Hopton CEVC Primary School
First Aid &
Supporting pupils with medical needs policy

The Governing Body of Hopton CEVC Primary School adopted this policy November 2016.

Document change history:

Review date:	Reviewed & Approved by	Change details
February 2019	Claire Wright	Headteacher name changed throughout policy.
May 2020	Claire Wright and the Steering group	➢ Added section on First Aid in the school. This is now section 1 of the policy. ➢ Added Appendix E to reflect Covid 19
May 2021	Claire Wright and the Steering group	➢ Tony Hood's name removed from the front of the policy. ➢ Page 7, point 8:6. Added detail to storage of medicine for children who need rapid response. ➢ Page 7, point 8:7. Added detail around staff being aware of where rapid response medicine is kept in the classroom. ➢ Page 7, point 8.8. Added detail on allocation of medicines on school trips. ➢ Page 14. Update on COVID added in bold.
October 2021	Claire Wright	➢ Page 7, point 8 added to reflect the schools use of the emergency inhaler.
November 2021	Claire Wright & Steering Group	➢ Section 7: Alternative Tuition Service (ATS) added. ➢ Section 8: Children with medical conditions in Alternative Provision (AP) added.
October 2022	Claire Wright (Presented at FGB 30.11.22)	➢ Page 3: Details round actions following a hospital appointment. ➢ Added section 4 on Mental Health. ➢ Removed section E: Covid.
October 2023	Claire Wright (Presented at FGB 29.11.23)	➢ Page 1 added details on the defibrillator. ➢ Page 3: removed wording that applied to an old form system. ➢ Page 11: Changed wording in regards to non-prescription medicine. ➢ Removed a reference to 'senior teachers' across the document.
October 2024	Ben Hemmings (presented on Governor Hub)	➢

At Hopton CEVC Primary School we live out the words of Jesus in Matthew 19 vs 26 'With God all things are possible'. We raise aspirations and encourage perseverance to reach goals in life and learning

Contents

1) First Aid in School

First Aid kits

The first aid kits are located by the First Aid station by Holly class. Ash class also has its own first aid cupboard. When items need replacing the school office is to be informed, who will order as required. The school also holds a defibrillator in the main office. It is labelled clearly with a green sticker. Staff have training on using the defibrillator as part of their First Aid updates, however the kit is designed to be used **by all** without training.

Identification of First Aiders

It is preferable that the paediatric first aid trained members of staff wear the first aider lanyards with their school ID badges clearly displayed, every working day.

Accidents and illness

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the person can walk, takes him/her to a first aid post, by Holly class and calls for a first aider.
- If the child cannot be moved and assistance is required; a nominated child will go to the office to raise the attention that assistance is required. The administration staff will be aware of which first aider is available to assist and will expedite support to the casualty as fast as possible.
- The first aider administers first aid and records in our Accident Book. If the child has had a bump on the head, they must be given a yellow wrist band, with a date and time, showing parents there has been an incident. A note is also written and a phone call made home. This note must **be handed** to the parents at the end of the day.
- Parents will be informed by the class teacher, or Headteacher, of significant accidents and the treatment given.
- The decision to send unwell children home will be the responsibility of the class teacher or Headteacher.

If the First Aider believes hospital treatment is required, that person will, in consultation with the Headteacher:

- Arrange for the emergency services (999) to be summoned if necessary or advice from NHS 111 when you need medical help fast but it's not a 999 emergency.
- Arrange for parents to be informed
- Arrange for the child/adult to be transported to the Accident and Emergency department by car, taking another adult as the driver. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.
- Where a child has required hospital treatment following an accident, the incident will be report to Suffolk County Council.

Supporting Children with medical needs policy

2) Introduction

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at school with medical conditions. In doing so they must ensure that such pupils can access and enjoy the same opportunities at school as any other child.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

Teachers and other school staff in charge of pupils have a common law duty to act in the place of parents and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to the need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

3) Definition

Pupil's medical needs may be broadly categorised as either:

- Short-term: affecting their participation in school activities because they are following a course of medication
- Long-term: requiring on-going care and support, sometimes with acute episodes, and involves the need for medication and/or care while at school. The condition requires monitoring and may require immediate intervention in an emergency.

Some children with a long-term medical condition may be disabled. Where this is the case, the Governing Body must comply with its duties under the Equality Act 2010. Some children with medical conditions may also have Special Educational Needs and may have Education, Health and Care Plan (EHCP). For children with SEND, this policy should be read in conjunction with the SEND Code of Practice and the school's Local Offer.

4) Schools Responsibility in relation to Mental Health

Schools have an important role to play in supporting the mental health and wellbeing of their pupils, by developing approaches tailored to the particular needs of their pupils. All schools are under a statutory duty to promote the welfare of their pupils, which includes: preventing impairment of children's health or development, and taking action to enable all children to have the best outcomes. Full details are set out in Keeping Children Safe in Education (KCSIE) statutory guidance.

Early intervention to identify issues and provide effective support is crucial. The school role in supporting and promoting mental health and wellbeing can be summarised as:

Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to

be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos. Extra support can be offered through the school's Emotional Literacy Support Assistant (ELSA).

Identification: recognising emerging issues as early and accurately as possible.

Early support: helping pupils to access evidence based early support and interventions.

Access: to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

5) Responsibilities:

- The Governing Body will ensure that arrangements are in place in school to support students with medical conditions so that they can enjoy the same opportunities as any other child.
- The person with overall responsibility for the implementation of this policy is Claire Wright. She is responsible for:
    - ensuring that sufficient staff are suitably trained to support children with medical needs
    - making all relevant staff aware of the child's condition
    - making cover arrangements in the case of staff absence or turnover to ensure someone trained is always available to support the child
    - briefing supply teachers
    - risk assessments for school visits, holidays and other school activities outside of the normal timetable
    - monitoring of individual healthcare plans

- The school will work with health professionals, parents/carers and other support services to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases, this will require flexibility, part-time attendance or periods in alternative provision. Plans will be put in place to ensure children can be reintegrated smoothly into school following a long period of absence.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training reflecting Individual Health Care Plans. A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, such as the school nursing service, will provide training in medical procedures or administering medication.

6) Procedures to be followed when notification is received that a pupil has a medical condition

When the school is notified that a pupil with a medical condition will be joining the school, it will put in place appropriate arrangements to manage that condition within school in time for the start of the relevant term. In the case of pupils already attending the school who are newly diagnosed or

moving to the school mid-term, the school will make every effort to put in place arrangements within two weeks.

Where a pupil's medical condition is unclear, or there is a dispute between professionals or parents about the diagnosis, the school will use its best judgement about what support to provide on the available evidence. This will normally involve some medical evidence and consultation with parents. Where the evidence is unclear, the school may need to challenge parents and medical professionals on the support to be provided.

On the advice of medical professionals and in consultation with parents, it may be agreed that the medical condition requires an Individual Health Care Plan to be put in place. Not all children with medical conditions will require an IHCP. Appendix A shows is a flow chart of the process.

The school will ensure that there is an appropriate level of insurance in place. Staff providing support for medical conditions should ask at the school office for a copy of the insurance cover. Insurance policies will need to be checked to ensure they cover any particular medical procedure. Any conditions of insurance, such as training for staff, will be complied with.

7) Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the named person with responsibility for this policy who is Claire Wright. It will be the responsibility of the class teacher and all members of staff involved with the child to ensure that the plan is followed.

The IHCP will be written to provide clarity about what needs to be done, when and by whom. They will clearly define what constitutes an emergency and explain what to do. If a child (regardless of whether they have an IHCP) needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, including accompanying them to hospital if necessary.

IHCPs must be easily accessible to all who may need to refer to them, while preserving confidentiality. They will capture all the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and degree of support needed. The IHCP must be completed by the named member of staff with support from parents/carers and a relevant healthcare professional who can advise on the particular needs of the individual child.

The school will ensure IHCPs are reviewed at least annually or when a child's needs change. Where a child has a Special Educational Need and EHC plan, the IHCP should be part of the EHC plan.

A template with the information to be included is attached as Appendix B, but each MUST include:

1. The medical conditions, its triggers, signs, symptoms and treatments
2. The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues eg crowded/noisy conditions etc
3. Specific support for the pupil's educational, social and emotional needs eg how absences will be managed, rest periods, counselling or support catching up with lessons

4. The level of support needed and the extent to which the child can take responsibility for their own health needs. Where a child is self-managing medications, this should be clearly stated with appropriate arrangements for monitoring
5. Who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child' medical condition from a healthcare professional; and cover arrangements for when they are unavailable
6. Who in the school needs to be aware of the child's condition and the support required
7. Arrangements for written permission from parents/carers for medication to be administered by a member of staff or self-administered by the pupil during school hours
8. Separate arrangement or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments
9. Where confidentiality is an issue for the parents/carers or child. The designated individuals to be entrusted with the information about the child's condition
10. Where a child is returning to school following a period of ill-health, the plan must identify the support the child will need to reintegrate

- What to do in an emergency, including whom to contact, and contingency arrangements.

Section 7 : The Alternative Tuition Service (ATS)

7.1
There will be times when a child with medical needs or otherwise is unable to sustain their education at school and, despite the reasonable adjustments being made, this may not be enough to improve the situation for them. A small number of children may require access to more specialist provision, to support the significant and on-going nature of their medical needs. Where this applies, a referral can be made to the Alternative Tuition Service.

7.2
Access to the Alternative Tuition Service (ATS):

- ATS is only able to take referrals from children who are living in Suffolk.
- ATS does not take direct requests from parents.
- Referrals from practitioners from across education, health and care are through the Special Education Services inbox.

7.3
ATS can provide:

- advice to schools on the procedures to be followed when a child is absent from school as a result of medical difficulties;
- where appropriate, education for children both at agreed locations such as libraries, their school and if necessary, in the home, and online
- education which is tailored to the individual child's needs as advised by the referring medical professional, the family and the school;
- regular monitoring and evaluation of the child's progress;
- re-integration planning and support be it with the child's existing school, or a new placement;
- close liaison with school based and external partners/professionals – including CAMHS and

other health professionals;
- Close liaison with the family around the child's education, but not decisions around their onward school placement

7.4

The referral form can be found on the Suffolk Local Offer, and Suffolk Learning websites. Referrers must give as much detail as possible about the exact nature of the child's difficulties. All referrals must be discussed with the Headteacher and signed. The referral must also be discussed with the family/parents/carers and the child or young person. The referral must be signed by the parent/carer.

The first point of contact in schools for the ATS should be a member of the senior leadership team (SLT); the second point can be a non SLT member of staff who is given authority to make decisions regarding the day-to-day learning and timetabling for the child.

Where a school/health professional believes a child requires medical tuition, a fully completed referral form and, as soon as reasonably possible, an accompanying letter of evidence from a senior health professional is required such as:

- Paediatrician
- Psychiatrist
- Clinical Psychologist

The accompanying letter of evidence should contain:

- details of the current medical issue that prevents the pupil accessing school;
- details of ongoing treatment;
- information regarding the hours of education that the child is able to access;
- an indication of the length of time the tuition may be required;
- where the medical tuition can take place.

7.5
Responsibilities of the school whilst a pupil is with ATS:

- The school must agree to the partnership agreement and the responsibilities therein, which outline the ways in which leading and monitoring regular reviews take place for children whilst they are being supported by ATS. The reviews should consider when a child is ready to reintegrate back into the mainstream environment and look at ways that the pupil can be supported with the transition.

- Most children will be supported to reintegrate back into their school; however, in some instances, it may have been assessed by ATS, the parents/carers, the school, and the medical professional(s), that a new school should be sought. In this instance the case will be brought to the In-Year Fair Access Panel (IYFAP) for allocation of a new school so that the reintegration is properly supported and successful for all concerned. Alternatively, the service will support the application into other services to identify the appropriate setting for the child.

- The school should maintain, together with the health contact, the Individual Healthcare Plan.

Registration arrangements at ATS

Whilst the child is at ATS, the school should record the pupil as code B if the child is receiving direct tuition and code C if it is a wholly online education. The safeguarding of the child is the joint responsibility of both the school and the ATS, and there should be an agreement with parents/carers and the school as to who will make checks with the child if it is an online offer and the child is not then coming back into school.

It is expected that there should be regular communication between the mainstream school and the ATS and the families.

The school should not remove a child from their school roll without appropriate consultation with the Local Authority.

Section 8 Children with medical needs in Alternative Provision

8.1
In line with the duty of LAs to arrange suitable education as set out above, children who are in hospital or placed in other forms of alternative provision because of their health needs should have access to sufficient full-time education that is suitable for the child's age, aptitude, ability and any special educational needs that they may have. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, then the LA should provide part-time education on a basis they consider to be in the child's best interests. The education the child receives should be good quality and prevent them from slipping behind their peers. It should involve suitably qualified staff who can help children progress and enable them to successfully reintegrate back into school as soon as possible. This includes children and young people admitted to hospital under Section 2 of the Mental Health Act 2007.

8.2
When a child with an EHCP is admitted to hospital, the LA that maintains the Plan should be informed so that they can ensure the provision set out in the Plan continues to be provided and reviewed as appropriate.

8.3
Where children with health needs are returning to mainstream education, the LA should work with them, their family, the current education provider and the new school or post-16 provider to produce a reintegration plan. This will help ensure that their educational, health and social care

needs continue to be met. Where relevant, a reintegration plan should be linked to an EHCP or Individual Healthcare Plan.

8.4
For LAs to meet their duties, medical commissioners should notify them as soon as possible about any need to arrange education. Ideally, this will be in advance of the hospital placement. For example, where a child of compulsory school age is normally resident in a LA but is receiving medical treatment elsewhere, it is still the duty of the 'home' LA to arrange suitable education if it would not otherwise be received.

8.5
In certain circumstances, the LA may be required to commission independent educational provision. Such providers would need to be funded directly by the home LA. Their duties do not specifically require them to commission an educational provider. Medical commissioners should, therefore, avoid making commitments to fund education without the agreement of the LA. Decisions about educational provision should not, however, unnecessarily disrupt education.

9) The child's role in managing their own medical needs:

If it is decided, in consultation with parents/carers, that a child is competent to manage their own health care needs and medicines, the school will encourage them to do so and this will be reflected in the IHCP.

Wherever possible, the school will allow children to carry their own medicines and devices or ensure that they can access them for self-medication quickly and easily. They must be stored in a manner that ensures the safety of other children is not compromised. If a child is not able to self-medicate then relevant staff will support and administer medicines and manage procedures where they have been trained to do so.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will follow the procedure in the IHCP and inform parents so that alternative options can be considered.

10) Managing medicines in school

1. The schools will only administer, or supervise the administration of, medicines when it would be detrimental to the child's health or school attendance not to do so.
2. No child under the age of 16 will be given prescription or non-prescription medicines without written consent from parents/carers – except in 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.
3. The school will not administer non-prescription medicines to a child unless parental consent has been given. Parents may come to school to administer the medicine to their child if necessary.

4. The school will encourage parents/carers and healthcare professionals to determine a prescription regime that allows the administration of medicines outside school hours.
5. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage, and storage. The exception to this is insulin which must still be in date but will generally be available in a pump or epi-pen.
6. All medicines will be stored safely at the school office (unless deemed more appropriate to be in the classroom due to the need for rapid administration). In these cases, the medicine will be stored in a safe place in the classroom that is out of bounds from the children.
7. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and not locked away. Staff should be aware of where the appropriate medicine for their class is kept.
8. In school we keep an emergency Salbutamol (commonly known as Ventolin) inhaler within the office. This is to be used for the children with Asthma and only when signed consent it given by the parents. The inhaler will be given using a spacer and the spacer will be disposed of after use.
9. During school trips, the member of staff in charge of first aid will carry all medical devices and medicines. If children are split into groups to access the trip medicines shall be given to the responsible adult for that group. Administration plans will be shared. Any child with a high level of medical intervention will be supported by a trained member of staff on school trips.
10. Staff administering medicines will do so in accordance with the prescribers' instructions.
11. A record will be kept of all medicines administered to children, stating what, how, when, how much and by whom. Any side effects will be noted. Record forms are included as Appendix C and D

- When no longer required, medicines will be returned to parents/carers to arrange safe disposal. Sharps boxes will be used for the disposal of needles, contaminated materials and other sharps.

11) School trips and visits

The school will actively support children with medical conditions to participate in school trips, sporting activities and residential visits. Teachers will ensure they are aware of the impact of the medical condition on a child's ability to participate and make reasonable adjustments to ensure they can be safely included in consultation with parents/carers and medical professionals as required.

12) Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to each child's IHCP, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;

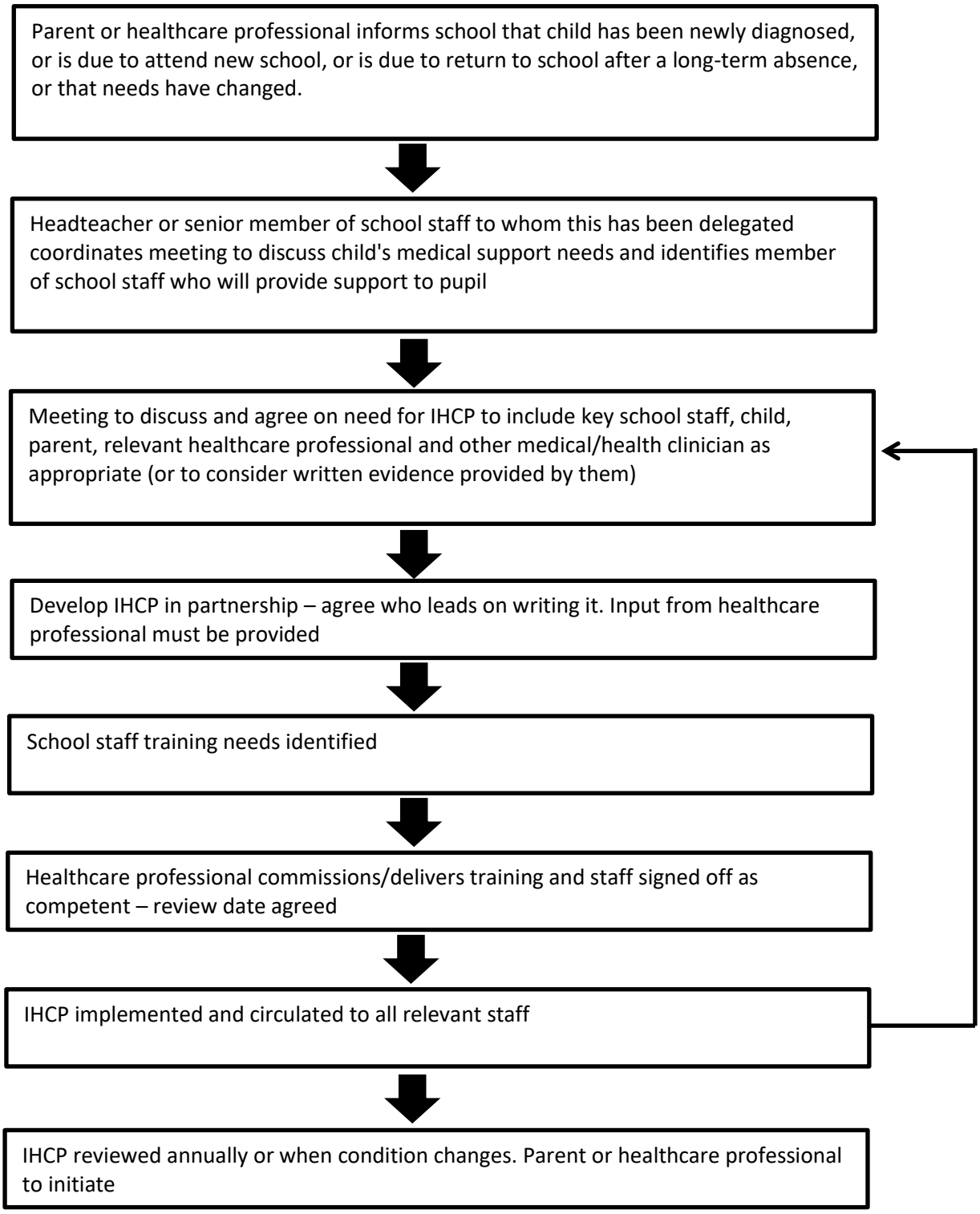
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Health Care Plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable.
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

13) Complaints

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If the issue is unresolved, they may make a formal complaint via the school's complaints procedure.

Appendix A

Model process for developing Individual Health Care Plans



Appendix B

…… School Individual Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical diagnosis or condition	
Date	
Review date	
Name of Parent/Carer 1	
Contact numbers	**Work:** **Home:** **Mobile:**
Relationship to child	
Name of Parent/Carer 2	
Contact numbers	**Work:** **Home:** **Mobile:**
Relationship to child	
Clinic/Hospital Name	
Contact Number/Name	
GP Name	
Contact Number	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school trips/visits etc.

Other information

Describe what constitutes an emergency and the action to take if this occurs

Who is responsible in an emergency, state if different for off-site activities

Staff training needed/undertaken – who, what, where, when

Plan developed with: **Signed:**

Form copied to:

Appendix C

…….. School Record of Medicine Administered to an Individual Child

Child's Name
Class
Date medicine provided by parent/carer
Quantity received
Name and strength of medicine
Expiry date
Quantity returned
Dose and frequency of medicine
Staff signature

Parent/carer signature

Date
Time given
Dose given
Any reaction?
Name of member of staff
Staff initials

Date
Time given
Dose given
Any reaction?
Name of member of staff
Staff initials

Date
Time given
Dose given
Any reaction?
Name of member of staff
Staff initials

Appendix D

…….. School Record of Medicine Administered to All Children

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Staff signature	Print Name