

**Policy - Supporting Children with Medical Needs,  
including First Aid Procedures and administration of non-prescribed  
drugs**

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**Policy statement**

'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 should 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, governing bodies should 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.'

*(Supporting pupils at school with medical conditions - 2015)*

**Medical conditions - non-attendance/attendance**

Regular school attendance is vital for every child at Airedale Junior School; nevertheless, from time to time a child may become ill and may require some time out of school to recover or to prevent the spread of infections.

There are, however, exceptions, where children should attend school (always seek the advice of your doctor):

- When a child has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics).
- Where a child has longer term medical needs such as diabetes and they need daily medical attention to keep them well.
- Where there are particular circumstances, such as children with asthma or severe allergies and they may need medicine (e.g. inhaler, EpiPen injection) during an attack. Where equipment, such as an inhaler is necessary, we strongly encourage children to take personal responsibility for these items.

## **Administering First Aid**

### **Instruction and Training**

Specific instructions and training are given to staff before they are required to assist with or administer medicines or medical procedures. First Aid Training is updated every 3 years for appropriate members of staff. The main school office is the First Aid Point, where there are trained first aiders, a defibrillator, a first aid box, an emergency asthma inhaler kit and a first aid fridge. There is also a First Aid Point in Year 3, where first aiders can administer minor first aid such as plasters for cuts and ice for bumps. Trained lunchtime supervisors also have small emergency first aid kits on the playground for immediate treatment if necessary. All treatment of first aid is recorded: date, name, problem, treatment given.

### **Informing parent/carer**

All children who have sustained any injury or have been unwell at school are given a slip to inform their parent/doctor. If the child is picked up by a parent/carer at home time, the parent/carer will be also be informed verbally by their teacher. If a condition is serious, parents/carers and/or emergency services will be contacted immediately by the school office.

### **Procedures**

Staff will either wash their hands or use antibacterial gel before and after giving first aid and ensure that any of their cuts or broken skin are covered with plasters or wear plastic gloves. Any wounds will be treated by washing with water/using suitable wipes and applying a suitable dressing. Photographs of children who are allergic to plasters are displayed, discreetly taking GDPR into account; however, checks will always be made to ensure that a child is not allergic to plasters before they are applied.

Any materials contaminated with blood will be placed in a yellow disposable bag and placed in a sanitary disposable bin. Any other contaminated materials will be placed inside two plastic bags and placed in the outside bin.

## **Medicines**

### **Medical Consent/Record Keeping**

The following information must be completed by the parent at the main school office:

- Name and date of birth of the child
- Name of parents/guardian, contact address and telephone number
- Name of medicine
- Details of prescribed dosage
- Date and time of last dosage given
- Time when next dosage should be given
- Consent given by the parents/guardian for staff to administer medicine
- Expiry dates of the medicine
- Storage details

The Parent Medical Consent Form, providing all the information above, will be retained in a central file as a record for future reference.

### **Safe storage and disposal of medicine**

Medicine prescribed by a GP or hospital will be administered by school staff i.e. not medicine such as Calpol bought over the counter. Staff need to ensure that they fully understand how each medicine should be stored (e.g. requires refrigeration). Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents. All medicines will be stored in and administered from the original container, be properly labelled, and kept in a secure place, out of reach of children and separate from any foodstuffs. There is a secure separate fridge and medical cabinet in which medicines are stored. The designated member of staff will not sign the medicine record book unless they have personally administered, assisted, or witnessed the administration of the medicines. Children will be made aware of where their medicine or equipment is stored. Medicines will only be kept while the child is in attendance at Airedale Junior School. Any unused or outdated medication will be returned to the parent for safe disposal or be disposed of safely/securely and witnessed by at least two members of staff.

### **Non-prescribed medicines - exceptional circumstances**

Children who are well enough to attend school but have been recommended to have a non-prescribed drug such as paracetamol, antihistamine, topical application medicine (such as E45/Diprobase) or ibuprofen, by a medical practitioner may have these administered by school staff in exceptional circumstances. We acknowledge that changes to current policy are required to meet the changes in prescription drugs by the NHS. We acknowledge that some medicines more readily administered are no longer provided by the NHS and that these medicines may still need to be administered during the school day.

As a rule, we would ask that a parent/carer/nominated family member comes into school to administer medicines part-way through the day. Where there are exceptional circumstances, with consent from school, we will administer a mid-day dose but there must be a period of not less than five hours from the last dose given. Parents/carers will be expected to fill out a consent form and detail reasons why the medicine is required, and why they are unable to do so.

### **Safety checklist.**

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear and up to date?

- What action is necessary in the event of an accident or failure of the agreed procedures?
- Will medication be stored in a same place and at a suitable temperature?
- Are staff aware of government guidance on infection control in schools?

### **Legal Aspects**

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. *This is purely a voluntary role.* Staff, who volunteer to administer medicines, should not agree to do so without first receiving appropriate information and / or training specific to the child's medical needs.

***Under no circumstances must any medication be administered without parental permission.***

### **Children with longer term medical conditions, complex medical needs and allergies**

Photographs and/or names of children with specific long term medical conditions/allergies are displayed in strategic areas around school, discreetly taking GDPR into account (main office, staff room, Life Skills room, and school kitchen (food allergies)) for quick identification in case of an emergency.

Where needles are used, a sharps container and adequate arrangements for collection and incineration is in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc.

### **Healthcare Plan**

Some children require a healthcare plan which is completed by school staff, nurse and parent/carer. A copy of the healthcare plan is kept by the SENCo and class teacher and further copies are kept in the main school office and also the staff room. The healthcare plan requires reviewing when a child begins a new school or if their medication changes.

It is the **responsibility of the parent/carer** to ensure that longer term emergency medication, such as Asthma spacers and inhalers, EpiPens, and Epilepsy medication such as Buccal midazolam is up to date.

### **Asthma**

Please see separate Asthma Policy.

### **Training**

Annual training regarding relevant, specific medical needs (e.g. asthma, epilepsy, diabetes, use of an EpiPen - anaphylaxis shock) is given by a school nurse to relevant members of staff. An up-to-date list is kept by the SENCo and a copy is in the school office.

## **Educational visits**

Steps will be taken to review the procedures for children with medical needs, while completing the initial risk assessment for any school visit. These may be day/part day visits or longer residential visits. Staff supervising visits (including a trained first aider) will be aware of any medical needs, and the medication, along with a copy of the health care plan will be taken so that emergency procedures/ telephone numbers are available. School will always telephone parent/carer for consent to administer medicines provided by parents/carers.

## **Sporting activities/extra-curricular activities**

Any restrictions on sporting activities will be recorded in the child's individual health care plan/medical records. Staff supervising such activities will be made aware of any relevant medical conditions, any preventative medicine that may need to be taken, and of emergency procedures. Children may need immediate access to their medication (e.g. an inhaler for asthma). **It is the responsibility of the class teacher to inform other members of staff working with the children in their class of any medical conditions.**

## **Defibrillator**

A defibrillator is available at the main office and training has been given to several staff members. However, the use of a defibrillator is not restricted to persons who have received training, as it is a public piece of equipment. It can be used by anyone, as the machine orally provides instructions at each stage of the process. It can be collected by any member of the public and is accessible. It is safe and will not shock anyone if they are breathing.

## **Legislation and Guidance taken into account: -**

- Supporting pupils at school with medical conditions 2015
- Guidance on first aid for schools 2014
- Health protection in schools and other childcare facilities 2019
- The Children and Families Act 2014
- Special Educational Needs and Disability Code of Practice 2015
- The Equality Act 2010

## **Complaints**

Should you be dissatisfied with the support provided by Airedale Junior School you should discuss your concerns directly with the school. If for whatever reason this does not resolve the issue, you may make a formal complaint via the school's complaints procedure.

This policy is a working document and therefore is open to change and restructuring as appropriate and necessary due to statutory guidance.