



# Medical Needs and First Aid Policy

**November 2023**

**Approved by the Governing Body Strategy Group 30/11/23**

**This Policy is due for renewal in Term 2  
2025–26**

# MEDICAL NEEDS AND FIRST AID POLICY

## OF

### GODINTON PRIMARY SCHOOL

#### SECTION ONE – INTRODUCTION

1.1 This policy is written in line with the requirements of:

- Children and Families Act 2014 – section 100
- Supporting Children at School with Medical Conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England', DfE December 2015
- 0–25 SEND Code of Practice, DfE 2014 (updated 2019)
- Mental Health and Behaviour in Schools: Departmental Advice for School Staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE September 2021

1.2 This policy should be read in conjunction with the following school policies

- SEND Policy
- Safeguarding (Child Protection) Policy,
- Educational Visits policy,
- Asthma Policy,
- Complaints Policy
- Personal Care Policy
- Food Allergy Policy

Attending to a child's medical needs in school is carried out through the cooperation of parents, children and staff. Parents are a child's main carer and have the responsibility of providing the school with sufficient information about their child's medical conditions, treatment, health and/or special care at school. It is recognised that some of our pupils also have a role to play themselves. In some situations, it will be appropriate for them to be involved in developing their own health care plans. There is no statutory responsibility that requires school staff to administer medication; however, as a school we believe it is important for our staff to assist and support children with medical needs.

Our aim is always to 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. We make arrangements to support children with medical needs so that they can access and enjoy the same opportunities in school as any other child. We recognise that for some

children medical conditions may bring with them anxiety or self-consciousness and that long-term health difficulties may impact on a child's educational attainment and emotional health. We work with parents and children to ensure that we provide support for these matters as well.

### **1.3 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 pupil's feel safe.

Some children with medical conditions may be disabled and in these cases the Governing Body will comply with its duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education Health and Care Plan that brings together health and social care needs, as well as their special educational provision or SEN support plan. Where this is the case, this policy should be read in conjunction with the SEN Code of Practice and the school's SEN policy. The SEN Code of Practice 2014 advises that a medical diagnosis or disability does not necessarily imply SEN.

## **SECTION TWO – 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. The governing body of Godinton Primary School fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children 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. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure 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, we will ensure 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;
- Ensuring that the arrangements put in place are sufficient to meet our 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 includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received 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 (see section below on individual healthcare plans);
- 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 (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- 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 (see section on day trips, residential trips and sporting activities);
- Considering whether to develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport, purchase and train staff in the use of defibrillators, consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the

- level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

### **SECTION THREE – 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 Jill Talbot (Headteacher). She 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 and on-site with an appropriate level of training.

Sarah Stein (Assistant Headteacher) 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. She will also be responsible in conjunction with parents/carers, 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.

### **SECTION FOUR – MEDICAL AWARENESS**

#### **4.1 Medical Awareness Prior to a Pupil Starting at the School**

This section covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Godinton Primary School 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 to Godinton Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions

that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will 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, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Godinton Primary School 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 Sarah Stein, Assistant Headteacher, and following these discussion an individual healthcare plan will be written in conjunction with the parent/carers and be put in place.

#### **4.2 Medical Awareness of the Needs of Existing Pupils**

Each year, we produce a Medical Alert Handbook, which is given out to all teachers. The list contains information on all children who have a medical condition that may require intervention from our staff. The list is organised by need, and gives the name of the child, their condition, and the action to be taken if required. This list is based on information obtained from parents through the completion of the medical needs questionnaire. Parents are asked to complete the full questionnaire when their child starts in reception and then again when they start Year 3. At the start of each other year, they will only be asked to provide details of any changes to their child's health or medical history. The handbook is updated throughout the year if medical needs information changes.

The school also produces Emergency Awareness Posters which are stored in the Staff and

Medical rooms. These contain detailed information on those children who have a serious medical condition. Children have their photographs displayed on the poster, so that staff can become familiar with them.

All teachers are given copies of the up to date Medical Alert Handbook in September. These comply with the requirements of GDPR.

It is the responsibility of the class teacher to familiarise themselves with the Handbook at the start of the academic year and with the information which is shared by the previous class teacher at end of year transition meetings. Teachers are asked to sign that they have read this information and have shared information as required with other members of staff who work with them.

The parents of any new children starting school mid-way through the year will be asked to give information about their child's medical needs and staff will be informed and lists updated accordingly.

Sometimes it will be appropriate to discuss a child's medical needs with the children in their class. This will be done in conjunction with parents and the individual child as required in order to ensure, for example, that the children in the class know what to do in an emergency situation or how a child may need to be treated.

## **SECTION FIVE – INDIVIDUAL HEALTHCARE PLANS**

5.1 Individual healthcare plans will help to ensure that Godinton Primary School effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view.

5.2 Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an Educational Health Care Plan (EHCP), their special educational needs should be mentioned in their individual healthcare plan.

5.3 Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g school,

specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Godinton Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

5.4 Godinton Primary School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Godinton Primary School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

5.5 Individual healthcare plans may be varied to suit the specific needs of each pupil, however they should all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific 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;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and



- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

5.6 The school will not 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 plan. Neither will the school penalise children for their attendance record if absences are related to their medical condition e.g. hospital appointments. The school will allow pupils to eat, drink and take toilet breaks as required to support medical needs. The school will assist with toileting needs as required in consultation with parents. The school has a separate policy for personal care.

5.7 The school follows the KCC guidance ‘Guidance on Health Care Planning’ when implementing health care plans for children. This guidance summarises the main issues, important for main stream schools.

## **SECTION SIX – ADDITIONAL ROLES AND RESPONSIBILITIES**

6.1 In addition we can refer to the Community Nursing Team for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

6.2 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. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

6.3 Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, 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. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

6.4 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. Parents are key partners and should be involved in the development and review of their child’s individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

6.5 Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) education for children with health needs who cannot attend school

6.6 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.

6.7 Clinical commissioning groups (CCGs) and NHS England commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

6.8 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.

## **SECTION SEVEN – STAFF TRAINING AND SUPPORT**

### **7.1 First Aiders**

The school has at least 8 members of staff who have completed full certificated first aid training. In addition to this the school has at least 3 paediatric first aiders. First aiders are on site for the duration of the school day, including before and after school provision. The names of these individuals are displayed prominently around the school. Their training

is updated every 3 years, and new first aiders are trained as and when required. However, all staff will be expected to address minor injuries that occur during the school day such as cuts and grazes.

## **7.2 Specific Training**

All staff who are required to provide specific support to pupils for medical conditions will be trained by a healthcare professional qualified to do so, this includes the administration of any specific medication or the undertaking of healthcare procedures. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. More staff than are required will be trained, in order to ensure that cover is available in staff absence.

Training needs will be reviewed at least annually, usually when a child moves into a different year group or when school personnel change.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Parents may also be involved in the training but will not replace qualified medical trainers.

## **7.3 General Medical Awareness Training**

All staff will receive medical awareness training as required.

## **SECTION EIGHT – THE CHILDREN’S ROLE IN MANAGING THEIR OWN MEDICINES**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the class medical box to ensure that the safeguarding of other children is not compromised. Godinton Primary School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan.

Parents will be informed so that alternative options can be considered.

## **SECTION NINE – MANAGING MEDICINES ON SCHOOL PREMISES AND RECORD KEEPING**

### **9.1 Responsibilities**

School staff do not have a statutory duty to administer medicines to pupils in school; however our staff will assist pupils who require medication. We recognise the importance of this in ensuring that children have full access to education.

### **9.2 Prescribed Medicines**

Medicines should only be brought to school when essential; that is where it is detrimental to a child's health or attendance if the medicine were not administered during the school day. Parents should endeavour to have medicines prescribed in dose frequencies which enable it to be taken outside school hours. Parents should discuss this with their prescriber. It should be noted by parents that medicines that need to be taken 3 times a day could be taken in the morning, after school and in the evening.

We only accept medicines in school that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber. They should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, dosage and storage, as well as the child's name. Parental consent is required in order for school to administer medicines to a child. This is obtained by parents completing the relevant school form. Alternatively parents are welcome to come into school to administer medicines themselves and we will support parents with arrangements for this. Any side effects of the medication to be administered at school should be noted.

Medicines will not be accepted in school that have been taken out of the container as originally dispensed. The only exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

Parents are responsible for bringing these medicines into school and ensuring that any remaining medicines, after the child's course of treatment has been completed, are collected from the school for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

All medicines will be stored safely in the Medical Room or Class Medical box.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in the Medical room or in a safe location in the child's classroom if appropriate and not locked away. All should be easily identifiable.

### **9.3 Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for children. Any member of staff may administer a controlled drug to the child for whom it has been prescribed in accordance with prescriber's instructions and this policy.

Controlled drugs will be kept in a locked non-portable container, with only named staff having access.

### **9.4 Non Prescription Medicines**

The school will not administer any medicines which have not been prescribed by a medical practitioner and neither are children permitted to keep non-prescription medicines on their own person (this includes cough sweets/ throat lozenges). Parents may wish to come into school to administer non-prescription medicines themselves.

### **9.5 Administering Medicines and Recording**

No child under 16 will be given medicines without their parent's written consent. This is done by parents completing a form available from the school office and returning it to school with the medication. These medicines will be kept in the medical room. A fridge is available in the medical room for the storage of medicines that require refrigeration. Staff will check that the information provided by parents on the form matches information on the medicines.

Any member of staff giving medicines to children should check.

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber

Staff sign a record form each time the medicine is administered to the child. Staff should not administer out of date medicines to any child.

By consenting for medication to be administered by school staff, parents must understand

that staff will endeavour to ensure that the medication is given, however this cannot be guaranteed. If parents wish to ensure that medication is given, then the preferred option is for parents to come into school and administer medication to their child themselves.

The self-management of medicines by children in school is generally not permitted. As children get older and more competent they are able to administer some medications themselves, after prior agreement with parents; this may include the use of asthma inhalers or medication for diabetes. Children who manage their own medications may require an appropriate level of supervision.

If a child refuses to take medicine staff should not force them to do so, but should note this in the records and inform parents the same day. If refusal to take medicine results in an emergency then 999 should be dialled and the children's parents informed immediately.

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines or surplus medicines are disposed of safely and appropriately.

## **SECTION TEN – EMERGENCY PROCEDURES**

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, 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.

Should a serious accident occur, and a pupil, a staff member or a member of the public require hospitalisation, those staff attending the incident will, as they see fit, call for help from other staff members, including those qualified in first aid, and act on the advice of the first aiders in deciding whether to call an ambulance. A member of the Senior Management Team will be informed immediately and will arrange for an ambulance if required to be telephoned. A child's parents should also be informed. Staff should never take children to hospital in their own car. A member of staff should accompany a child or adult to hospital in the ambulance and in the case of a child should stay until parents arrive.

Any serious accidents must be recorded using the appropriate online Accident Report form found on all school desktops. The school is aware of the need to report certain incidents under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

## **SECTION ELEVEN – OFFSITE VISITS AND SPORTING EVENTS**

### **11.1 Offsite Visits**

Reasonable adjustments may need to be made in order for children with medical needs to participate fully and safely in educational visits unless there is evidence from a clinician such as a GP that this is not possible. Sometimes additional safety measures may need to be taken such as an additional supervisor and arrangements made for the taking of any necessary medicines (including travel sickness medication and asthma inhalers). Parents or health professionals may need to be consulted about this. A preliminary visit to the site will enable facilities to be ascertained which may need to be taken into consideration.

Staff supervising educational visits should be fully aware of any medical needs of the children participating. It is their responsibility to read and act on this information. Emergency contact details should be taken on the visit. A risk assessment of the visit will determine whether a first aider should also accompany the visit and what measures regarding medical support may need to be taken. This will involve consultation with parents where relevant.

Children will not be allowed to participate in educational visits, unless the school has up to date medical information.

### **11.2 Sporting Activities**

Most children with medical needs can participate fully in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Reasonable adjustments should be made by staff to ensure that children are not prevented from participating due to medical needs. Some children may need to take precautionary measures before or during exercise such as using asthma inhalers.

### **11.3 Insurance**

Insurance arrangements are in place which fully indemnify staff against claims for alleged negligence when administering medicines providing they have acted in accordance with school policy and procedures and statutory guidance in the DfE publication 'Supporting Pupils with Medical Conditions'.

## **SECTION TWELVE – ILLNESS AT SCHOOL**

### **12.1 Short Term Medical Needs**

Some children may have short term medical needs which require them to take medicines

during the school day. This might be situations such as finishing a course of antibiotics or applying a lotion. Allowing children to do this will minimise the amount of time they are absent from school. If a child has an illness which requires them to receive an extended course of medication, administered during the school day, the parents and school will liaise to decide on how this can be addressed without adversely affecting the child's education. School staff will only administer medicine to a child, if the parent has given written permission for this to occur.

If a child is taken ill whilst in the classroom, the teacher will assess the condition of the child and, if they feel that the child needs to go home, they will send them to the office. Where required, they will be examined by a first aider and if it is agreed that the child should go home, the parent will be contacted. The child will await collection in the medical room. The children will be supervised at all times.

Teachers will only send children to the office if they are convinced that the child needs to go home.

## **12.2 Administration of First Aid**

If a child suffers an injury during lesson time a first aider will be called to assist.

During break times, supervisory staff will be expected to address any minor injuries which occur on the playground. First aid may be required. Plasters may be administered to children, apart from those whose parents have informed school that their child has an allergy to them. Staff do use antiseptic alcohol free wipes on grazes and minor cuts.

Each classroom has its own first aid kit. In addition, first aid bags are kept in the staff room, for use by those completing a break time duty and for use by Midday Meals Supervisors. Further first aid supplies are kept in the medical room. It is the responsibility of all staff to replace anything they use from a first aid kit. Each first aid kit contains a list of contents.

A first aid kit should be taken on all off site visits.

Class teachers must be informed whenever one of their children suffers a significant injury in which case a first aider will also be called. The first aider will contact parents if permission is required for further treatment or if the child should be collected.

Parents must be informed, if their child suffers a head injury or any other notable injury during the school day. Each class has an accident book, additional books are available in the Staff room and Medical room. Any accident/injury should be recorded by the member of staff assisting the child/staff member and the white copy sent home. Class teachers



should also be informed. The school's protocol for addressing bumps and more serious injuries to the head is attached as appendix 1. This outlines the differences in the way that a bumped head and a head injury will be treated.

The school's protocol for addressing groin injuries is attached as appendix 2.

### **12.3 Risks of Infection**

When administering simple first aid involving open wounds, it is not always necessary to wear gloves, provided the person giving the treatment has any breaks on their skin covered with waterproof dressings. Where breaks in the skin are not or cannot be covered, or where there is a large spillage of blood, non-sterile disposable gloves are recommended. Non-disposable plastic gloves can also be worn provided they are thoroughly washed afterwards. Whenever possible, hands must be thoroughly washed prior to first aid being given, whether gloves are to be worn or not.

The absence of gloves should never deter the administration of emergency first aid.

Major first aid kits will contain disposable non-sterile gloves and hazardous waste bags large enough to accept used dressings.

When dealing with blood or any other body fluid spillage, the most important personal hygiene precaution is that of afterwards washing the hands thoroughly in hot water and soap, including cleaning the nails, whether gloves have been worn or not.

Staff who have dealt with any body fluids must not enter kitchens unless they have first washed their hands thoroughly and removed their overall.

Any surfaces contaminated with blood should be cleaned with neat Milton 1, which should be poured over the area, left for 30 minutes, wiped and then rinsed with clean water. Sanitare should be used to clear up vomit from inside the school building. This is a powdered sanitiser which deodorises and soaks up the spillage. Vomit outside the school building should be washed away with warm soapy water or covered with sawdust before clearing away.

Mouth to mouth resuscitation should be carried out without the use of an 'Airway', as their use in inexperienced hands can cause bleeding to occur, thus increasing the risk of infection. Without bleeding, the risk of infection is very small.

## **SECTION THIRTEEN – SPECIFIC MEDICAL CONDITIONS AND INFECTION**

### **Long Term Medical Conditions**

#### **13.1 Asthma and Inhalers**

The school has a separate policy for asthma that should be read in conjunction with this

policy. Children who have a diagnosis of asthma should also have an asthma care plan. We acknowledge that other children in the school have inhalers that may be used for the relief of wheeziness or colds. These children will not have an asthma care plan.

### **13.2 Epilepsy**

Children with epilepsy will have a healthcare plan. This will outline the aspects of their condition such as factors that might act as a trigger, whether the child might lose consciousness or how long the seizure might last. If a child is prescribed rectal diazepam for prolonged seizures then staff will be trained in how to administer this by health professionals.

### **13.3 Diabetes**

Children with diabetes will have a healthcare plan. This will outline their regime in terms of managing their diabetes such as checking blood glucose levels and contain information about identifying signs of hypoglycaemic reaction and what should be done in these situations. It will also ensure that staff are aware that children with diabetes need to be allowed to eat regularly during the school day and this might include eating snacks during class-time or prior to exercise. Staff will be allocated to support diabetic children with their medical needs and suitable training will be provided as required.

### **13.4 Anaphylaxis**

Children with anaphylaxis will have a healthcare plan. This will identify precautions that should be taken to avoid severe allergic reaction, signs and symptoms of a reaction and the proposed response to this. Treatment of anaphylaxis is an injection of adrenaline that is administered into the muscle of the upper thigh using an epi-pen. First aiders are trained in the use of this during First aid training. An ambulance should also be called and the emergency procedures followed.

## **Short Term Medical Conditions**

### **13.5 Headlice**

If a child is found to have live headlice, their parents will be made aware of the situation with a view to taking them home for the infection to be treated. All of the other children in that class will be given a letter to take home, asking their parents to inspect their heads and to treat any infestation accordingly.

### **13.6 Minimising the Risk of Transmission of Infection to Other Children and Staff**

Children who are unwell with an infectious disease should not be at school. Once they are better they should return unless they pose a risk to the infection of others. Our

guidance on whether children with infectious conditions should be in school is led by the Health Protection Agency publication 'Guidance on Infection Control in Schools and other Child Care Settings' (March 2017). This document details recommended periods that children should be kept away from school.

The school will seek the advice of Public Health England in the event of any concerns regarding infection in school.

## **SECTION FOURTEEN – COMPLAINTS**

Should parents\carers be unhappy with any aspect of their child's care at Godinton Primary School, 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 the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Godinton Primary School Complaints Procedure.

## **SECTION FIFTEEN – MONITORING AND REVIEW**

This policy is reviewed every two years.

## **SECTION SIXTEEN – EQUALITY STATEMENT (Refer also to specific policies for equal opportunities and racial equality)**

At Godinton Primary School, we are committed to ensuring equality of opportunity for all members of our school community irrespective of race, religion or belief, gender, gender reassignment, disability, sexual orientation, age, pregnancy or maternity, marriage and civil partnership or socio-economic background. We are determined to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and ability to participate fully in school life.

We tackle discrimination through the positive promotion of equality by challenging stereotypes and by creating an environment that champions respect for all. At Godinton Primary School, we believe that diversity is a strength that should be respected and celebrated by all those who learn, teach and visit us.

All school policies have an explicit aim of promoting equality and will be reviewed in terms of their contribution and effectiveness in achieving this aim.

## Godinton Primary School Head Injury Protocol



### Protocol for injuries to the head

If a child seeks medical attention for an incident involving their head, the child's whole head should be examined in order to assess the extent of the injury. On some occasions a child may have a fall or accident and give no indication that their head has been hurt. In these situations, staff addressing the injury will listen to and assess the symptoms that the child has identified but a head injury may not be ascertained.

### Minor Bump to Head

A minor bump to the head is common in children particularly those of primary school age. If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting and the child appears well then the incident will be treated as a 'bump' rather than a 'head injury'.

Treatment in school:

- Child to be assessed by a First Aider. This may be done on the playground.
- Observe. If pupil begins to display head injury symptoms then they will be taken to the medical room, if they are sufficiently well to do so, for further assessment. If no change during observation then the pupil can return to normal lessons and the teacher informed.
- Staff attending to the child to record the incident in the accident book as '**Bump to Head**' and add any further relevant information, including that the child was seen by a First Aider.
- Accident slip sent home. This should be given to the class teacher (or member of staff teaching that day) who will continue to monitor the child in class. They will then send the accident slip home with the child or for younger children, hand to parents at the end of the day.

### Minor Head Injury (no loss of consciousness)

A minor head injury often just causes bumps or bruises on the exterior of the head. However, other symptoms may include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

If any of the above symptoms are present (including bruising or a bump) then the injury should be treated as a minor head injury.

Treatment in school for a minor head injury:

- Child seen by a first aider and is taken to the medical room if they are sufficiently well to do so, if not first aid will be administered in situ.
- Ice pack applied to swelling
- Rest
- Observation
- The child will return to class depending on the severity of their symptoms. This will be determined by a first aider.
- If the child returns to class, a Head Injury advice sheet will be given to pupil to take home.
- Parents will be notified by telephone that their child has sustained a minor head injury and requesting they read a head injury advice letter that their child will bring home.
- Accident book to be completed and entry made identifying a head injury and the treatment that the child has received. Seen by First Aider noted.
- If any of the following symptoms are displayed or in the event that a minor head injury escalates, the child would need to receive immediate medical attention in hospital:
  - Loss of consciousness/confusion or drowsiness
  - Loss of balance or difficulty in walking
  - Loss of power in arms/legs
  - Clear fluid leaks from nose or ear
  - Significant visual disturbance – blurred or double vision
  - Severe headache
  - Vomiting
  - Seizure

In these circumstances, parents will be notified immediately and asked to come and collect their child in order to seek further medical attention. If parents are unavailable or if the situation increases in urgency then the school would arrange medical attention for the child. In these circumstances the injury would escalate to ‘severe head injury’ (see below).

- In all circumstances above, accident book to be completed and entry made identifying a **head injury** and logging the action taken.

### **Severe Head Injury (loss of consciousness)**

A severe head injury will usually be indicated by one or more of the following symptoms:

### Symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problems
- Loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears

### Treatment in school:

- First aider to assess immediately
- Suspect neck injury if unconscious and do not move
- **CALL 999 FOR AMBULANCE**
- Notify parent by phone alerting them to a serious head injury.
- Accident book to be completed and entry made identifying a **severe head injury** and logging all action taken.

### Concussion

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury.

The medical term for concussion is minor traumatic brain injury.

The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.

Symptoms include:

- Headache
- Dizziness
- Feeling in a fog
- May or may not have lost consciousness
- Vacant expression
- Vomiting
- Unsteady on legs
- Slow reactions
- Inappropriate or abnormal emotions – irritability/nervous/anxious

- Confused/disorientated
- Loss of memory of events leading up to and after the concussion

Treatment:

- If a head injury occurs during sport or at playtime, the child should be removed from the game and must not resume play
- Child should be assessed by a first aider
- Rest
- Ice pack
- Observation
- Head injury advice sheet given and parent informed (treatment as identified in the sections above will be administered depending on any other symptoms).

If any of the above symptoms occur the child must be seen by a medical professional in A&E, minor injuries or the GP surgery. Parents will be advised to do this.



## Advice to Parents and Carers Concerning Children with Head Injuries

You have been contacted by the school today as your child has sustained a minor head injury. Following examination by a first aider we are satisfied that the injury does not in the first instance appear to be serious. It is expected that the recovery will be rapid and complete.

We would however advise that you monitor your child's injury over the next 48 hours and read through the NHS information about Head Injuries and Concussion which can be accessed by following the link below.

<https://www.nhs.uk/conditions/head-injury-and-concussion/>

**CONTACT YOUR DOCTOR, RING 111 OR 999, OR TAKE YOUR CHILD TO THE ACCIDENT AND EMERGENCY DEPARTMENT AT THE HOSPITAL WITHOUT DELAY IF SYMPTOMS WORSEN OR IF YOU HAVE ANY CONCERNS.**





## APPENDIX TWO

### Protocol for addressing suspected internal injury (including groin injuries)

Any trauma to the torso or groin may cause internal injury. Staff should be proactive in responding to claims of injury to these areas and advice should be sought from a first aider.

Serious testicular injuries, including testicular torsion and testicular rupture may occur due to trauma to the groin in boys. Testicular torsion is when the testicle twists around, cutting off its blood supply. Torsion may be due to a serious trauma to the testicles or heavy activity but sometimes the cause is unknown. Testicular torsion is a medical emergency and urgent medical care should be sought as remedy can be time limited.

Testicular rupture is a rare type of testicular trauma. It can happen if the testicle gets a forceful direct blow or is crushed against the pubic bone, causing blood to leak into the scrotum. Testicular rupture, like testicular torsion and other serious injuries to the testicles, causes extreme pain, swelling in the scrotum, nausea, and vomiting. Surgery is needed to fix the ruptured testicle.

If a child reports a groin injury, a first aider should be called for. If the child is old enough to examine their groin themselves, they should do. They should be advised to look for any bruising, cuts, redness or swelling or any other difference in appearance. Whether injury is apparent or not, parents should be contacted at the earliest opportunity and should be involved in discussions about any first aid that might be required.

If it is considered that a child would have difficulty in examining themselves, parents should be called to either come and assess the injury themselves or to give permission for a visual examination by a first aider and an additional member of staff and to discuss any first aid that might be required.

First aid should be administered for all groin injuries. A cold compress, suitably wrapped, should be applied to the area at 10 minute intervals if this can be sustained and until pain subsides.

Examination by a doctor or attendance at A and E may be required if:

- The pain doesn't reduce or in the event that extreme pain lasts longer than 1 hour.
- There is swelling or bruising of the scrotum or a puncture of the scrotum or testicle.
- Injury is accompanied by nausea and vomiting or by a fever.

Parents should be advised as to the steps they should take if the injury does not improve. All injuries should be recorded in the accident book and a copy given to parents.