



# CHISLEHURST SCHOOL FOR GIRLS

## Policy Document

**Policy Name: Medical Conditions & First Aid, 2021-2022**

Date of Last Review: July 2021

Date of Next Review: July 2022

Most Recent Updates:

P2: change of named Health and Safety Officer

P2: change of name of school nurse provider: Young Greenwich – Oxleas NHS Foundation Trust

P8: removal of Covid-19 Addendum: to be reinstated as required, in line with Government Guidance

SLT Responsible: Mrs A Hodgson, Assistant Headteacher  
(Student Welfare, Inclusion and Designated Safeguarding Lead)

Other Contribution:

- School Nursing, Oxleas NHS Foundation Trust
- T Axford, Lead First Aider

# Medical Conditions & First Aid, 2020-2021

## Introduction

The aim of this policy is to outline procedures to ensure that:

- Every student, member of staff and visitor will be well looked after in the event of an incident or accident, no matter how minor or major.
- Students with medical conditions are supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential, in line with “*Supporting Pupils at School with Medical Conditions, Statutory Guidance*” ( DfE, April 2014, updated December 2015 & August 2017).

## Responsibilities

- The governor responsible for making arrangements to support pupils with medical conditions is Ms E Mensah
- The named person who has overall responsibility for policy implementation is Ms A Hodgson, Assistant Head Teacher, Student Welfare and Inclusion
- The named person who has responsibility for overseeing staff training on medical needs is Ms A Hodgson, Assistant Head Teacher Student Welfare and Inclusion
- The named Health and Safety Officer is Mr P Walker
- The Lead First Aider is Ms T Axford
- The named person responsible for storage and administration of medicines is Ms T Axford, Lead First Aider
- The named person who has overall responsibility for the development and review of The Medical Alert Handbook and Individual Health Care Plans (IHCPs) is Ms A Hodgson
- The named person responsible for supporting and advising the School on the development of IHCPs and the Medical Alert Handbook is the School Nurse (Young Greenwich: Oxleas NHS Foundation Trust): this is in conjunction with the Bromley School Nursing Team and relevant healthcare professionals e.g. diabetic nursing team, G.Ps and consultants.

## Medical Alert Handbook

Students with known medical conditions, who may require medical intervention during the school day by a staff member, are entered into the **Medical Alert Handbook (MAH)** with consent from parents/carers. The

Medical Alert Handbook has been established in conjunction with Oxleas NHS Foundation Trust and is overseen by the School Nurse (Oxleas NHS), Lead First Aider and Assistant Headteacher. The Medical Alert Handbook is shared amongst all school staff, providing vital medical information on individual students.

The Medical Alert Handbook will be kept confidential for staff use only. Staff will receive annual training on key conditions contained in the Medical Alert Handbook, in conjunction with the school nurse (Oxleas NHS) and procedures will be included in annual Safeguarding Training at the start of every academic year and as part of new staff Safeguarding induction. The Medical Alert Handbook is reviewed and updated throughout the year.

Information contained within the Medical Alert Handbook is written with input from relevant parties including medical professionals, School Nurse, School staff and parents/carers. The following information is recorded in the Medical Alert Handbook:

- The name and year group of the student and photo if required
- Information on the medical condition, triggers, signs, symptoms and treatments
- The level of support and intervention required: if it has been agreed that a student is self-managing their medication, this is clearly stated
- Actions to take in an emergency.

Some students may have a separate **Individual Health Care Plan** which includes additional details not contained within the Medical Alert Handbook. If this is the case this is indicated next to the students details in the Medical Alert Handbook.

### **Individual Healthcare Plans (IHCPs)**

In addition to the Medical Alert Handbook, some students with more complex medical needs will have an Individual Healthcare Plan (IHCP) held in Student Services and shared with key staff. The school will work with the relevant healthcare professionals, the School Nurse, parents/carers and the young person to decide when a healthcare plan would be appropriate and proportionate.

The format of the IHCP may vary depending on the needs of the individual and its source, but aims to capture the key information and actions that are required to support the young person in school effectively. This should include:

- The medical condition, triggers, signs, symptoms and treatment
- Needs arising from the medical condition e.g. medication, equipment, access to facilities or special arrangements
- Agreed arrangements for management of medication, including self-management where appropriate and agreed
- Response to emergencies.

IHCPs should be reviewed annually or when the condition changes, in conjunction with a relevant healthcare professional and overseen by the School Nurse and Lead First Aider. **It is the parent or carer's responsibility to provide the school with up-to-date information about their child's medical condition.**

NB: whilst the production and on-going review of the IHCP is completed in partnership with parents/carers, young person and relevant healthcare professional, the school maintains the responsibility of ensuring the plan is finalised and put into practice.

## Staff training

- Where required, e.g. identified in the Medical Alert Handbook/IHCP, members of staff providing support to a student with specific medical needs will receive suitable training. This training is recorded on the Medical Needs Training Record.
- The Medical Needs Training Record includes a record of staff who have received first aid training and the date of renewal.
- General staff training linked to the Medical Alert Handbook and the school policy is delivered annually by the Assistant Headteacher and the School Nurse (Oxleas NHS Trust) and forms part of on-going Safeguarding training and briefings. This will be recorded on the Medical Needs Training Record.

## Management of specific medical conditions

In discussion with parents, students who are competent will be encouraged to take responsibility for managing their own medicines and procedures where it is safe to do so, and where relevant, this should form part of the IHCP/Medical Alert Handbook. This is particularly relevant in terms of long-term conditions such as diabetes, where self-management is key to maintaining a student's independence and emotional wellbeing.

**DIABETES:** For many young people with diabetes, holding their own medication/equipment is central to their self-management of the condition and Diabetes UK advises against any blanket approach that does not take account of the needs and wishes of the young person. The student's management of the condition will be laid down in the IHCP, as agreed with the school, parent or carer, school nurse and diabetic nurse.

**ASTHMA:** Students should carry their own reliever inhaler at school and keep this in their possession, for relief of symptoms and in the event of an asthma attack. The School holds generic emergency inhalers, however should a parent/carers wish to hold an additional inhaler in school, this should be handed in to the Main School Office in date and clearly labelled, marked for the attention of Ms Axford (Lead First Aider). It is the parent's responsibility to ensure that the inhaler held in school remains in date. If a student with asthma requires additional support, this can be facilitated within school through the school nurse, following contact from parents.

*(Guidance of the use of emergency salbutamol inhalers in school, March 2015, Department of Health)*

**ANAPHYLAXIS:** students should carry their own auto-injector with them at all times. A second auto-injector is held in Student Services next to the medical room. **It is the parent's responsibility to ensure that students carry their own auto-injector and that spare auto-injectors held in school are in date and to provide new ones before the expiry date.**

The School holds **emergency auto-injectors**. These can be given in an emergency to those with diagnosed anaphylaxis or to those with other allergies who are experiencing symptoms of anaphylaxis, but **only where consent has been given by a parent/carers and a G.P.** Consent can only be given through completion of the **Allergy Action Plan** provided by the School. Where consent has been given, this will be recorded in the Medical Alert Handbook.

## “Nut Aware”

With the co-operation and support of our parents/carers, students and staff, CHSFG is a “Nut-Aware” school: whilst we strive to eliminate nuts from the school environment, we cannot provide an absolute guarantee that no nuts or nut-based products will be brought onto the school premises.

Students with any form of food-based allergy or intolerance must seek advice direct from the Canteen Manager who is able to accommodate individual requirements wherever possible.

## Managing other medication on the school site

- Medicines should only be administered at school when it would be detrimental to a young person’s health or school attendance not to do so: where possible, medication should be administered before or after school in the home environment.
- Unless an agreement is in place (see specific conditions outlined above) medication required in school should be handed into Student Services. The School will only accept medication that is in-date, clearly labelled with the student's name, provided in the original container (as dispensed by a pharmacist) and including instructions for administration, dosage and storage as part of the written consent given by parent/carer. Where necessary, verbal consent can be given and will be recorded by the school.
- No young person under 16 should be given prescription or non-prescription medicines without their parent’s consent.
- A young person under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Prescribed medication should never be administered without first checking dosage and when the previous dose was taken. A record of medication administered is held, including name of member of staff, student name, date, time and dosage: the person responsible for ensuring this record is maintained is Ms T Axford, Lead First Aider.
- It is the parent/carer’s responsibility to ensure that any medications held in school are in date and replacements provided prior to medication passing its use-by date.
- All medicines are stored safely with regular checks to make sure they remain within the expiry date: the person responsible for ensuring correct procedures are in place is Ms T Axford, Lead First Aider.
- Where held by the school, students will know where their medicines are at all times and be able to access them quickly. Emergency medications e.g. auto-injectors are kept in Student Services where the medical room is also located.

## Generic medication available in school

Supplies of paracetamol and antihistamine are held in school to be administered to students when required, but only with the consent of parent/carer. As with other medication, staff will check when the previous dose was given and a written record including time and dosage is made each time medication is administered.

The maximum dose as suggested on the original packaging must be checked and adhered to and all generic medicines used in school must be within the expiry date.

### **Controlled drugs**

- Controlled drugs e.g. morphine, that have been prescribed for a student and provided by parents will be securely stored in the locked controlled drugs cabinet in Student Services. Only named staff should have access as identified in the IHCP/Medical Alert Handbook. Controlled drugs should be easily accessible in an emergency: the Premises Team can access the controlled drugs cabinet outside usual school hours in an emergency if required.
- As above, a record will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

**When no longer required, medicines will be returned to the parent to arrange for safe disposal or if not possible, will be disposed of through a local chemist. If required, sharps boxes will be used for the disposal of needles and other sharps. The person responsible for ensuring correct procedures are in place for disposal of out-of-date medications is T Axford, Lead First Aider.**

### **Students who become unwell during the school day**

- Where appropriate, students may remain in the medical room for a period of time for monitoring or may be sent back to lessons with a “quiet note”, to inform teachers that they are not feeling well
- Where a student needs to go home due to being unwell, the parent/carer will be contacted to make arrangements for their child to be collected (see the School’s Attendance Policy).

### **Record Keeping**

Where first aid is administered, this is recorded in the log held in Student Services. Details include date, time, student name, reason, action taken and staff name. Records from previous years are archived by the Lead First Aider, Ms T Axford. More serious incidents or accidents are reported via the school’s Health and Safety Officer, Mr P Walker.

### **First-aid provision**

**Parents/carers must seek professional medical advice/attention if they have concerns about their child: first-aiders are not medically trained professionals.** The term ‘First Aider’ refers to those members of the school community who are in possession of a valid ‘First Aid at Work’ or ‘Emergency First Aid at Work’ certificate or equivalent. First Aid provision must be available while people are on school premises and also off the premises whilst on school visits (*DfE - Guidance on First Aid for Schools*).

The Health and Safety Officer will:

- Ensure posters are displayed in key areas across the school with up-to-date information on qualified first-aiders and location of first aid kits
- Oversee maintenance of first aid kits across the school site
- Oversee formal investigation and reporting of accidents including RIDDOR (Reporting of Injury, Diseases and Dangerous Occurrences Regulations)

- Develop and review Personal Emergency Evacuation Plans (PEEPS) for students with restricted mobility
- Ensure there are appropriate numbers of trained first-aiders on site to meet the School's needs and that they are familiar with the Medical Alert Handbook, storage of medication and other related procedures.

Where an after-school event is being organised, it is the responsibility of the event organiser to ensure a first aider is available on site in liaison with the Senior Leadership Team.

### **Emergency response to medical conditions**

- Training delivered in conjunction with the Medical Alert Handbook indicates what actions should be taken in a medical emergency, supported by flow charts displayed in key areas (for diabetes, seizure, anaphylaxis, asthma, sickle cell).
- Where a student has an entry in the Medical Alert Handbook/IHCP, this will clearly define what constitutes an emergency and explain what to do for that specific individual, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- The first aider will make a balanced judgment as to whether there is a requirement to call an ambulance. In most circumstances, an ambulance would be called by the first-aider attending or a member of the administrative team. However, should an ambulance be called by another member of staff, the main office should be alerted immediately so they can support with the necessary arrangements.

### **An ambulance will always be called in the following instances:**

- **In the event of a serious injury or unconsciousness**
- **In the event of any significant head injury**
- **Where there is a suspicion that a young person has taken any form of overdose, intentional or unintentional**
- **Where this is indicated in the Medical Alert Handbook e.g. in relation to duration of seizures.**

Parents will be notified in the event that the student requires hospital treatment and where the parents cannot be contacted prior to attendance, the qualified First Aider/Appointed Person/another member of staff will accompany the student to hospital and remain with them until the parent/carer can be contacted and arrive at the hospital.

On occasions, a student may need to be taken to hospital without the support of an ambulance or the parent/carer who may be delayed in getting to the School. In these circumstances, the welfare of the young person is the priority. If it is felt that a delay would be harmful to the young person and with the parent/carer's consent if it can be secured quickly, an appropriate member of staff will use their own vehicle to get to the hospital, supported by another member of staff wherever possible (*see the School's Child Protection Policy and Staff Code of Conduct for further information*).

## **Trips and journeys**

- First-aid provision must be available at all times on school visits and journeys (*Guidance on First Aid for Schools, DfE*)
- Once the students going on the journey have been finalised, trip leaders must use the Medical Alert Handbook to identify specific medical needs of students attending, which should be incorporated into the risk assessment or if an individual risk assessment if required, in liaison with parent/carer/student.
- Supporting students with medical needs must form a key part of staff briefings prior to departure and should be incorporated into information and pre-trip briefings for parents/carers.
- Any medications normally held in school and taken on the trip e.g. auto-injectors, must be signed out with Ms Axford and returned and signed back in immediately on return.
- Where needed, trip leaders should seek guidance from Ms Axford (Lead First Aider), Ms Hodgson (Assistant Headteacher, Student Welfare & Inclusion), the School Nurse or the Assistant Headteacher in charge of Visits & Journeys.

## **Arrangements for students who are unable to attend school due to medical conditions**

Where young people cannot receive a suitable education in mainstream school due to their health needs, the local authority has a duty to make alternative arrangements (*Ensuring a good education for children who cannot attend school because of health needs, DfE, January 2013*). Where a student is declared “unfit for school” by the appropriate medical professional, a referral is made to the Bromley Gateway Panel (or other named body within the student’s home borough) so that provision can be discussed and agreed.

The school maintains a flexible, pragmatic and personalised approach to support students in reintegration to school following an extended period of absence due to medical reasons. This is planned in partnership with parents/carers and the young person and includes advice from medical professionals where relevant.

## **Liability and indemnity**

The governing body will ensure that appropriate levels of insurance are in place to cover staff supporting students with medical needs, including liability cover relating to the administration of medication.

## **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint using the school's complaint procedure.

## **Related Policies:**

Health & Safety

Attendance (which includes reference to Covid-19 arrangements)

Visits and Journeys

Child Protection Policy

Staff Code of Conduct

