

ANNEX 1 - LOCAL FIRST AID PROCEDURES 2023 - 24

These procedures for First Aid and Medical treatment at North Wootton Academy form part of the Eastern Multi-Academy Trust First Aid and Medical Policy

1. First Aid Procedure

This procedure forms part of, and should be read in conjunction with, the First Aid Policy. It is designed to confirm how the Trust will address the responsibilities regarding the administration of first aid to staff, pupils and visitors.

All organisations, including educational establishments, should develop and formalise procedures for dealing with first aid, based upon an assessment of the need. The procedures should cover first aid personnel, equipment and practices and be designed in accord with the legal standards and good practice.

The First Aid Coordinator in conjunction with the principal is responsible for determining the actual provision required at their respective establishments, with the appropriate manager responsible where additional needs relevant to their specific operation exist.

2. Assessment of Need

The First Aid Coordinator in conjunction with the principal has undertaken an assessment of the first aid need to determine a provision which is suitable and sufficient. Areas that have been considered include:

- Hazards presented by the work;
- Level of risk presented by hazards;
- Number and nature of staff;
- Number and nature of pupils/students;
- Number of premises;
- Location of premises;
- Accident history;
- Travelling, remote and lone workers;
- Staff working on shared or multi-occupied sites;
- Leave of first aiders and appointed persons;
- Shift working.

Following the assessment, and using the information gathered the provision detailed below has been determined.

Departmental managers should determine any additional personnel, equipment and facilities required using the same approach, for example, specific first aid provision should form part of the arrangements for offsite work and educational visits.

Safeguarding procedures should be followed, at all times. If a child has injured themselves and it is inappropriate for them to show you the parents must be contacted.

3. First Aid Provision

The First Aid Co-ordinator is **Nikki Graham** and is situated in the main office. A First Aid treatment room (**disabled toilet**) is sited in the main building and is available for persons who require such a facility.

4 First Aid Rooms

The site has a first aid room, which will;

- be adequately stocked with first aid equipment
- be accessible to stretchers
- be clearly sign-posted
- be provided with a couch, a chair and any necessary additional equipment
- have washable surfaces and adequate heating, ventilation and lighting

- be kept clean, tidy, accessible and available for use at all times when staff and students are on site
- be positioned as near as possible to the point of access for transport to hospital
- display a notice in the room advising of the names, locations, and, if appropriate telephone extensions of first aiders and how to contact them

The designated person – Rachel Tearle - regularly check all first aid equipment is in date and stocks replenished.

5 Equipment

Suitable and sufficient equipment will be provided, based on an assessment of the need, the minimum stock of first aid items at each location will be:

- A leaflet giving general guidance on first aid (for example HSE leaflet Basic Advice on First Aid at Work)
- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the type of work (dressings may be of a detectable type for food handlers)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium sized individually wrapped sterile unmedicated wound dressings, approximately 12cm x 18cm
- One pair of disposable gloves

These additional materials are also available:

- Aprons
- Gloves
- Resuscitate
- Wipes
- Sterile water/saline (where mains water is not available)
- Clinical waste bins/bags
- Bio hazard disposal pack.

Tablets and medication of any description will not be kept as part of the first aid provision.

A centralised stock is also available to enable the first aiders to restock the first aid boxes, as and when necessary. The stock will be held by the First Aid Coordinator to whom requests for additional supplies should be made using the request form. Teaching assistants will check and refill their First Aid boxes on a regular basis and must request supplies from the First Aid Coordinator. This is currently stored within the resource room.

The First Aid Coordinator also holds a grab bag containing an appropriate selection of first aid equipment for use by educational visits leaders. These are currently stored within the resource room.

The location of the first aid boxes, rooms and the boxes themselves will be clearly marked by a white cross on a green background.

Managers who identify a need for specific additional equipment should seek approval from the First Aid Coordinator prior to purchase to ensure it is in accord with the standards and appropriate for use at the site.

6 Travelling first aid kits

Where departmental activities necessitate the need for travelling, staff should to be provided with first aid equipment. The following items are considered suitable provisions;

- A leaflet giving general guidance on first aid (for example, HSE leaflet Basic Advice on First Aid at Work)
- Six individually wrapped sterile adhesive dressings
- One large sterile un-medicated dressing – approximately 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves

The trip leader must ensure that the medical notes for all children together with any required medication is taken on the trip. These must be kept securely and returned to school to be destroyed on return.

7 Illness and Minor Injury

Parents become responsible for their child if the pupil is unwell or injured. In order to contact parents quickly, it is essential that changes of address or phone number are passed to the school office as soon as these are known.

Students must not leave their classes for first aid treatment other than in cases of emergency. Any member of staff who becomes aware that a student is injured, or needs immediate treatment, must send the student to a first aider. If the injury is serious and the student cannot walk, the teacher must contact the First Aid Co-ordinator for assistance. Reception staff may contact other available First Aiders.

- Every accident must be written down on a first aid slip and given to the office at the end of break/lunch/end of day whichever is closest. Unless it is a head injury and the accident slip must be brought to the office immediately. EYFS first aid book to be brought to the office on every Monday for analysis.
- All injured pupils need to be sat on the first aid bench/seat in class to be assessed.
- Make an initial assessment of the injury.
- Where there is bruising/swelling, immediately issue an ice pack and leave on for 10 minutes but check the child after 5 minutes (give child a 5-min timer). Seek advice from the office if you are concerned about the injury/whether parents may need to be called.
- Where there is a visible red mark, give the child a 5-minute timer and then assess again. If after the 5 minutes, there is now bruising/swelling give an ice pack for 10 minutes (checking on them after 5 minutes).
- If there is no red mark or swelling give a 5-minute timer and assess again. If child reports no pain, the child can go. Accident slip must still be completed.
- If in any doubt on an injury, seek a second opinion at the office.

8 Emergency and Serious Injury

The first aid co-ordinator will have the responsibility to call an ambulance after being called to an accident or illness, however, any member of staff who has been instructed may call an ambulance if required. The First Aid Co-ordinator or a member of the First Aid Team will contact the parents to tell them of their child's injury and whereabouts so that the parents can go to the hospital. If necessary, the First Aid team may delegate this task to another member of staff. The hospital staff will decide whether to treat the child before the parents arrive.

In the case of a very serious accident or injury, the Critical Incidents Policy's procedures will be carried out.

9 Head/Face Injuries

Accidents involving a pupil's head can be problematic because the injury may not be evident, and the effects only become noticeable after a period of time.

With any head injury a child will be sat down and observed for at least five minutes to ensure there is no concussion.

If the injury is minor, all head injuries should be monitored closely, and the parents should be contacted. Serious head injuries should always be referred for hospital treatment.

10 Record keeping

For accidents/injuries, the First Aiders must make an entry in the Accident Book. First aiders must insure that as much detail as possible is recorded. The Accident book is held in the school office & the Kitchen by Maple Class this may be accessed by any member of staff at any time of day.

Any visible cut or bruise must be recorded in the accident book and the top copy of the accident form taken to the school office after each breaktime, with the exception of the Reception classes, who will send this home with parents.

All head/face and other significant injuries **must** be recorded and reported to the school office immediately. The office will then text or call parents to notify them of the injury. Children should be monitored and any change in their condition reported immediately to the school office.

Any serious injuries such as broken limbs, serious burns, unconsciousness and dislocations, must be reported to the Health and Safety Officer, Nikki Graham. Any such injuries must be reported on a RIDDOR form (online HSE).

Any accident occurring on the Academy premises or as part of a school related activity must be reported by the member of staff attending the accident and an Incident report form filled in.

Incident Report forms are available from **Nikki Graham** and should be filled in with precise detail containing all the required information.

11 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), some accidents must be reported to the HSE.

These include;

- Accidents resulting in death or major injury.
- Accidents which prevent the injured person from; carrying out their normal work for more than 7 days, not including the day of the accident and must be reported within 15 days.

RIDDOR reports must be carried out by the Health & Safety office with the member of staff concerned. The Health & Safety officer is responsible for reporting serious accidents to the Trust's governing body. Accidents are discussed at Finance and Premises meetings.

The First Aider on duty will contact parents first by phone if they are available, then by note, to report any seemingly minor injury, e.g., sprains or twists, which the parent may choose to have examined by a doctor.

12 Information about Students' Medical Conditions

Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:

- **Short-term** affecting their participation at school because they are on a course of medication.
- **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical needs are protected from discrimination under the Equality Act 2010. The Equality Act defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their abilities to carry out normal day to day activities.

Schools/settings must not discriminate against disabled pupils in relation to their access to education and associated services and should make reasonable adjustments for disabled children, including those with medical needs, at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions which North Wootton Academy aims to achieve through the following:

- ensuring that arrangements are in place to support pupils with medical conditions so that can access and enjoy the same opportunities at school as any other child;
- taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening.
- ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions. The school ensures that staff understand how medical conditions impact on a child's ability to learn. The school ensures that staff are properly trained to provide the support that pupils need,
- ensuring that no child with a medical condition is 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 safeguarding duties, the school ensures that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so, or may look to use a part-time timetable to ensure that the pupil is safe and their needs are met
- ensuring that the arrangements put in place are sufficient to meet statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions
- ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided
- ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines
- ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records
- ensuring that the policy sets out what should happen in an emergency situation
- ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so

- ensuring that the policy is explicit about what practice is not acceptable
- ensuring that the appropriate level of insurance is in place and appropriate to the level of risk
- ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions

Policy Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the principal, James Grimsby; he will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available off and on-site with an appropriate level of training. The principal should make sure that all parents and staff are aware of the policy and procedures for dealing with medical needs. They should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell as well as covering the approach to taking medicines at school.

For a child with medical needs, the principal will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the Health Safety and Well-being team.

The SENDCO and Operations Manager, will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. They will also be responsible, in conjunction with parents/carers and professionals, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

For children being admitted to North Wootton Academy for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving mid-term, every effort will be made to ensure that arrangements are put in place within two weeks. However, should this not be safe to do so, the school may request a part-time or phased entry to ensure that the pupil and those around them remain safe. This will be agreed with the parents ahead of any entry to school and reviewed at least weekly.

This will be dependent upon staff being properly trained and supervised to support pupils' medical conditions and be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities unless evidence from a clinician such as a GP states that this is not possible.

North Wootton Academy does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion,

judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the SENDCO, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers.

Individual Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan.

It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the child's GP or other health care professionals, those who may need to contribute to a health care plan include: the principal/head of setting; the parent or carer; the child (if appropriate); class teacher (primary schools)/form tutor/head of year (secondary schools); care assistant or support staff; staff trained to administer medicines.

The school will use <https://www.justonenorfolk.nhs.uk/> as a resource.

It is helpful to develop a written health care plan for such children involving the parents and relevant health professionals. This can include:

- details of a child's condition
- special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Home Learning

In rare circumstances, the school may support a limited period of home learning for those with a medical issue whereby they cannot attend school for a limited period. This is likely to involve providing links to Oak Academy.

This would be agreed at the discretion of the Principal and may require medical evidence to support this.

Roles and Responsibilities

In addition to the identified roles in the implementation section of this policy, there are a number of key contributors to establishing a clear and unambiguous Individual Healthcare Plan:

- It is key that school staff are clear and confident upon how to best meet the needs of a pupil and therefore, any starting point for outlining this within an Individual Healthcare Plan will be the **Community Nursing Team** who, when possible, can provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

- Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school.
- **Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should 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.
- **Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- **Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- **Staff** with children with medical needs in their class should be informed about the nature of the condition and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. The Staff Training Record (Administration of Medicines) provides confirmation that any necessary training has been completed.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Educational Visits and Sporting Activities

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. **Copies of health care plans** should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service or the child's GP.

Most children with medical conditions can participate in physical activities and extra-curricular sport.

There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan, if they have one. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Managing Medicines

This guidance is a significantly shortened version of the 2007 DfES document 'Managing Medicines in Schools and Early Years Settings'.

There is no legal duty that requires staff to administer medicines. North Wootton Academy have developed roles for support staff that build the administration of medicines into their job role, although none have this formally written into their contract of employment and therefore it is key to have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

Staff managing the administration of medicines and those who administer medicines must receive appropriate training and support from health professionals. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

Some children with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child's individual needs.

Parental Consent

It only requires one parent to agree to or request that medicines are administered. Where parents disagree over medical support the school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Parents should be given the opportunity to provide the school with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the principal, reach agreement on the school's role in supporting their child's medical needs. Ideally, the principal should always seek parental agreement before passing on information about their child's health to other staff.

Principal's Consent

The principal will sign consent for any medication given in school. In order for this to occur the following should be adhered to:

- Parents are generally encouraged to schedule their child's medication so that they do not need a dose during the school day.
- Medications must be brought into schools in their original container, as dispensed by a pharmacist, labelled with your child's name. They must include instructions for administration, dosage and storage, as well as possible side effects. In rare cases, schools will accept written instructions from a parent, but often, they will only administer medications if they come with the original patient information leaflet or written instructions from a doctor or pharmacist.
- The exception to this is insulin, which can be brought into school inside an insulin injector pen or pump, rather than its original packaging.
- Parents must provide written consent for your child to be given the medication via a form available at the office. You will need to complete this form every time your child brings a new type of medication to school; it's also likely to be reviewed annually.

- All medications must be in date and all medicine will be checked annually by the office as well as when being administered.
- The smallest possible amount of medication should be brought into school. The exception to this is liquid medication, which can only be accurately and safely dispensed from the original container.
- Medication will be kept in a secure place such as a locked cabinet or a sealed box in a fridge, according to storage instructions. Children must know where their medication is, and who to ask when they need it. However, medications that children may need to access quickly in an emergency should not be locked away. This includes asthma reliever inhalers and AAls. These storage requirements apply not just on school premises, but also on trips and residential visits.
- If a sharps box is required for the disposal of injectors, parents should obtain it on prescription and pass it on to the school, unless specific arrangements have been made within the school for the safe removal of these items.
- You must collect any leftover medication that your child no longer needs, or medicines that have passed their expiry date, from the school. This should be done routinely at the end of every term.
- **Schools/settings should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.**

Prescribed Medicines and Controlled Drugs

Schools will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and this guidance document.

A child who has been prescribed a controlled drug may legally have it in their possession but school would look to control the access by holding this centrally wherever possible.

The school will keep controlled drugs in a locked non-portable container and only named staff should have access. A record will be kept for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and agreed by the Principal. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded on the Parental/Principal Agreement for school to administer medicine (form F624b).

Liquid paracetamol is the only non-prescribed medicine that can be administered in school and only on receipt of written permission from the parent/principal consent. This can only be administered for a maximum of 3 days and not repeated within a 2-week period without doctor instruction.

Where a non-prescribed medicine is administered to a child it must be recorded on the Record of Medicine Administered to an Individual Child (form F624c) and the parents informed. If a child suffers regularly from acute pain the parents should be encouraged to refer the matter to the child's GP.

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- The child's name;
- prescribed dose;
- expiry date;
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

Schools staff will complete and sign a Record of Medicine Administered to an Individual Child each time they give medicine to a child.

School Staff Giving Medicines

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur.

Medicine is only administered by office staff and 1:1 Teaching assistants who are assigned to children with specific needs. Both are witnessed by a second adults who counter sign.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. Health professionals need to assess, with parents and children, the appropriate time to make this transition. However, there may be circumstances where it is not appropriate for a child of any age to self-manage.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in the child's health care plan. Parents should be informed of the refusal on the same day.

Record Keeping

Parents should tell the school/setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

In all cases, it is necessary to check that written details include name of child; name of medicine; dose; method of administration; time/frequency of administration; any side-effects; expiry date.

Parents should be given a Parental/principal Agreement for School/Setting to Administer Medicine to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.

Schools/settings must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Record of Medicine Administered to an Individual Child must be used.

Dealing with Medicines Safely

Storing Medicines and Access

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. It is essential that Epi-Pens are kept within the first aid box within the classroom or taken out to PE/Lunch by the staff. Asthma Inhalers are kept in the office and a member of the office staff will supervise/administer the inhaler.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Children need to have immediate access to their medicines when required. The school/setting may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

The school will not hold any medicine of its own with the exception of a school inhaler in line with recent guidance.

Sun Cream

Schools are expected to “take a sensible approach to this issue” in line with the NICE guidelines. The school has adopted a Sun Policy in line with ‘Sun Safe School’s’ guidance. In which sunscreen can be kept within the class if labelled and parents have given written consent in line with any other topical medicine. The ideal is that each pupil would apply their own sunscreen but parents may give consent for teachers to apply in Reception class due to their age, but this must be to be arms and face only with at least two adults present to ensure this is in line with the school’s intimate care policy; the school feels that this is a ‘sensible approach’.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The office will inform parents when medicines become out of date as they are checked regularly by the office.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the district council's environmental services.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency Procedures

The principal will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a school should make arrangements with a local health professional for emergency cover.

Unacceptable Practice

Although staff at North Wootton Academy Staff should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, 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/carers; 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 healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, 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 creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and Indemnity

We are a member of The Department of Education Risk Protection Arrangement

Public Liability cover - Unlimited

Employers Liability - Unlimited

Complaints

Should parents/carers be unhappy with any aspect of their child's care, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the principal. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Complaints Procedure.

Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs appropriate training should be arranged in collaboration with local health services.

In addition, staff supporting children with medical needs should attend the in-service training course 'Raising Awareness of Chronic Medical Conditions: Asthma, Diabetes and Epilepsy'.

Confidentiality

The principal and staff should always treat medical information confidentially. The principal should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Managing Common Conditions

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

Staff supporting children with medical needs should attend the in-service training course 'Raising Awareness of Chronic Medical Conditions: Asthma, Diabetes and Epilepsy'.

It is the responsibility of the parents to inform the Academy about their child's medical conditions. Each year, during the first half of the Autumn term, all parents will be issued with a Data Check Sheet showing what information is currently held on the database. They will be asked to check this, update it and return it to the Academy.

Information from parents may be received by the Academy in a number of ways, such as via the admission form, via letters from parents, via conversations subsequently recorded in writing with the teachers. This information should be passed immediately to the Secretary to add to the database. A medical register will be produced at the start of every term by the Secretary in the form of a completed medical data sheet for each student (it is the responsibility of parents to ensure that the Secretary has a completed sheet for their child).

The Designated Safeguarding Lead must be informed if a pupil becomes pregnant. Individual teachers will then be told in confidence.

The school office will issue detailed information on medical conditions and emergency contacts to leaders of residential visits. Parents will be required to complete a declaration agreeing to emergency treatment and confirming that information held by the Academy is up to date. Leaders can obtain copies of the declarations from the school office.

14 Emergency Procedure for Major Incidents

In the event of an emergency or if an at-risk student/person falls ill then member of staff at the incident must;

- Call 999.
- Summon a First Aider/Principal.
- Emergency treatment should be delivered.

If 999 is called the following information must be given;

- The Academy's telephone number 01553 672385
- The Academy's address; North Wootton Academy, Priory Lane, North Wootton, Kings Lynn PE30 3PT.
- Give your name.
- Name of casualty and symptoms/any known medical condition.
- Inform ambulance control of the best entrance e.g. main reception entrance.
- If an ambulance is called to the main reception, The Principal/office manager should be informed, and a member of staff should go to the entrance to give directions to the ambulance crew.
- If the emergency services are called the parent of the casualty will be telephoned by a member of school office as soon as is practicable.

15 Hygiene

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should use disposable gloves when administering first aid, these can be found in every first aid box. Any spillages must be notified to a site maintenance assistant who will follow the correct procedure.

Hands must always be washed before and after giving first aid.

Single-use disposable gloves must be worn if treatment involves blood or other body fluids. Any soiled dressings must be put in a yellow clinical waste bag and disposed of in a clinical waste box.

Any body fluids on the floor should have absorbent granules sprinkled on to them, then swept up with the designated dustpan and brush (in medical room). This should also go in a yellow bag and disposed of in a clinical waste box. If possible, areas should be cleaned up with absorbent powder specifically for body fluids.

Body fluid spillages on hard surfaces should be cleaned up with absorbent powder specifically for body fluids.

Exposed cuts or abrasions should always be covered.

In the event of widespread viral/bacterial infections across the Academy the following actions will be taken:

- The Academy will report the situation to parents via the website, newsletters and text messages with guidance regarding avoidance, recognition, treatment and guidance on attendance.
- The guidance materials will also be used to communicate the information to students, as well as displaying posters around the Academy site.