



Cranford Primary School

Berkeley Avenue

Hounslow

TW4 6LB

First Aid and Supporting Pupils with Medical Conditions Policy

Date: September 2023

Review Date: Autumn 2024 (or sooner if changes to the law or practice)

Approval Level: Governing Body

Purpose

The purpose of the *First Aid and Supporting Pupils with Medical Conditions Policy* is:

- To ensure that children, staff and visitors to the school receive appropriate first aid care in the event of an accident or emergency;
- To ensure that clear procedures are in place for the administration of first aid to casualties, the safe storage of first aid equipment and recording of incidents in accordance with health and safety guidelines;
- To ensure children with medical conditions are properly supported.

Provision of First Aid Personnel

Appointed persons

An appointed person is someone who:

- Takes charge when someone becomes ill or suffers a minor injury,
- Looks after first aid equipment e.g. restocking after use, or
- Ensures that an ambulance is called when appropriate.

All members of staff are appointed persons but not necessarily first aiders. Members of staff should not give first aid treatment for which they have not been trained.

During the school day, many children suffer minor bumps and scrapes at playtime, during PE or through other activities. It is normal practice for these to be dealt with by an appointed person.

More major injuries need to be immediately referred to a school designated first aider for assessment and care.

School Designated First Aiders

Personnel who have attended the full first aid training will be known as the school's designated first aiders. Their names will be displayed in the staffroom. They will attend 'refresher' courses to keep their qualification up to date and valid every three years. In addition, some staff will attend the paediatric first aid course to meet the OFSTED requirements for Early Years.

If a major medical emergency or accident occurs on a school trip, the school must be informed as soon as possible and the situation managed so that the safety of the group is not compromised. Children who are known to have potential first aid emergency needs should be

identified on the risk assessment with a plan in place to accommodate their needs in the event of an emergency.

Provision of First Aid Equipment

First aid equipment is located in the welfare room. It is the responsibility of whoever uses equipment to replace it after the needs of the casualty have been met. If items are missing then a member of the office staff must be informed.

It is essential that all staff should take precautions to prevent infection and must follow basic hygiene procedures. Single use hypo-allergenic gloves should always be used when dealing with any casualty, hands must be washed and care needs to be taken when dealing with body fluids or blood, and when disposing of dressings or other equipment.

During Covid it is also recommended that the first aiders wear a face mask when dealing with children.

Off-site activities

During off-site activities staff accompanying the children must include a first aider who will carry a basic first aid kit. They will also carry a mobile phone to use in an emergency and know the postcode of their location to pass to emergency services in the event of needing to summon help.

All of the above information will be included on the risk assessment which is prepared and passed to the Headteacher prior to the trip.

Administering Medicines

- Written consent from parents must be received before administering any medicine to a child at school;
- Medicines will only be accepted for administration if they are:
 - Prescribed
 - 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 be in date but will generally be available inside an insulin pen or pump, rather than in its original container.

- Medicines should be stored safely;

- Written records will be kept of all medicines administered to children.

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

In certain circumstances, as judged by the Headteacher, parents can give written consent for unprescribed medication to be administered by medical room/ first aid trained staff.

Recording and Reporting Accidents

In the event of a child bumping their head or other significant injury, parents will be informed by phone and a letter sent home. Any facial injuries will also be reported to parents by phone. Minor bumps and scrapes will be reported by the child or class teacher as necessary. All incidents will be recorded on Medical Tracker with the date, time, nature of injury, first aid given and what happened to the person immediately afterwards for example 'went back to class', 'cold compress applied' etc. In the event of serious incidents an ambulance will be called and a review of the incident completed afterwards.

Minor illness and incidents

Many children experience common illnesses from time to time. Most of these illnesses do not need a prescription or a visit to a doctor and do not need time away from school. Often if a parent/ carer treats a child themselves, taking advice and medicines from a pharmacist, can be the quickest and easiest way to deal with it.

Following minor illness, the school and parents/ carers will communicate to ensure the needed procedures are followed. This will include after care suggestions or advice about absence from school. Parents are not expected to keep their child at home 'just in case' when they could be learning in class. School staff will phone a parent/carers if a pupil continues to have symptoms or if symptoms worsen.

Parents have a duty to ensure their child is not absent where this can be avoided. The school may not authorise a child's absence for a minor illness if they think it was not necessary.

Pupils should be kept off school if:

1. A pupil has an infectious illness which could spread to other people
2. A pupil needs care during school hours that cannot be carried out in school
3. A pupil is so unwell that they are not able to cope with lessons.

Please see Appendix B for other conditions and the recommended actions.

Supporting Children with Medical Conditions

If notification is received that a pupil has a medical condition the following procedure will be followed:

- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child;
- Where appropriate, an Individual Healthcare Plan will be drawn up, (appendix A outlines the process for developing individual healthcare plans);
- The Headteacher will ensure that sufficient staff are suitably trained and that cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available;
- Medical records will be kept up to date and parents are requested to give additional information and any updates on the condition regularly. A file detailing this information is kept in the office;
- Children with serious specific medical needs, including allergies, are highlighted on the medical board in the staff room;
- All relevant staff, including supply staff, will be made aware of the child's condition.

Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum. When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.

Individual Health Care Plans (IHCPs)

Individual healthcare plans are designed to keep children with medical conditions safe, well and involved at school. An IHCP will be written for pupils with a medical condition that is long term and complex.

An IHCP will:

- clarify the triggers, signs and symptoms, what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clearly;

- will clarify the level of support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- will, in the case where a child has SEND but does not have a statement or EHC plan, mention their special educational needs;
- encourage and allow children who are competent, to manage their own health needs and medicines, under the appropriate level of supervision;
- be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

Action in Emergencies

A copy of this information will be displayed in the school office.

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

1. The school's telephone number – 020 8759 0305

2. Your name

3. Your location – Cranford Primary School, Berkeley Avenue, Cranford, TW4 6LB. Or use the Woodfield Road address and postcode (TW4 6ND) if the patient is on the school field.

4. Provide the exact location of the patient within the school

5. Provide the name of the child and a brief description of their symptoms

6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient

- Ask office staff to contact premises to open relevant gates for entry. Check that the entrance onto the field is not blocked by a car.

- Contact the parents to inform them of the situation.

- Ask a member of the office staff to print off the child's Integris details.

- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

Educating Children with Health Needs who Cannot Attend School

In line with Section 19 of the Education Act 1996 the Local Authority (LA) have a duty to: “make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, or otherwise, may not for any period receive suitable education unless such arrangements are made for them.” This applies to children and young people:

- who are of statutory school age and
- who are not in school for 15 days or more, whether consecutive or cumulative due to ill health and
- where the health need and necessity for absence has been validated as necessary by a medical doctor and
- will not receive a suitable full-time education unless the local authority makes arrangements for this

Health problems include physical illnesses, injuries and clinically defined mental health problems. Suitable medical evidence will be required. This would include details of the health problem, how long the condition is expected to last and the likely outcome, and a treatment plan. This must be provided by a suitable medical professional, normally a hospital consultant. However, where specific medical evidence is not available quickly, the local authority will liaise with other medical professionals (eg the child's GP), so that provision of education is not delayed.

Arrangements for alternative education will not normally be made for children and young people below or above compulsory school age. Arrangements for alternative provision will be made as soon as it is known that a child has not attended school for 15 days for health reasons or as soon as it is clear that a health-related absence from school will be 15 days or longer, verified by a medical doctor. The 15 days may be consecutive or cumulative. The provision will commence as quickly as possible. There may be circumstances in which suitable alternative education is already in place, for example if the school has made arrangements for a pupil or if the child is receiving education at a hospital school. In such circumstances, the local authority will intervene only if it has reason to think that the education provision being made is unsuitable or insufficient.

How to access support

If a child is unable to attend school due to health needs a request for support from the local authority should be made using a CFAN form. The CFAN will be allocated to the medical needs team who will determine any relevant intervention. All tuition will be subject to 4 to 6 weekly reviews. The plan is for the young person to be re-integrated when this is appropriate.

It will be the responsibility of the school, in partnership with the local authority and hospital education team, to provide educational support and resources to ensure the pupils is able to access a full time provision equivalent to that which would be provided to other pupils in the school.

Where a child or young person with a medical condition requires support in school, the hospital education team may be able to offer additional support. If the child or young person has an EHCP for a medical reason, support should form part of the Plan. Funding allocated for this part of the Plan can be used to provide in-house support or to fund support from hospital education. Where a child or young person requires support but does not have an EHCP, the school would be expected to fund this. The charge for this support will be reviewed regularly and latest charges can be obtained from the Hospital Education Team.

Withdrawal of Teaching

If a pupil fails to attend or make themselves available for Hospital Education teaching on a regular basis without production of an appropriate medical certificate, or having a valid reason (usually medical) for absence then teaching will cease until a meeting is convened to establish a way forward.

The withdrawal of teaching will also be considered if the child ceases to follow a therapeutic programme recommended by any other agency as part of a rehabilitation and reintegration package. Isolated teaching sessions do not in themselves support a programme of reintegration, nor can they give sufficient confidence to ensure a successful return to school

Ensuring successful reintegration into mainstream school

Returning to school after a period of illness can be an emotional hurdle for a child or young person. Friendships can be damaged by a long absence and peer group contact during an absence, for example cards, letters, invitations to school events, are as important as formal contact. The home School needs to develop a welcoming environment and encourage pupils and staff to be as positive and proactive as possible during the transition period. Consultation with the child and parents and key staff about concerns, medical issues, timing and pace of return is important.

If a child can attend school part time this is preferable to teaching at home and usually enables speedier and more successful reintegration and monitoring of the child's needs.

Strategies for successful reintegration will be a key element of the child's PEP. The reintegration strategy should include:

- Date for planned reintegration once known.

- Details of regular meetings to discuss reintegration
- Clearly stated responsibilities and rights of all those involved
- Details of social contacts including the involvement of peers and mentors during the transition period
- A programme of small goals leading up to reintegration
- Follow up procedures

Transport

The provision of temporary transport for a pupil on medical grounds to and from school by the local authority can sometimes enable a pupil to attend school. A 'request for transport on medical grounds' form needs to be completed by the school, signed by the parents and then passed to transport team at the local authority. Transport can be arranged for pupils in wheelchairs.

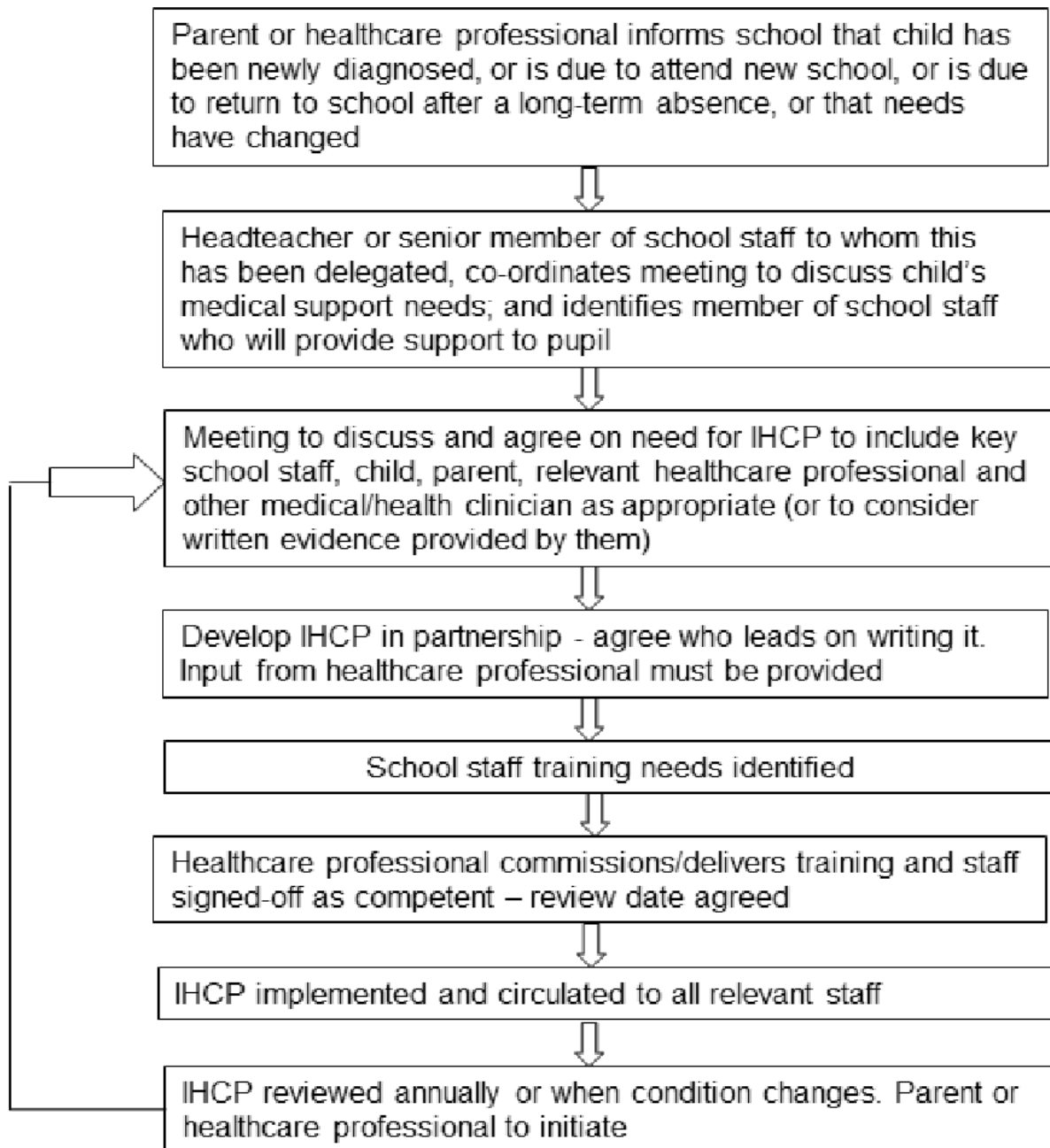
Liability and indemnity

The Governing Body should ensure the appropriate level of insurance is in place. The school policy must set out the details of the school's insurance arrangements that cover staff providing support to pupils with medical conditions, but individual cover may need to be arranged for any health care procedures.

Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with. Insurance policies should be accessible to staff providing such support. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Appendix A

Process for developing Individual Health Care Plans (IHCPs)



Appendix B

Illness	Recommendations
Cold/ cough	No need to be off school
Chicken pox and shingles	Keep off school for 5 days from start of rash and until all the spots have crusted over
Conjunctivitis	No need to be off school
Diarrhea and vomiting	Keep off school until 48 hours after the last episode of diarrhea or vomiting
Ear infection and ear ache	If there is a temperature of above 38 degrees they will need to stay off school until this improves. Pain relief should be given. If there is no improvement, seek medical advice.
Flu	Child should return to school as soon as they have recovered
Fever (above 38 degrees)	Child should not be in school If this happens during school time, parents will be called to collect the pupil.
Head lice	No need to be off school Treatment letter sent by school to advise on how to get rid of lice
Hand, foot and mouth disease	It is not usually necessary to keep off school
Headache	No need to be kept off school
Measles	Keep off school until lesions (Spots) are crusted or healed or 48 hours after starting antibiotic treatment, whichever is shorter
Rashes	If the pupil has an unexplained rash, please seek medical advice. Do not send your child to school because it may be infectious. Book an appointment to see a medical professional as soon as possible.
Scarlet fever	Keep off school for 24 hours after starting antibiotic treatment
Toothache	No need to be off school. If a child is off for longer than 2 days, they should see a dentist.
Tummy ache	If it is only a tummy ache and no other symptoms the pupil should come to school.