



## Health Care, First Aid and Administration of Medicines Policy

<b>Audience</b>	All Staff, Governors & Parents
<b>Date for renewal/updates/review</b>	December 2024
<b>Named person responsible for monitoring</b>	Business Manager
<b>Agreed by Full Governing Body Committee</b>	December 2021

### INTRODUCTION

The Governing Body of Sir William Ramsay school will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The school policy on health care, including first aid and managing medicines, is based on statutory guidance documents 'First Aid for Schools' (2014) and 'Supporting Pupils at School with Medical Conditions' (2014) which are consistent with their 'Every Child Matters: Change for Children' programme.

The aim of this policy is to ensure that:

- students with medical conditions receive proper care and support whilst in school including school trips and physical education so that they have full access to education, can play a full and active role in school life, remain healthy and achieve their academic potential
- everyone, including parents, is clear about their respective roles and responsibilities
- medicines are handled responsibly in the school setting
- all staff are clear about what to do in a medical emergency

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.

Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC Plan, the Individual Healthcare Plan will be linked to or become part of that statement or EHC Plan.

The Individual Healthcare Plan will be developed with the child's best interests in mind to ensure that the risks to the child's education, health and social wellbeing are managed.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

## 1 ROLES AND RESPONSIBILITIES

### 1.1 The **Governing Body** will ensure that:

- students with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.
- as many staff as required are trained to administer first aid.
- as many staff as required are able to provide support to students with medical conditions, including administering medicines.

### 1.2 The **Headteacher** will ensure that:

- a person is appointed to have overall responsibility for the implementation of this policy;
- all staff are aware of the policy and understand their role in its implementation;
- all staff, including supply staff, who support children with medical needs receive sufficient information to provide appropriate support;
- Individual Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Individual Healthcare Plans will be reviewed at the child's Annual Review.
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions and/or administer First Aid or medicines;
- sufficient numbers of trained staff are available to support all Individual Healthcare Plans to cover staff absence, contingency and emergency situations;
- a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler;
- at least one emergency inhaler kit is maintained and readily available in an emergency situation;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- all staff are aware that medical information must be treated confidentially;
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.

### 1.3 **Appointed Person**

The Business Manager has been appointed to have overall responsibility for implementing the school's policy for Health Care, First Aid and Administration of Medicines. They will ensure that children with medical conditions are appropriately supported.

### 1.4 All members of **school staff** may be asked to provide support to students with medical conditions. All members of staff should know what to do and respond accordingly if they become aware that a student with a medical condition needs help. Although administering medicine is not part of teacher's professional duties, teachers should take into account the needs of students with medical conditions that they teach. Staff must not administer medication or undertake healthcare procedures without appropriate training.

## 1.5 Students

Where appropriate students with medical conditions will be consulted to provide information about how their condition affects them. They will 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.

1.6 **Parents/Carers** have the prime responsibility for their child's health. It only requires one parent/ carer to request that medicines are administered. As a matter of practicality, this will be the parent/ carer with whom the school has day-to-day contact. Parents/ carers should provide the school with sufficient and up to date information about their child's medical needs. Parents/ carers should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.

Parents/ carers are key partners and will be involved in the development and review of the Individual Healthcare Plan for their child. A request will be sent to parents/ carers inviting them to contribute to Individual Healthcare Plan development and review.

Parents/ carers should provide medicines and equipment as required by the Healthcare Plan.

Parents/ carers should:

- bring their child's medication and any equipment into school at the beginning of the school year;
- replace the medication before the expiry date;
- as good practice, take into school the new asthma reliever inhaler when prescribed;
- dispose of expired items to a pharmacy for safe disposal;
- during periods of high pollen count, encourage their children, who have been prescribed antihistamines, to take their medication before school so that their condition can be better controlled during the school day;
- keep their children at home when they are acutely unwell;

Parents should ensure that they or another nominated adult are contactable at all times.

## 2 STAFF TRAINING AND SUPPORT

The Business Manager will ensure that all staff are aware of the school's policy for Health Care, First Aid and Administration of Medicines and their role in implementing the policy.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.

Training needs will be identified during the development or review of Individual Healthcare Plans and will be reviewed annually.

Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans. Training for new staff will be provided on induction. Training will be provided by appropriate healthcare professionals so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.

Only staff with appropriate training will administer medications or undertake first aid or healthcare procedures.

### **3 INDIVIDUAL HEALTHCARE PLANS**

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/ pupils and other healthcare professionals where appropriate.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan. Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently. Where appropriate the Healthcare Plan will be reviewed at the pupil's Annual Review.

### **4 TRANSITIONAL ARRANGEMENTS**

The school has made the following procedures for transitional arrangements:

- Care plans will be requested by SWR prior to transition visits.
- Care plans received and meeting held where necessary to discuss.
- SWR medical team aware of specific students and disseminate information to staff.

### **5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents will be asked to acknowledge in writing that their child is mature and responsible to manage their own medication. This information will be recorded in the Healthcare Plan.

Parents should be aware that if their child holds their own medication then school staff will not be recording the doses self-administered. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.

Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is unacceptable and this will be made clear whilst completing the Healthcare Plan.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual Healthcare Plan.

Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled. Staff should refer to the Healthcare Plan of any individual before allowing any medication to be self-administered.

## **6 FIRST AID PROVISION**

The health and safety of staff and students is a prime concern. It is assumed that all students attending school are healthy and fit to cope with the school day. The School First Aider, who holds a valid 'First Aid at Work' certificate, is there for accidents, emergencies and illnesses that occur during the course of the school day. The School First Aider may be deputised by staff who also hold valid 'First Aid at Work' certificates.

If a student is too unwell to remain in school then the School First Aider will contact parents so that the student may be taken home, or inform parents if the student needs to be taken to hospital. No student will be permitted to leave school due to illness without prior discussion with a parent. Any student who has had an accident requiring urgent medical treatment will be taken to hospital by ambulance. If a parent is not available, a member of staff will always accompany a student taken to hospital by ambulance and stay until the parent arrives. On a student's admission to the school parents provide consent for the teachers in charge at the time or the School First Aider to be responsible for decisions on medical treatment when parents are not available.

In accordance with legislation and good practice the school will ensure that:

- adequate training and guidance is available for all staff and students including first aiders
- risk assessments are carried out to ascertain levels of first aid provision required
- necessary equipment and facilities are available as well as the appropriate number of first aiders
- all staff are made aware of first aid arrangements and that time is provided for training of new First Aiders and updating those with qualifications
- a record is kept of all significant accidents both on and off the premises which are verified on completion by the Premises Manager and reviewed by the Governing Body
- a record is kept of all first aid treatment administered by first aiders

### **6.1 School Practice**

All teachers and other staff are expected to endeavour at all times, particularly in emergencies, to secure the welfare of students in the school.

A list of qualified first aiders/appointed people, with their contact details, are displayed in the following locations:

- First Aid room
- Staff room
- Science department
- PE department

- Technology Department

## 6.2 First Aid Materials

First aid boxes marked with a white cross on a green background are sited in the following areas of the school:

- Reception
- Performing Arts Kitchen
- Humanities Office
- Student Support Office
- English Office
- AR4 office
- TE1
- Staff Room Kitchen
- 6th Form Kitchen
- Science Office
- Maths Office
- First Aid Room
- PE have 3 full kits

The School First Aider is responsible for stocking and checking the boxes on a regular basis and additional supplies are available from her.

First aid kits for school outings are provided by the School First Aider prior to departure. Any use of the first aid boxes and kits is reported to the School First Aider.

## 6.3 Automated External Defibrillation (AEDs)

The school recognises that in the case of cardiac arrest early intervention is vital to optimise survival and this includes the early use of a defibrillator. AEDs are located in the following areas of the school:

- Outside First Aid Room

All certificated first aiders are trained in their use. In addition the school aims to give awareness and basic training to all staff and students at various intervals throughout the school year.

## 6.4 Head Injuries

For head injuries and suspected concussion please refer to the 'Head Injuries and Concussion Protocol' at Appendix 1.

## 7 MANAGING MEDICINES ON SCHOOL PREMISES

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

No pupil under 16 will be given prescription or non-prescription medicines without their parents/ carers written consent (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such

cases the school will encourage the pupil to involve their parents while respecting their right to confidentiality).

When no longer required, medicines will be returned to the parent to arrange for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Medicine brought into school must be given to Matron at 8.30am.

### **7.1 Prescribed medication**

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 be available inside an insulin pen or a pump, rather than in its original container. Parents should note the expiry date so that they can provide a new prescription as and when required.

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent. Antibiotics prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken four times day.

The school will keep all medication in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency. School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.

A record will be kept of any doses used. Where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required; half tablets will be retained but not issued at the time of the next dose, a fresh tablet will be cut. Half tablets will be returned to the parent for disposal.

### **7.2 Non-Prescription Medicines**

Pupils sometimes ask for pain relief or antihistamines at school, i.e. paracetamol or Piriton.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to their child in the past and that they will inform the school immediately if this changes.

The school holds a supply of paracetamol-based pain relief, which will be issued to those pupils on request, whose parents have signed a consent form.

The school will hold non-prescription analgesics on behalf of pupils on request. The medication must be brought into school in the original packaging and a consent form signed.

The school will only administer paracetamol to those pupils requesting analgesics; generally non-prescription ibuprofen will not be given. If ibuprofen is the analgesic of choice then pupils/parents/carers will be advised that a dose could be taken before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.

A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.

When a pupil requests pain relief, staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12.30pm.

A record will be made of all doses given on the child's medical record.

## **7 RECORD KEEPING**

The school will keep a record of all medicines administered to individual pupils on their medical record, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.

A record will be made where medication is held by the school but self-administered by the pupil.

## **8 SAFE STORAGE OF MEDICINES**

Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.

A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the refrigerator in the First aid room, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage.

Medication will never be prepared ahead of time and left ready for staff to administer. An audit of pupil's medication will be undertaken every term disposing of any medication that is no longer required.

It is the parent's responsibility to ensure their child's medication remains in date. The school will remind parents when their child's medication is due to expire.



## **9 DISPOSAL OF MEDICINES**

Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded by the school. Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Sharp boxes will always be used for the disposal of needles.

## **10 HYGIENE AND INFECTION CONTROL**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

## **11 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities. The school will make reasonable adjustments for the inclusion of pupils in such activities.

Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions and will consider the need for a risk assessment to be made.

The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.

One member of staff who is trained in administering medication will accompany the visit and will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits.

Medicines are administered and witnessed and recorded on a record of medicine administered to an individual child form.

## **12 TOILETING / PE CHANGING**

If pupils require assistance with toileting or P.E changing, staff should consider whether it would be possible to arrange for the presence of another adult in the vicinity. If this is not viable another staff member should be informed of where they are and which student they are with. Pupils who need hoisting must have two members of trained staff present. All physical contact when assisting students must be explained to them as actions are being carried out and with their agreement.

## **13 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS**

### **13.1 Asthma**

- An inventory of all pupils with asthma will be compiled.
- An Individual Healthcare Plan will be developed.
- All individual emergency inhalers are stored centrally in Matrons office. If the office is locked students are to report to reception.
- Emergency salbutamol inhalers and spacers are kept in Matrons office.
- Emergency salbutamol inhalers will only be given to pupils previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, who are on the register and whose parents have signed the consent form.
- Parents will be informed of any emergency dosages given.

### **13.2 Anaphylaxis (Severe Allergic Reaction)**

- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens.
- Auto-injectors will be kept readily available.
- All individual emergency auto-injectors are stored centrally in Matrons office. If the office is locked students are to report to reception.

### **13.3 Epilepsy**

- An Individual Healthcare Plan will be developed.
- An appropriate number of staff will have received Epilepsy awareness training covering: the identification of symptoms and triggers for epilepsy, including administering medication.
- There will be a trained member of staff available at all times to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan.
- A medical room with a bed will be kept available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place.
- The school will enable students to take a full part in all outings and activities.
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- The school will liaise fully with parents and health professionals.
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded on the child's medical record.
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency.
- If appropriate, a record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

### **13.4 Diabetes**

- An Individual Healthcare Plan will be developed.
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Medical Room.
- Pupils will not be prevented from eating, drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.

### **14 LIABILITY AND INDEMNITY**

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

### **15 COMPLAINTS**

Parents/carers/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

### **16 SCHOOL PROCEDURES FOR MANAGING MEDICINES**

Medicines should be brought to the school Matron room by 8.30am by parents/carers, or pupil. The designated member of staff will ask the parent to sign the relevant consent form or check this by calling the parent.

The designated person will check that:

- the medicine is in its original container as dispensed by a chemist and details match those on the form;
- the label clearly states the child's first and last name, date of birth, name of medicine, dose required, route of administration, time/frequency of administration;
- the patient information leaflet is present to identify any side effects;
- the medication is in date.

The designated person will log the medicine in the record book and store the medicine appropriately.

Medicines requiring refrigeration will be kept in the fridge in a clean storage container. A daily temperature of the fridge will be taken and recorded.

The trained designated person will administer medication at the appropriate time.

The following procedure will be followed:

- The pupil will be asked to state their name – this is checked against the label on the medication and their medical record in SIMS.
- The time, dosage and method of administration will be checked.
- The expiry date will be checked.
- The medicine is administered.
- A 'medical note' is added to SIMS recorded the time, date, medication and dosage administered.
- Any possible side effects will be noted.
- The medicine is returned to appropriate storage.
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If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.

If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

Medical cards (Blue cards) will be issued by Matron. The card is used to allow the student to leave the lesson without being questioned. They should only be asked if they need someone to walk with them to Matrons office or toilet for the safety of the student. Medical cards (Blue cards) can and will be given to students whose parents or carers have requested it. They will be personalised to have the students name and form on. They can be used to help for short or long periods at a time but are checked and issued again annually for long term medical issues.

## **Appendix 1: Head Injuries and Concussion Protocol**

### **Protocol aims:**

- To provide a safe environment
- To ensure all staff have a clear understanding of how to manage someone who has sustained or potentially sustained a head injury
- To be able to recognise the signs and symptoms of concussion and manage it correctly
- To ensure all significant head injuries are reported on an accident form
- To ensure all parents and students receive appropriate advice on managing a head injury

### **Head Injuries**

Not all head injuries cause damage to the brain but minor ones can have symptoms including:

- nausea
- headaches
- dizziness
- tiredness

Students who sustain a head injury should be assessed by a qualified first aider and head injury advice given to the students and parents in every case.

All head injuries occurring during the school day should be reported to the School First Aider and recorded in SIMS. Students should be accompanied to First Aid, and not left alone until assessed.

All head injuries occurring during the school day will be reported to the parents, via a telephone call, prior to the student being allowed home, even in cases where there are no apparent side effects.

For potentially more serious head injuries, where any of the following are observed, an ambulance for urgent medical assessment may be required:

- Deteriorating conscious state
- Increased confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizures or convulsions
- Double vision or deafness
- Weakness in arms or legs
- Clear fluid coming out of ears and/or nose
- Slurred speech, difficulty speaking and understanding

## **Concussion**

Concussion is the sudden but short lived loss of mental function that occurs after a blow or other injury to the head. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination.

Concussion can occur at any time within the school environment if a student's head comes into contact with a hard surface such as a floor or a desk. It can also happen during sporting activities.

Concussion can also occur when the head and the upper body are violently shaken, such as whiplash injuries.

The school takes concussion seriously to safeguard the long-term welfare of students.

### **Concussion during sporting activities**

- Students who sustain a head injury during sports sessions (practice, training and fixtures) will be removed from play and initially assessed by the sports teacher and/or First Aider
- If concussion is suspected it is the responsibility of the member of staff in charge of the activity or the First Aider to communicate immediately by phone with the parents what has happened and recommend that the student should undergo diagnosis and assessment from a medical practitioner or visit an emergency department for further assessment
- Staff will ensure that an injured student is accompanied home or to hospital, and will not be left to travel alone
- The student and parents will be given a head injury advice sheet
- The student and parents will be informed that the student should see the School First Aider on the student's return to school
- The student may not return to sport until they have successfully returned to school and learning without worsening of symptoms. It is the responsibility of the parents to organise for medical clearance before returning to play.