and where the child has a diagnosis of asthma and prescribed an inhaler. The school's emergency inhaler can be used if the students' inhaler is not available (for example, because it is broken or empty).

Staff in the school work closely with parents and carers, and the child when there are situations where administration of medicine may be required during the school day. As laid out in this policy and the practices with this policy, the school sets out to ensure staff are confident and comfortable in delivering their responsibilities and accountabilities. This way parents and careers and students can feel confident in the support they can access through the school and / or other medical professionals supporting the child, family and the school.

The school will not authorise or administer medicine without parental or carer permission.

From 1 October 2017 new legislation was passed in Westminster to allow schools in the UK to keep spare adrenaline auto-injectors (Epipen) for emergency use, one can be located in the Red Bag at Main Reception. Epipens deliver a potentially life-saving dose of adrenaline in the event of a severe allergic reaction (anaphylaxis).

From 1 October 2014 an amendment to the Human Medicines Regulations 2012 allowed schools to purchase and hold stock of asthma inhalers containing salbutamol for use in an emergency. These can be located in the Hub.

Non-prescription Medicines

- Paracetamol is available in the school, and can be given to students when parents/carers have signed a permission form. This can be given for no longer than three days
- School staff will not administer aspirin unless prescribed by a Doctor and provided in packaging (to include the prescriber's instructions)

- If a parent wishes to provide non-prescription painkillers for their child, the school has been advised to only accept the following: paracetamol and ibuprofen
- If a parent wishes to provide non-prescription anti histamines the school has been advised to accept these
- Non prescription painkillers or antihistamines can be given for no longer than three days
- Permission from the parents/carers must be given before non-prescription medication can be accepted by the school.

After the child has been supported in taking the medicines, the register of non prescription medication administered will be completed by one of the First Aid Team.

Disposal of medicines

Medicines should not be allowed to accumulate. No medicine may be used after its expiry date. Some medicines eg: insulin, eye drops and eye ointments have to be discarded four weeks after opening. The date of opening must always be recorded on the container for these preparations.

The safe disposal of clinical waste is the responsibility of the school estates team. Approved 'yellow' bags are used for the temporary storage of such waste in clearly defined and safe areas prior to removal from the school by an authorised contractor. Any syringes, needles or other sharp instruments will be disposed of in the sharps bin until removed by an authorised contractor. These are located in the Hub and the First Aid room.

Inoculations

The First Aid Team are notified by the School Immunisation Team of dates for the following inoculations and makes arrangements for their administration. Parents and carers will complete forms provided by Barnet clinic.

Year 8 (Girls & Boys) HPV - 2 parts

Year 9 Booster of Diphtheria, Tetanus and Polio

Visits and Trips

The teacher in charge of a trip away from school will liaise with the First Aid Team to discuss any identified needs for students attending the trip, and to agree with the child, the family and the trip lead any specific medical or first aid requirements and how these will be supported on the trip. First aid kits are issued for all trips and as with each school day, staff accompanying the trip are expected to act thoughtfully and responsibly in their 'locus parentis' role.

A risk assessment will be carried out prior to each trip or visit when medical conditions will be considered. Factors considered will include:

- How all students will be able to access the proposed activity
- How routine and emergency medication will be stored and administered
- Where help can be obtained in an emergency and whether a student is able/capable/responsible enough to carry their own medication during the trip.

Parents and carers will always be sent a trips permission form to be completed and returned to school before the student leaves for an overnight stay. This requests up-to-date information about the student's current medical condition and how it is to be managed whilst away.

Staff on educational visits and out-of-school-hours activities will be fully briefed on student's individual medical needs. They will have access to the Individual Healthcare Plans and any necessary medication and medical equipment for the duration of the visit.

Student's medication will be in individual boxes with their name clearly marked on the box. They will be handed to the trip lead before the trip and the teacher will give them out to the individual students. Students will be reminded to be careful and keep their medication safe. Any students who are not able to carry their

own medication will have their medication looked after by a designated adult and the student made aware of the person carrying their medication.

Each box will contain a medication record so that any medication given whilst on the trip is recorded and signed by the person administering the medication. Any students who have a care plan will have a copy of the care plan in their box so that instructions can be followed should an emergency arise.

All medication must be returned by the trip leader and handed over to the First Aid Team so that they can be stored securely on return to school.

If any student uses an inhaler, epi-pen or are on any medication they must have these items on them for the duration of the trip to ensure they are safe and well for the duration of the trip.

To note - policy into practice at Brune Park sets out to ensure that situations of unacceptable practices do not arise. In line with mandatory guidance (2017) from the Department for Education guidance unacceptable practices include:

- Preventing children from easily accessing inhalers and medication, or preventing children from administering their medication when and where necessary
- Assuming that every child with the same condition requires the same treatment.
- Ignoring the views of the child or their parents or carers, or ignoring advice from medical professionals or medical evidence or opinion (although this may be challenged)
- Sending children with medical conditions home frequently, or prevent them from engaging with normal activities, including lunch, unless this is specified in their IHCP
- Acting irresponsibly in situations such as leaving an unwell child without care, sending an injured or unwell child for care unaccompanied
- Penalising children for their attendance record if their absences are related to their medical condition eg hospital appointments.
- Preventing children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents or carers, or making parents or carers feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues when this can be arranged in agreement with the school, the child and the family
- Requiring or expecting parents or carers to give up working because the school is failing to support their child's medical needs. Schools must not prevent children from participating, or create unnecessary barriers to them participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Concern or complaint

The schools 'concerns and complaints policy' outlines actions to be taken should there be concern or a complaint to be raised by a child and / or their family.

Key Contacts

Health & Well-Being Coordinator - Michelle Chandler
Qualified First Aider - Rachel Blackwell
Assistant Head teacher Inclusion - Deanne Coombs

Appendix A - being finalised

Appendix B - being finalised

Appendix C

Advice following a head Injury - Letter to Parents

Dear Parent / Carer

Following our phone call home to you today ([add detail](#)) this is to follow up to share advice and guidance for monitoring a child following a head injury.

Minor Head Injuries

Minor head injuries and knocks to the head are common, particularly in children. Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain.

However, sometimes a knock to the head can cause damage to a blood vessel which may bleed next to the brain. This is uncommon, but can be serious. Symptoms may not develop for several hours, or even days, after a knock to the head. In rare cases, symptoms can develop even weeks after a head injury. This is why 'head injury instructions' are given to people who have visited the emergency department at a hospital. These are the symptoms to look out for following a knock to the head.

Drowsiness

After a knock to the head, children will often cry, be distressed and then settle down. It is quite common for them to want to sleep for a short while. This is normal, however, it will appear to be a 'peaceful' sleep, and they wake up after a nap.

Headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also a tenderness over bruising or mild swelling of the scalp. Some paracetamol will help. It is a headache that becomes worse which is of more concern.

See a doctor quickly if any of the following occur after a head injury

- Increasing drowsiness
- Worsening headaches
- Confusion or strange behaviour
- Vomiting
- Loss of use to part of the body, for example, weakness in an arm or leg
- Any visual problems, such as blurring of vision or double vision
- Blood, or clear fluid, leaking from the nose or ear
- Unusual breathing patterns

If in any doubt please consult a medical professional or contact 101.

Michelle Chandler
Health and well-being co-ordinator
On behalf of the Inclusion Leadership Team

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