



**Leverstock Green CE (VC) Primary School**  
Striving for excellence; caring for the individual.

**MANAGING MEDICAL NEEDS,  
FIRST AID AND ILLNESS POLICY**  
**Leverstock Green CofE (VC) Primary School**

**Policy Review**

This policy was agreed by the governing body on 13<sup>th</sup> October 2021.

It is due for review in October 2025.

Signature ..... *[Handwritten Signature]* .....

Head Teacher

Date ..... 13/10/21 .....

Signature ..... *[Handwritten Signature]* .....

Chair of Governors

Date ..... 13/10/21 .....



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## Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

- Parents will be required to complete the relevant form for short term medication, e.g. antibiotics or prescribed pain killers for an injury. This must be counter-signed by the administering member of staff prior to acceptance of the medication;
- Care plans must be completed and signed for pupils with long-term conditions. These must be updated at the start of each academic year and each time the individual child's needs change. These must be countersigned by the Headteacher or Assistant Headteacher/SENCo before taking effect;
- It is the responsibility of parents to inform the school immediately in writing of any change in their child's medical needs which will trigger a meeting to update the care plan. **No additional medication will be accepted without an updated care plan signed by the parent and administering member of staff;**
- Copies of care plans will be available in the relevant classroom, staffroom, dining room, first aid station and office. Supply staff are expected to check these;
- Each dose of medicine will be recorded and signed for by the administering or supervising member of staff. This record is kept in the school office. If an occasional medicine is given, e.g. prescribed paracetamol, a note will be sent home to inform parents of the time it was given;
- The use by date of medicines kept in school will be checked at the end of each term by the designated first aider and parents notified if replacements are required;
- All asthma inhalers will be kept in a plastic box in each classroom. The box will be accessible at all times and children will be trained to get it when requested. A record will be kept of doses taken. The box will be taken to PE lessons and on school trips. Boxes will be locked in the admin office during public events, such as bazaars;
- Lifesaving medication, such as adrenalin and insulin, will be kept in an unlocked medicine cupboard in the school office to ensure it is accessible to all adults. This is to avoid the possibility of a child losing their medication. (It is legal for a child who is competent to carry their own controlled drug, but it is an offence for them to pass it to anyone else to use.)
- Medicines are taken on all off-site visits
- Parents are expected to provide sharps boxes for the safe disposal of needles;
- For pupils who experience difficulties with attendance due to illness or planned medical procedures, advice will be sought from the Attendance Improvement Officer or the ESTMA team. (Educational Support Team for Medical Absence.)

## Training

Specific training to meet the needs of individual pupils will be provided by the school nurse as required. Anaphylaxis training and epilepsy training will be refreshed via the school nurse every year. First aid training will be updated according to current guidelines.



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## **First Aid and Illness**

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school.

It is our policy to ensure that appropriate first aid arrangements are in place for our staff, pupils and any visitors to our premises. This includes providing sufficiently trained employees and maintaining an adequate supply of first aid equipment.

This policy should be read in conjunction with the school Health and Safety Policy.

## First Aid Training

All permanent staff are given external training in accordance with current legal requirements (i.e. all staff attend a basic six-hour course every three years). There is additional training for at least one member of the Foundation team (in accordance with EYFS requirements) and the nominated first aider and all members of the admin team. The school maintains an up-to-date list of those employees who have undergone emergency first aid training.

All staff will be informed of First Aid arrangements and made aware of this policy as part of their induction.

## First Aid Equipment

First aid equipment is kept in the office (including a portable defibrillator) and the first aid station. Details of children with severe medical conditions are displayed in the office, dining room, first aid station and staff room. In classrooms, this information is kept in a confidential folder for all staff, including supply teachers, to access.

In addition to this, portable first aid kits are provided for classrooms and out of school visits.

The checking and ordering of stock is carried out by the nominated first aider, who fills the boxes around school, disposes of any out of date items and ensures that enough stock is maintained to supply the school. There is no first-aid budget; stock is purchased on a need basis.

## Accident Procedures

During playtimes and lunchtimes, injuries that require first aid treatment should be dealt with in the first instance by the nominated first aider who is on duty.

Minor incidents and accidents should be dealt with, wounds cleaned etc. and the child returned to the playground when possible and practical. Persons administering first aid should wear disposable gloves AT ALL TIMES where bodily fluids are involved. An adult witness should be present if tending an intimate part of the body. Any dressings or materials which have been in contact with body fluids (e.g. blood, vomit etc) must be disposed of in the designated yellow bin provided.

During lesson times, if a second member of staff is not present, and the injury cannot be dealt with easily, the child should be sent to the office, accompanied by another child.



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All injuries requiring any treatment are recorded in the first aid book. These entries will be reviewed each half term.

All head bumps/injuries must be recorded (including a brief description of the incident) and parents will be notified with a green 'bumped head' letter and by text message. More serious head injuries will be notified by telephone.

If a child or adult has an accident which requires urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive urgent medical attention. When an ambulance has been arranged, parents will then be informed and arrangements can be made where they should meet their child. If parents cannot be contacted, a member of staff will accompany the child and stay with them until the parents arrive. A copy of the child's details should accompany them to hospital if parents cannot be located.

In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child.

All injuries requiring medical attention will be notified to the appropriate body following national guidelines.

### Illness

Children who feel unwell should be accompanied to the main office by a member of staff – normally the teaching assistant assigned to that class. The decision to send an unwell child home will be made by the Headteacher or an Assistant Headteacher. If neither are available the office staff will make an informed decision.

### Vomiting and diarrhoea

There are bowls available for pupils who feel sick. Granules, mops and buckets may all be found in the caretaker's cupboard. Vomit must be treated as a biohazard and the area must be thoroughly disinfected.

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed. This also applies to staff. This is consistent with guidance from the Health Protection Agency.

### Chicken pox, measles and other diseases/rashes

If a child is suspected of having chicken pox etc, a member of staff will look at their arms or legs. If a child has any of these infections they will need to stay off school for a prescribed period of time. The Headteacher or school office will advise timescales. These timescales are in line with the advice given by the Health Protection Agency.



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## Head lice

Staff do not examine children for head lice. If we suspect a child has head lice we will inform parents and ask them to examine their child at home. We will also send a text to all parents so that we can prevent further cases by all children being thoroughly checked and treated as necessary. School Health can advise on treatment.

## Pastoral care:

There may be occasions that children state that they are unwell or require first aid but actually require pastoral care. Incidents requiring pastoral care should be treated as follows:

- If an incident occurs during a teaching session, a member of staff supporting the class should take pastoral care of the child ensuring his/her well-being.
- If an incident occurs at playtime the teacher on duty should take pastoral care of the child ensuring his/her well-being. It is the member of staff on duty's responsibility to inform the child's class teacher.
- If an incident occurs at lunchtime, the lunchtime supervisor approached by the child should take pastoral care of the child ensuring his/her well-being. If they require additional support they will seek the support of the Headteacher, Assistant Headteacher or a member of the senior leadership team. It is the lunchtime supervisor's responsibility to inform the child's class teacher.

If any member of staff is unsure whether a child is unwell, requires first aid or requires pastoral care then they are encouraged to send them to the office. It is the class teacher's responsibility to inform parents of significant pastoral care concerns.

## **Miscellaneous**

### Over the counter medication

Over the counter preparations are not permitted in school. This includes Calpol and all forms of cough sweet, lozenge, eye drops, nasal sprays and linctus.

### Lip balm

Children are permitted to use lipstick-type lip balms, which must be named and kept in their pocket or bag. Tins of lip balm are not permitted.

### Sun Screen

In the summer, children may bring a small (100ml) named bottle of sun screen which must be kept in their bag. Pupils must apply sun screen independently. Staff are not responsible for applying, supervising or reminding children to apply sunscreen. Parents/carers are expected to apply sun screen to their child before school and provide them with a hat. On extremely hot days, pupils are limited to 20 minutes play in the sun before spending time in the shade or inside.

Due to the risk of severe allergic reactions, parents are expected to supply sun screen which does not contain nut products of any kind.



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## APPENDIX A

## Health Care Plan

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

	PHOTO

### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



# Leverstock Green CE (VC) Primary School

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## APPENDIX B

## CONSENT TO ADMINISTER MEDICATION

School staff will not give your child medicine unless you complete and sign this form, in accordance with our Managing Medical Needs, First Aid and Illness policy.

Date for review to be initiated by	
Name of school/setting	Leverstock Green CE Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_