

MEDICAL NEEDS POLICY **(Including administering medicines to children and young people)**

Introduction

This policy outlines the school's responsibility to provide adequate and appropriate first aid to students, staff, parents/carers and visitors, and the procedures in place to meet that responsibility.

First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until professional help from external agencies like the paramedic service arrives, or the casualty can be given over to the care of a responsible adult who is entrusted with taking further medical advice where necessary.

The school will provide first aid such that all students attending our school have full access to learning, including those with medical needs. The school will endeavour to keep every student safe and comfortable whilst at school. If a student requires first aid, the school will inform their parent/carer as appropriate. (See section 'Informing Parent/carer').

Aims and Objectives

- Aims:
 - To identify the first aid needs in line with, and comply with the Management of Health and Safety at Work Regulations (1992 and 1999), Control of Substances Hazardous to health Regulations (2002), The Equality Act (2010), the School Premises Regulations (England, 2012), the Children and Families Act (2010), Managing Medicines on School Premises (2014), Guidance on First Aid in Schools (2014), and DfE Guidance on Supporting Pupils with Medical Conditions (December 2015).
 - To make first aid provision based on the school's internal risk assessment processes.
 - To ensure that first aid provision is available at all times while students and staff are on school premises, and also off the school premises whilst on school trips and extra-curricular activities.
- Objectives:
 - To appoint the appropriate number of suitably trained people as 'appointed person' and First Aiders to meet the needs of the school.
 - To provide relevant training and ensure monitoring of the training needs of staff.
 - To provide sufficient and appropriate resources and facilities.
 - To make the school's first aid and administering medicines arrangements available for staff and parent/carer via the school website and staff network drive.
 - To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).

Responsibilities

- **The Governors**

Governors are responsible for the health and safety of their employees and anyone else on the premises. This includes the headteacher and teaching staff, non-teaching staff (to include

all permanent, temporary and fixed term contracted staff), pupils and visitors (including contractors).

The governors must ensure that a risk assessment of the school is undertaken and that the appropriate training and resources for first aid arrangements are appropriate and in place.

They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

Any complaints regarding first aid or administering medications should be made by following the procedure for complaints as set out in the school's Complaints Procedure, which can be found on the website.

- **Wellbeing Coordinator** (Reporting to Deputy Headteacher - Inclusion)

Responsible for implementing the policy and for developing detailed procedures in conjunction with Deputy Headteacher - Inclusion.

- **Teachers and other staff**

All staff are expected to do all they can to secure the welfare and safety of the students. This will be secured by reading and understanding Individual Healthcare Plans and Education Health Care Plans for SEN students as identified by the SENCO, of the students they teach and take out of school on trips and extra-curricular activities; by reading and understanding this policy; by referring any concerns they might have about the health or wellbeing of a student to the school's safeguarding team via the referral form which can be found on the staff home page and by enabling any child or young person who reports as feeling unwell to be assessed by a first aider.

- **Parent/carer**

It is the parent/carer's responsibility to send their child to school, and to make the decision as to whether their child is fit enough to attend school or not. They must also inform the school of any changes in relation to their child's medical condition, if and when changes occur.

Parent/carer is asked to complete a 'medical form' on induction, including medical needs, medication taken, change in GP details and contact numbers. Any changes to this information must be notified to the school immediately. (Appendix 1).

Where medication is supplied via the parent/carer to the school for distribution at school, parent/carer has the responsibility to note expiry dates and to ensure that all medication kept in school is within date. They must deal with the correct disposal and replenishment as necessary.

- **Students**

It is the individual student's responsibility that where possible, each person will manage their own indicators of health, ensuring that they report to an adult in the school if they feel unwell and that where agreed, they manage their own medication and take prescribed medication, if prescribed (to be kept in the medicine cabinet in the Sanctuary). In the case of diabetics, to test their blood sugar levels to ensure it is at the appropriate level and medicate/manage as necessary.

It is also the individual student's responsibility to report to parent/carer if they have felt or become unwell or suffered minor injuries in the course of the school day, unless otherwise indicated on the policy.

- **The First Aider**

The first aider will notify parent/carer if their child is so unwell that they require immediate collection from school. Students are not permitted to make this decision - they must not phone or text parent/carer and request to be collected. If a student is unwell, they must attend the Sanctuary, the school's student support and wellbeing centre, where they will be assessed and appropriate action taken.

First aiders in school cannot diagnose medical conditions. They are trained to assess whether or not a child or young person is fit enough to attend lessons. If this is deemed not to be so, it is the parent/carer's responsibility to take over immediate care of the student.

The appointed person will be known as 'The First Aid Officer', and will have undertaken emergency first aid training. She/he will:

- Assess children and young people who present as feeling unwell and take appropriate action, which shall be recorded on SIMs for tracking of such occasions.
- Take charge when someone is injured or becomes ill.
- Look after the first aid equipment, e.g. restocking the first aid boxes.

The first aider must have completed and keep updated a training course approved by the HSE. She/he will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

Casualties with suspected fractures to back or neck injuries must not be moved unless ambulance personnel are present.

- When necessary, ensure that an ambulance or other professional medical help is called.
- During normal duties a first aider must be able to leave to go immediately to an emergency.

A second first aider will work under the management of the appointed person as and when required. Other trained personnel will be available on occasion should an emergency arise.

All first aiders hold a valid certificate of competence, issued by an organisation approved by HSE. Other named staff to hold a one day first aid certificate especially designed for schools called 'First Aid at Work'. A list of named staff can be found on the door of the Sanctuary, in Reception and each block.

In selecting the first aiders, the Headteacher should consider the person's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures.

Procedures

▪ **Risk Assessment:**

Reviews are required to be carried out at least annually. Recommendations on measures needed to prevent or control identified risks are forwarded to the school Governors or the Senior Leadership Team (SLT).

▪ **Re-assessment of First Aid Provision**

As part of the school's monitoring and evaluation procedures:

- The Business Manager will ensure the review of the school's first aid needs following any changes to staff, activities, building/site and off site facilities, etc.
- Sanctuary Co-ordinator monitors the number of trained first aiders.
- Sanctuary Co-ordinator monitors the emergency first aid training received by other staff.
- Sanctuary Co-ordinator checks the contents of the first aid boxes monthly.

▪ **Risk Assessment:**

The school is a low risk environment, but SLT will consider the needs of specific times, places and activities in deciding on first aid provision.

In particular, they should consider:

- Off-site PE
- School trips/visits
- Science/Technology/Art rooms
- Adequate provision in case of absence (including trips/visits)
- Out-of-hours provision (e.g. clubs/events)

Arrangements should be made to ensure that the required level of cover of first aiders is available at all times when people are on school premises.

▪ **First Aid Equipment**

- In accordance to the schools Risk Assessment, the First Aid Officer must ensure that the appropriate number of first aid boxes is available.
- All first aid boxes must be marked with a white cross on a green background.
- The school minibus must carry a first aid box.
- First aid box must accompany PE teachers and any staff leading school related activities off site.
- Yellow SHARPS boxes are kept, clearly labelled in the Sanctuary for individual students for safe disposal of needles and other sharps.
- Responsibility for checking and re-stocking the first aid boxes is that of the Sanctuary Co-ordinator.

Medication: Supervision and Administration

▪ **Arrangements for Administering Medicines:**

Students are not encouraged to take medication at school. In the main, the need to do so will be recorded on specific Individual Health Care Plans, which are updated regularly by parent/carer, the health service and school. In this way, the school will supervise the administration of medication for students who have long term medical needs. This includes children and young people with asthma, epilepsy, diabetes, those taking medication for ADHD, severe allergies and other such conditions that have been diagnosed and are monitored by health professionals.

If students have short term medical conditions where medication is required to be taken during the school day, the parent/carer must complete a 'request for medicine to be administered' form (Appendix 2) which is available from the Sanctuary to be returned to the school marked 'for the attention of Mrs Gray'.

Medication brought into school for students must be clearly labelled with the student's name, dosage and frequency of administration, date of dispensing, cautionary advice and expiry date. All such medication is locked in a first aid cupboard in a locked room in the Sanctuary. If the medication is not collected by the end date, it will be disposed of by the school.

Records of all medications administered daily are recorded and signed by the student and staff member present.

- **Administration of Paracetamol:**

It is the school's policy not to issue non-prescribed medication. However at the Headteacher's discretion, paracetamol is issued at lunchtimes only. Paracetamol can be issued to relieve pain of minor ailments, e.g. headache, toothache, etc.

If a parent/carer wishes the school to administer paracetamol to their child, a paracetamol consent form (Appendix 3) must be completed and returned to the school. (The consent form is given out in the induction pack when the child starts school or a copy can be requested from the school's Reception).

- **Sun Protection:**

We recommend that parent/carer supply their child with sun screen of an appropriate factor for the weather on any particular day.

We recommend that parents/carer supply their child with a sun hat

Indoor areas are available at unstructured times - such as common rooms.

- **Accommodation:**

The Sanctuary is used for assessment of students who are injured or who report that they feel unwell, and does contain a bed, male and female toilets for sick children's use only and a sink.

- **Hygiene/Infection Control:**

Basic hygiene procedures must be followed by first aiders. Single use disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

There are yellow SHARPS boxes for the disposal of needles, for students with disorders such as diabetes who self-administer medicines under the supervision of the first aider.

Accidents/Injuries and Illnesses

- **Reporting Accidents:**

Statutory requirements are followed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. For definitions, see HSC/E guidance on RIDDOR 1995, and information on Reporting School Accidents (Annex A).

The following accidents must be reported to the HSE:

- Accidents resulting in death or major injury (including as a result of physical violence).

- Accidents which prevent the injured person from doing their normal work for more than three days.

Including students and visitors:

- Accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work.
- Any school activity, both on or off the premises.
- Equipment, machinery or substances.
- The design or condition of the premises.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on the HSE form 2508.

The Health and Safety Manager is responsible for investigating and ensuring that the RIDDOR form is completed and emailed at riddor@hatbrit.com or faxed to the number provided on the form.

- **Dangerous Occurrences:**

Dangerous occurrences are certain listed near-miss events that are specified by the HSE. To check the list click 'view categories' option on the first page of the AssessNET form or visit www.hse.gov.uk/riddor/what-must-i-report.htm#dangerous. To report a dangerous occurrence, access the HSE website through AssessNET once the details have been entered.

The Governors must ensure that the school keeps a record of any reportable injury, disease or dangerous occurrences. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

- **Identification and treatment of students with particular medical conditions:**

Parent/carer completes a medical form when registering their child in school (Appendix 1). The original is kept in the student's file.

Teachers can request medical information/care needed for any off site trips/visits.

Leads on school trips to make sure students with medical needs can be looked after appropriately and for any medication/procedures to be administered efficiently and effectively.

Any regular medicines are named and kept with the Sanctuary Coordinator. They are stored in a locked first aid cupboard with the exception of antibiotics, which are stored in the fridge. Details of medicines dispensed are kept in a separate book and signed by Sanctuary staff and students when administered. A student medication records (Appendix 4) must be completed.

Currently the specific medical conditions, for which medication might be administered in school, are asthma, diabetes and anaphylactic shock. It is important that prescribed inhalers for asthmatics are kept in the pockets of students to whom they have been prescribed so that they can be self-administered. An emergency asthma inhaler kit is stored in the Sanctuary. Storage of which is clearly marked. This is also true of prescribed Epipens, which must be checked regularly to ensure they are up to date. Again, the location of which are clearly labelled and stored in the Sanctuary.

Further information on medical conditions can be found on SIMs in individual student details.

- **Record Keeping:**

Statutory accident recording: The Governors must ensure that the school keeps readily accessible accident records, written or electronic, that are kept for a maximum of three years.

The Wellbeing Coordinator must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This record should be completed by any first aider administering treatment or support to children and young people in the school's care. This should include:

- The date, time and place of accident/incident.
- The name and class of the injured or ill person.
- Details of their injury/illness and what first aid was given.
- What happened to the person immediately afterwards.
- Name and signature of the first aider or person dealing with the incident.
- Whether or not and to whom the incident has been referred.

The Governors must ensure that the school has in place procedures for ensuring that parent/carer are informed of significant incidents.

- **Monitoring:**

Accident records can be used to help the Wellbeing Coordinator and appointed person identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

The Wellbeing Coordinator and appointed person should establish a regular review and analysis of accident records.

Medical Conditions

- **Long term medical condition:**

In cases as indicated under 'Actual Conditions' section below, each student must have an Individual Healthcare Plan and where indicated, carry their own medication with spares given into the care of the appointed person. All medication that is located in the Sanctuary will be in a lockable cupboard. A copy of their Individual Health Care Plan is filed in clearly labelled folders for each named student.

For students with an Individual Health Care Plan, who attend a planned trip/visit out of school, their medication will be placed inside a plastic wallet along with a copy of their care plan. The wallet will be issued to the designated first aider for that trip/visit and they will be in charge of this medication at all times. They will also be responsible for returning the wallet to the appointed person once the trip/visit is over, together with the details noted when administering the medication or any other comments relating to the child's condition as detailed by the care plan.

Students at school with specific medical conditions will be properly supported so that they have full access to education. The school will work with health and social care professionals, students and parents/carers to ensure that the needs of children with medical conditions are properly understood and effectively supported. Details of these students' medical needs will be set out in the school's Edukey platform for all staff to familiarise themselves with.

- **Informing Parent/carer:**

- Parent/carer will not be informed if the student has a minor complaint:
 - Cuts and grazes that do not require professional attention.
 - A sprain/strain to ligament muscles where the student confirms that the initially reported pain has stopped and physical movement is not visibly hampered.
 - A headache that goes away.
 - If prior permission has been given for administering paracetamol as explained above.

Students at Biddenham are expected to take responsibility for their health and are therefore expected to inform parent/carer of any minor injury/illness that has occurred during the school day.

- Parent/carer will always be contacted, or the secondary contacts supplied on SIMs will be contacted and every effort made to speak with them personally should a student:
 - Need to attend hospital.
 - If an ambulance is called.
 - Has a suspected contagious rash.
 - Has been stung/bitten by an insect or animal.
 - Has an injury to the head of any kind.
 - Appears to be unfit to continue their day at school.
 - Who has an existing health care plan in place and is feeling unwell.
 - If the injury is deemed not accidental.

Actual Conditions

▪ Asthma:

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs making it difficult to breathe. An asthmatic attack is the sudden narrowing of bronchi. Symptoms include breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, deodorant, pain and fumes for Science experiments. Animals such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

Students are asked to have their inhalers with them at all times and especially when they are doing PE, Science or Technology, and when they are on trips out of school. A spare inhaler clearly labelled with the student's name, dosage and frequency of expected need, date of dispensing, cautionary advice and expiry date, should be made available by parents/carers to be kept in the Sanctuary in case of additional need.

Parent/carer is responsible for ensuring that the inhaler medication is renewed well before the expiry date.

What to do in the Event of asthma attack

1. Keep calm - it is treatable.
2. Let the child sit down - do not make them lie down.
3. Let the child take their usual treatment - normally a blue inhaler.
4. Call First Aid.

If the child has forgotten their inhaler, an emergency inhaler is available in the Sanctuary. The storage of which is clearly marked in the Sanctuary. The use of the emergency inhaler is recorded.

5. Wait 5 to 10 minutes.
6. If the symptoms disappear, the child can go back to what they were doing.

7. If the symptoms have improved but not completely disappeared, summon a parent/carer and give another dose of the inhaler while waiting for them to arrive.
8. If the normal medication has no effect, follow the guidelines for 'severe asthma attack'.

▪ **Severe Asthma Attack**

A severe asthma attack is when normal medication does not work at all. The child is breathless enough to have difficulty talking normally.

1. Call an Ambulance.
2. The appointed person or a member of staff will inform the parent/carer.
3. Keep trying with the usual reliever inhaler, and do not worry about possible overdosing.
4. Fill in an accident form.

If in doubt treat as a severe attack

▪ **Epilepsy**

Epilepsy is a tendency to have seizures (convulsions or fits). There are many different types of seizures; however a person's first seizure is not always diagnostic of epilepsy.

What to do if a child has a seizure

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course.
3. Do not try to restrain convulsive movements.
4. Do not put anything in the child's mouth, especially your fingers.
5. Do not give anything to eat or drink.
6. Loosen tight clothing especially around the neck.
7. Do not leave the child alone.
8. Remove all students from the area and send a responsible student to the school office for assistance.
9. If the child is not a known epileptic, an ambulance should be called.
10. If the child requires medication to be given whilst having the seizure, then the appointed person or a member of staff trained to give the medication must do it.
11. As soon as possible put the child in the recovery position.
12. The person caring for the child during the seizure should inform the parent/carer as they may need to go home, and if not a known epileptic, they must be advised to seek medical advice.

Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.

▪ **Anaphylactic Shock**

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish); certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets).

In its most severe form the condition is life threatening.

Students should have their own Epipen with them at all times and a spare. Epipens should be made available by the parent/carer to the Sanctuary.

Symptoms:

Itching or strange metallic taste in the mouth
Hives/skin rash anywhere on the body causing intense itching
Angioedema - swelling of lips/eyes/face
Swelling of throat and tongue - causing breathing difficulties/coughing/choking
Abdominal cramps and vomiting
Low blood pressure - child will become pale/floppy
Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

First aid treatment:

Oral antihistamines
Injectable adrenaline (Epipen)

What to do in the event of an anaphylactic reaction

1. DO NOT PANIC
2. Stay with the child at all times and send someone to the Sanctuary/school office.
3. Treat the child according to their own protocol which will be found with their allergy kit. IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG.
4. Contact the parent/carer.
5. If you have summoned an ambulance details need to be completed on the Sanctuary register and a copy given to the ambulance crew with the used Epipen.

▪ **Diabetes Mellitus:**

Diabetes Mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

What to do in the event of a hypoglycaemic attack (low blood sugar levels)

1. DO NOT PANIC
2. Notify the Sanctuary
3. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.
4. Get the child to the Sanctuary to test the blood sugar level.
5. Notify the parent/carer.
6. If the condition deteriorates, or the student is unresponsive, then an ambulance must be called immediately.

Hyperglycaemia (too much sugar in the bloodstream)

This condition takes a while to build up and you are less likely to see it in the emergency situation at school.

▪ **Emergency injury or illness**

An ambulance will be called after any accident/incident if the first aider in charge deems it necessary to have immediate medical intervention. In the event this is deemed necessary, the parent/carer will be contacted after the ambulance has been called. Staff should not take students in their car to the hospital.

A member of staff will always travel in the ambulance to the accident and emergency department if the parent/carer is unavailable at the time of departure. In this event a member of staff should take a 'student details' sheet printed from SIMs so that relevant and up to date information can be given at the hospital. They should also ensure that a further member of staff knows that they have gone and arrangements for returning to school or home have been made.

A defibrillator is located on school grounds should a life threatening situation occur. The defibrillator is located in the school reception and a code can be obtained from the reception. A number of staff are trained in the administering of the defibrillator should the need arise.

Emergency procedure for calling an Ambulance

1. Dial 999
2. Ambulance required at: Biddenham International School & Sports College
Biddenham Turn
Biddenham
Bedford MK40 4AZ
3. Give brief details of accident or incident and the consequent injury or problem and give details of any treatment that has or is being administered along with details of the injured party i.e. students, all staff members, visitors and contractors with their name, age and any known medical condition or medications being taken.
4. Inform them that there is a car park and direct them as required.
5. Notify the nearest SLT member immediately.
6. Ensure that a person is available to meet the ambulance and take the paramedics to the place where the person for whom the ambulance has been called is situated.

▪ Cuts and grazes

All first aiders will use latex-free surgical gloves when treating any or potential open wounds. Wounds will be cleaned with water and/alcohol free surgical wipes.

If plasters, adhesive dressings or gauze bandages are used, students who are judged competent to answer will be asked whether they are allergic to plasters before administration. In the case that a student is not judged competent to answer this question, the parent/carer will be contacted before the plaster or such item is administered, and if necessary the parent/carer will be advised to attend the school immediately to administer it.

▪ Head injury

Any student who reports a blow to the head will be asked the following set of questions:

1. How did it happen?
2. When did it happen?
3. Where did it happen?
4. How do you feel?

The student will be monitored in the Sanctuary for 20 minutes minimum for any signs of concussion.

If the injury is minor the student will return to normal lessons with a 'head injury note' (Appendix 5) advising that the student is returned to the Sanctuary if any of the following signs or symptoms are reported by the student or observed by the member of staff. The student will be told to go back to the Sanctuary if they start to feel faint, dizzy or feel sick. Students must inform the teacher whose class they have left to return to the Sanctuary.

Parent/carer will be informed if a head injury is suspected. If there are further concerns in school, parent/carer will be contacted to come and collect their child immediately. At this point advice will be given to the parent/carer to seek further professional medical advice.

▪ Nausea/vomiting/diarrhoea

Students who report nausea or vomiting or diarrhoea will be assessed in the Sanctuary for a minimum of 20 minutes. If no further symptoms occur, they will be returned to normal lessons and told to come back if they feel unwell again during the school day. If symptoms persist then

the parent/carer will be asked to come and collect their child and seek further professional medical advice.

It is school policy that when a student has either been physically sick or has had a temperature, they must be kept at home for 48 hours following either the end of the sickness or the return to a normal temperature.

Exam stress and anxiety

- Assemblies, tutor time activities, lunchtime clubs, targeting specific students and referrals to external services are examples on how exam stress and anxiety is acknowledged and dealt with. For further information please refer to our [Mental Health and Wellbeing Policy](#).

Date of Next Review: **March 2025**