

# Premier Learning



LEARNING COMMUNITY

PERSONAL BELIEF

MORAL PURPOSE

## Medical Needs Policy



## Medical Needs Policy

School staff were consulted on this document on:	<b>December 2017</b>
It was ratified by the Board of Trustees on:	<b>26th January 2018</b>
Next Review Date:	<b>December 2019 (or earlier if legislation changes)</b>



## Children with Medical Needs Policy

This policy incorporates the following policies and procedures for Premier Learning Trust:

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## **Children with Medical Needs**

We believe this policy relates to the following legislation:

- Health and Safety at Work Act 1974
- Employers' Health and Safety Policy Statements (Exception) Regulations 1975
- Safety Representatives and Safety Committees Regulations 1977
- Workplace Health, Safety and Welfare Regulations 1992
- Management of Health and Safety at Work Regulations 1999
- Education (School Premises) Regulations 1999
- Special Educational Needs and Disability Act 2001
- Equality Act 2010
- School Premises (England) Regulations 2012
- Special Educational Needs and Disability (Detained Persons) Regulations 2015

The following documentation is also related to this policy:

- Equality Act 2010: Advice for Schools (DfE)
- Managing for Health and Safety (HSE)
- Supporting pupils at school with medical conditions
- Keeping Children Safe in Education
- Public Health England – Health Protection in Schools and other Childcare Facilities

We recognise our responsibilities under the Health and Safety at Work Act 1974 and will take all reasonably practicable steps to provide and maintain safe and healthy working conditions (on the school premises and during school-sponsored activities), equipment and systems of work for all our pupils, school personnel and visitors to the school.

We are required under the Workplace Health, Safety and Welfare Regulations 1992 (WHSWR) to manage the “workplace” in order to ensure the general health, safety and welfare of school personnel and others. The specific requirements of the WHSWR apply to all schools whatever their status.

However, the Education (school premises) Regulations 1999 also apply to health, safety and welfare in schools. These Regulations set out standards which specifically apply to schools. We understand that these Regulations are not enforced by the Health and Safety Executive but the Department for Education expects schools to meet them.

### **1. INTRODUCTION**

Premier Learning Trust has been asked to support a growing number of pupils with medical conditions that may affect their participation in school activities.



Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

Children with long term or recurrent illness may find their time in school limited. In accordance with the DfE document, this guidance seeks to maintain a high quality of education for such children and to ensure that they benefit from the 'Caring, Positive and Stimulating' ethos of the school. The DfE document states that due attention should be paid to the education of children who are absent for more than 15 school days because of medical need. Premier Learning Trust Schools will work closely in consultation with other agencies to ensure that pupils receive access to the appropriate educational provision when they are not able to attend school.

## **2. MANAGEMENT RESPONSIBILITY**

The designated member of staff with responsibility for pupils with medical needs is the Headteacher/Head of School with support from other members of the Senior Leadership Team. Day to day medical needs are supported by the Welfare Assistant and other staff members may be involved to provide a link between the school, the family, the LA and other agencies.

## **3. SUPPORT FOR CHILDREN WITH MEDICAL NEEDS**

Parents/Carers, as defined in the Education Act 1996, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

Parents/Carers should provide the Headteacher/Head of School with sufficient information about their child's medical condition and treatment or special care needed at school. They should, jointly with the Welfare Assistant, reach agreement on the school's role in helping with their child's medical needs.

The Welfare Assistant will seek parents' agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a pupil.

The Welfare Assistant helps to draw up individual care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP. Other professionals will also be involved with training for staff willing to administer medication, or take responsibility for other aspects of support.



If it is appropriate to draw up a care plan it will address:

- The condition and any special requirements
- Medication and any side effects
- The training needs
- Who should be trained, how many staff
- The training point of contact and who does the training
- Space or equipment required
- Associated curriculum issues
- Other information including contact details, what to do and who to contact in an emergency

No child will be admitted to school until all aspects of the child's needs have been identified and appropriate support is in place to ensure that child's health and safety.

#### **4. MEDICATION FOR LONG TERM MEDICAL NEEDS**

It may be necessary to administer medicine to children with long term medical needs see section entitled Administration of Medication and section entitled intimate or invasive care.

#### **5. CONTINUING PROVISION FOR CHILDREN WITH MEDICAL NEEDS**

When we become aware that a pupil will be absent for more than 15 days because of their continuing medical need, the designated member of staff will notify Missing Education & Child Employment Services (MECES) as soon as possible. This will assist the LA with continuity of education provision.

The designated member of staff will provide MECES with such information as is required to make a referral to an appropriate education provider. Parental consent will be obtained before information regarding the pupil is passed to MECES.

The designated member of staff will be responsible for liaising with the LA education provider and will ensure that information is given regarding the child's ability, progress and work programmes. Wherever possible work will be provided for the pupil in accordance with their peers.

In the case of long term or recurrent absence the designated member of staff will participate in the development of a Personal Education Plan (PEP) for the pupil. This will be written in conjunction with the LA, the parents and the pupil.



## **6. MONITORING AND RECORDING ABSENCE**

All pupils who are unable to attend school for more than 15 school days will be regularly monitored and reviewed by the designated member of staff together with the LA representatives. Ongoing medical advice will be taken into account at all times.

Absence will be recorded on the register as *medical* (code M) in the case of medical appointments and as *illness* (code I) when the absence is due to the child's medical need only when appropriate medical advice has been received. When a pupil commences education with an alternative education provider the absence will be recorded as 'educated off site' (code B). This is in accordance with the LA attendance policy. Pupils who are absent for medical reasons will not be removed from the school roll unless advice is received from the School Medical Officer stating they will not be fit to return to school. Parents will be fully consulted and their consent sought if their child is to be removed from the school roll in these circumstances.

## **7. PUPILS WITH LONG -TERM OR RECURRING ABSENCE**

Some pupils will be away from school long-term or with recurrent bouts of illness. In these cases the designated member of staff will liaise with the LA to ensure that alternative education provision is put in place as soon as possible. The school will have responsibility for ensuring that the education provider has all the information regarding work programmes and curriculum plans. It is acknowledged that continuity of education is important for these pupils. For pupils whose learning progress is being severely affected by long-term absence the Inclusion Manager will be involved and consideration will be given to whether a Statutory Assessment of Special Educational Need should commence.

## **8. PUPILS WITH A STATEMENT OF SPECIAL EDUCATIONAL NEED or EDUCATION HEALTH CARE PLAN (EHCP)**

These pupils may be able to access alternative educational provision through the LA – sometimes with assistance from specialist teaching services. The SENCo will notify the Assessment and Placement Service if a pupil with a statement of SEN is going to have an extended period of absence from school through medical need.

The school will retain responsibility for co-ordinating the Annual Review meetings and for inviting the appropriate people to such reviews.



## **9. RE-INTEGRATION**

For pupils who have been absent from school it may be necessary to have a staged re-integration plan. The designated member of staff will co-ordinate the initial meeting to instigate a plan, together with the LA, parent, pupil and any health professional who may need to be involved.

The re-integration will be monitored and reviewed regularly with all parties to ensure its success.

## **10. CONTACT BETWEEN THE SCHOOL AND PUPIL**

Premier Learning Trust is committed to ensuring that, even if a pupil is absent for medical reasons, they should retain contact with the school.

After consultation with the pupil, taking into account their wishes in relation to the level of contact, the designated member of staff will put a plan into place to ensure that the contact is maintained.

Premier Learning Trust has available the following contact modes:

- All letters available on the school website
- Work available to be completed at home if required
- Inclusion in trips and social events.

## **11. SATS**

Wherever possible pupils will be entered for SATs. Premier Learning Trust Schools will try to ensure that sufficient educational input is made to enable all pupils to reach their full potential. In some cases it may be necessary to make special arrangements to ensure that pupils who are unable to attend school because of their medical need are enabled to take part. Pupils and parents will be consulted so that their wishes may be taken into consideration.

Useful websites for advice:

[www.gov.uk/government/publications](http://www.gov.uk/government/publications) and search for 'Guidance on infection control in schools and other childcare settings'

[www.gov.uk/government/publications](http://www.gov.uk/government/publications) and search for 'Supporting Pupils at school with medical conditions'

[www.nhs.uk](http://www.nhs.uk) and search for advice on any illness etc.



## **Administration of Medication**

### **1. PUPILS WITH MEDICAL NEEDS**

#### **SHORT TERM MEDICAL NEEDS:**

Premier Learning Trust Schools will support the administration of prescription medicines to pupils with short term illnesses or where their health would otherwise be compromised. In general GP's will no longer prescribe pain relief medication such as Calpol. If a child's health needs mean regular pain relief is required and a health care plan is in place non-prescription medicines such as Calpol can be administered with the support of a doctor's letter. Parents/Carers are welcome to make arrangements to come into school during the school day to administer any medication themselves (or nominate someone to do this) or they can complete a form available at the school office/medical room giving permission for staff to administer it on their behalf. Parents/Carers may be asked to telephone the school when the dose is due.

#### **LONG TERM MEDICAL NEEDS**

Premier Learning Trust Schools will administer prescription and non-prescription medication to pupils who have long term medical needs and/or if their medical condition is not properly managed, it could limit their access to education. In these cases an individual health care plan needs to be written up which should include advice and guidance from medical professionals on administering any medication required.

### **2. DRAWING UP A HEALTH CARE PLAN FOR A PUPIL WHO NEEDS MEDICATION**

The main purpose of an Individual Health Care Plan (IHCP) for a pupil who needs medication is to identify the level of support that is needed at school. A written agreement with parents/carers clarifies for staff, parents and the pupil the help that the school can provide and receive.

The welfare assistant takes responsibility for the co-ordination and drawing up of the care plan. Once signed, copies of the IHCP usually go to:

- Parent/Carer
- Class teacher (kept in register for relevant support staff to access)
- Other staff who have been trained to care for the child
- Copy kept readily available in the medical room.



A care plan usually includes the following:

- Personal details of the child & contact details of the parent/carer
- Details of the child's condition
- Details of medication to be given, including side effects
- What to do and who to contact in an emergency
- What facilities/routines need to be adapted in school, if any.

A care plan may reveal the need for some staff to have further information and training in administering a particular type of medication. Staff should not give medication without appropriate training from relevant professionals.

The Headteacher/Head of School will ensure that all relevant information is passed to the appropriate members of staff.

All medical information will be treated confidentially.

### **3. SCHOOL STAFF ADMINISTERING MEDICINE**

Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and many are happy to do so. Any member of staff who agrees to accept responsibility for administering or supervising the self-administration of prescribed medication to a pupil will be given training and guidance. He or she will be made aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment. Appropriate training for school staff willing to give such medical assistance will be provided by relevant professionals. Two adults will be present for the administration of intimate or invasive treatment. Staff will protect the dignity of the pupil as far as possible, even in emergencies.

Please refer to the section entitled Intimate and Invasive Care.

### **4. RECORD KEEPING**

Parents/Carers are responsible for supplying information about medicines that their child needs to take at school and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:



- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects.

Parents/Carers will record details of medication on the child's care plan.

Staff will keep careful and thorough records when administering medicines.

## **5. REFUSING MEDICATION**

If pupils refuse to take medication, staff should not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, we will call the emergency services.

## **6. SCHOOL TRIPS AND SPORTING ACTIVITIES**

We will encourage pupils with medical needs to participate in school trips. Arrangements for taking any necessary medication will be taken into consideration. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek medical advice from appropriate professionals and speak to the Headteacher/Head of School.

Any restrictions on a pupil's ability to participate in PE must be included in their IHCP. Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

## **7. DEALING WITH MEDICINES SAFELY**

### **i) Storing Medication**

We are unable to store large volumes of medication. The Headteacher/Head of School will ask the parent/carer to bring in the required dose daily or weekly. Medicines are stored in labelled containers with the name of the pupil and medication form enclosed. Medicines that need to be stored are kept in the medical room. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Asthma inhalers are made readily available to pupils (see section entitled asthma procedure).



**ii) Disposal of medicines**

Staff should not dispose of medicines. Parents/Carers are responsible for disposal of date expired medicines or medicines not used.

**iii) Hygiene/Infection control**

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

**8. EMERGENCY PROCEDURES**

Staff know how to call the emergency services. All staff should know that the Headteacher/Head of School is responsible for carrying out emergency procedures in the event of need. A pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parent/carer arrives.

Generally staff should not take pupils to hospital. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult. They must also have checked with their insurance company that they have the necessary cover.



## First Aid

The First Aid team consists of **qualified first aiders**.

In the event of an accident all members of the school community should be aware of the support available (Employers Assistant Programme) and the procedures available to activate this.

### Definition

The term FIRST AIDER refers to those members of the school community who are in possession of a valid first aid at work certificate or equivalent.

### FIRST AIDERS will:

- Ensure that their qualification of first aid is kept up to date. Certificates of qualification in first aid are valid for three years only.
- Ensure that first aid is accessible throughout the working hours of the school week.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- Help fellow First Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon to help when the need arises
- Ensure that portable first aid kits are adequately stocked and always on hand around the school and that the First Aid Room is well stocked with equipment and organised. (See First Aid Room and Equipment section).
- Insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by taking them directly to hospital or by asking parents to pick up a child to take them to hospital. Ensure that parents are aware of all head injuries promptly.
- Ensure that child who is sent to hospital by ambulance is either:
  - ♦ Accompanied in the ambulance at the request of paramedics.
  - ♦ Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
  - ♦ Met at hospital by a parent/carer.

Keep a record of each pupil attended to, the nature of the injury and any treatment given, in the Accident Book kept in the First Aid Room. If a child suffers a minor bump to the head or face then an, "I have had first aid today" or 'Head Bump' letter will be completed. For more serious bumps parents will be contacted.



The following count as minor injuries.

- ✓ Any cuts or grazes where blood is drawn
- ✓ Any visible bruising
- ✓ Any incident where the child is genuinely distressed
- ✓ Any sickness
- ✓ Any problem that can't be dealt with at school eg. Splinters

In the case of minor injuries discretion will be used as to the nature of the injury and parents/carers may be contacted to alert them.

Ensure that everything is cleared away, using gloves, and every dressing etc. be put in the clinical waste bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

THE TRUST will:

- Provide adequate First Aid cover, equipment and facilities.
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- Ensure all new staff are made aware of First Aid procedures in school.

HEADTEACHER/HEAD OF SCHOOL AND/OR LEADERSHIP TEAM will:

- Ensure that they always obtain the history relating to a pupil with medical issues. (See section entitled Children with Medical Needs).
- Ensure that in the event that an injury has caused a problem, the pupil **must** be referred to the First Aider for examination.
- At the start of each academic year, provide the first aid team with a list of persons who are known to be asthmatic, anaphylactic, diabetic, and epileptic or have any other serious illness.
- Ensure Individual Care Plans are in place for children with medical needs. (See section entitled Children with Medical Needs).
- Post notices around the school identifying the location of first aid boxes and a list of trained First Aiders.
- Ensure that all new staff are First Aid trained as soon as is practical according to their role.

TEACHERS will:

- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are.
- Be aware of specific medical details of individual pupils when informed by the Headteacher/Head of School and the Leadership Team.
- Ensure that their pupils are aware of the procedures in operation.



- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Send for help to the School Office and First Aid Room as soon as possible, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- Reassure, but never treat, a casualty unless staff are in possession of an Appointed Persons certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send for the First Aider. A First Aider will come to the classroom and decide the best course of action for the injured person.
- Ensure that they have a current medical consent form for every pupil that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.
- Distribute Incident Forms and Head Bump letters to pupils to take home.

#### OFFICE STAFF will:

- Call for a qualified First Aider, to treat any injured pupil.
- Support the First Aiders in calling for an ambulance or contacting relatives in an emergency.
- Maintain a training record of all staff qualified in first aid.

#### First Aid Room and Equipment

Information and photographs are displayed in the First Aid Room and classrooms of children and adults in the school who have medical needs.

Every First Aider has access to first aid equipment and we have several first aid boxes. Teachers are also supplied with mini first aid boxes in their classrooms. Special travelling kits are available for use with sporting activities or school trips.

First Aid boxes and travelling first aid kits contain sufficient quantity of suitable first aid materials and nothing else. In most cases these will be:

- Twenty individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment (which may be detectable for the catering industry);
- Two sterile eye pads, with attachment;
- Six individually wrapped triangular bandages;
- Six safety pins;
- Six medium sized individually wrapped sterile unmedicated wound dressings (approximately 10cm x 8cm);



- Two large sterile individually wrapped unmedicated wound dressings (approximately 13cm x 9cm); and
- Three extra large sterile individually wrapped unmedicated wound dressings (approximately 28cm x 17cm).

First aid boxes do NOT contain drugs of any kind including Aspirin or similar pain killers and such medicines should NOT be issued to staff or pupils as there is a danger of adverse reaction in some cases. Such advice extends to antiseptic creams or liquids etc which may aggravate injuries. Splinters should not be removed either. (See section entitled Administration of Medicines).

Individual named boxes are provided for children with Individual Health Care Plans and have medicines administered to them. These boxes provide a secure place for medicines to be stored and are easily accessible in case of an emergency. Medicines that need to be kept under lock and key are secured in the school office. (See section entitled Administration of Medicines).

Sterile First Aid dressings should be packaged in such a way as to allow the user to apply the dressing to a wound without touching the part that is to come into direct contact with the wound.

The part of the dressing which comes into contact with a wound should be absorbent. There should be a bandage or other fixture attached to the dressings. Dressings, including adhesive ones, should be of a design and type which is appropriate for their use.

Disposable plastic gloves are provided. These are checked regularly to ensure that they remain in good condition.

Blunt-ended stainless steel scissors are kept in case clothing has to be cut away.

### Communicable Diseases

Children who are unwell with a communicable disease should not be in school. They should not return until they are feeling better and the risk of infection to others has passed. For more information and guidance please see the Government Publication 'Health Protection in Schools and other Childcare Facilities' which is kept in the medical room.

### Accident Reporting

Any accidents that are more than minor need to be reported to the Health and Safety Department at Essex County Hall using the appropriate form. Some accidents may need to be reported to the Health and Safety Executive. See Accident Reporting Procedure for guidance.



### Non-accidental Injury

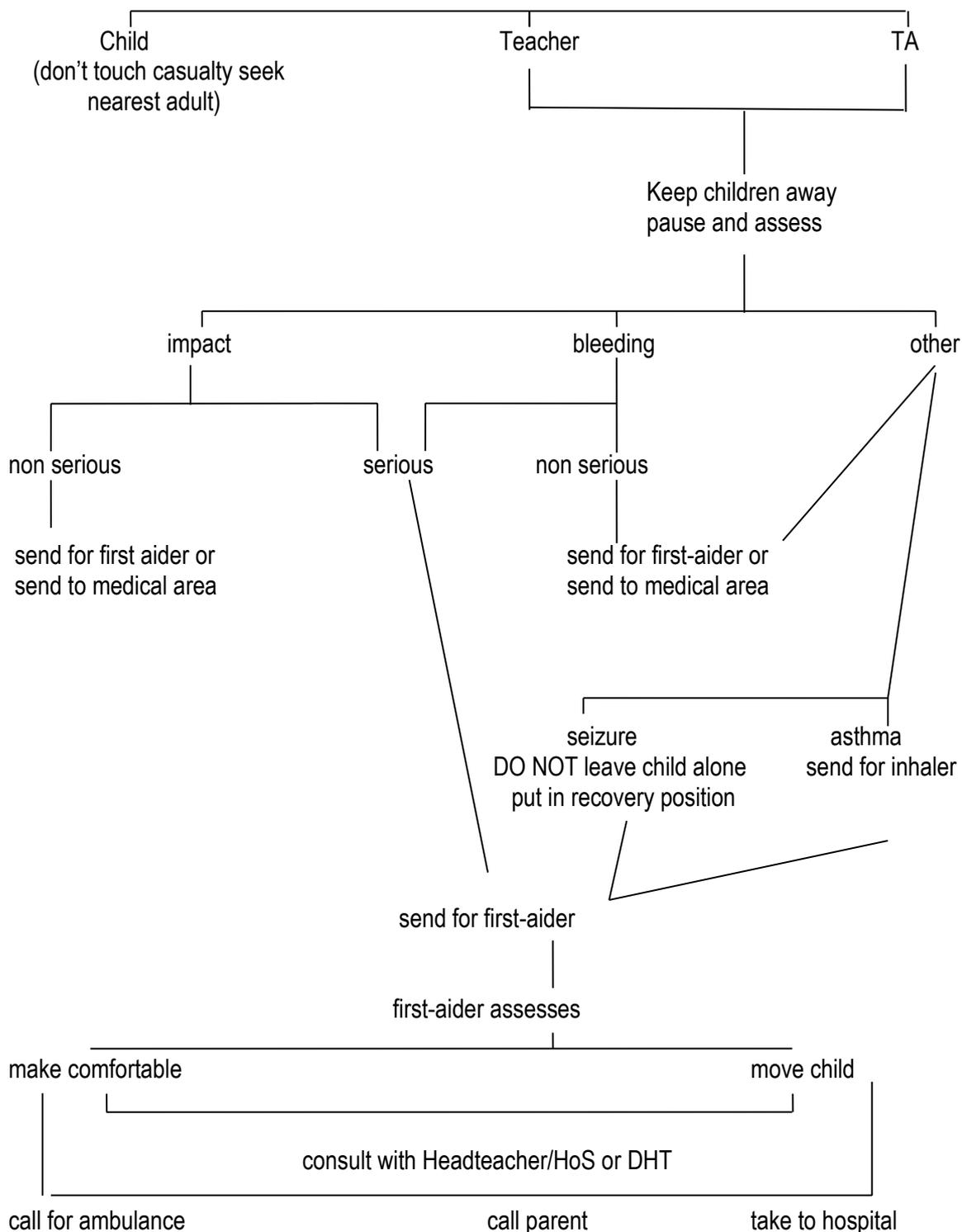
According to the Safeguarding policy whenever anyone has reason to believe that a pupil may be suffering from a non-accidental injury they should immediately tell a member of the school's designated child protection team.



## Procedure for dealing with accidents

Almost all accidents occur on the playground at playtime or during P.E lessons. The first observers are likely to be teachers, TAs or children. The first action to be taken is as follows:

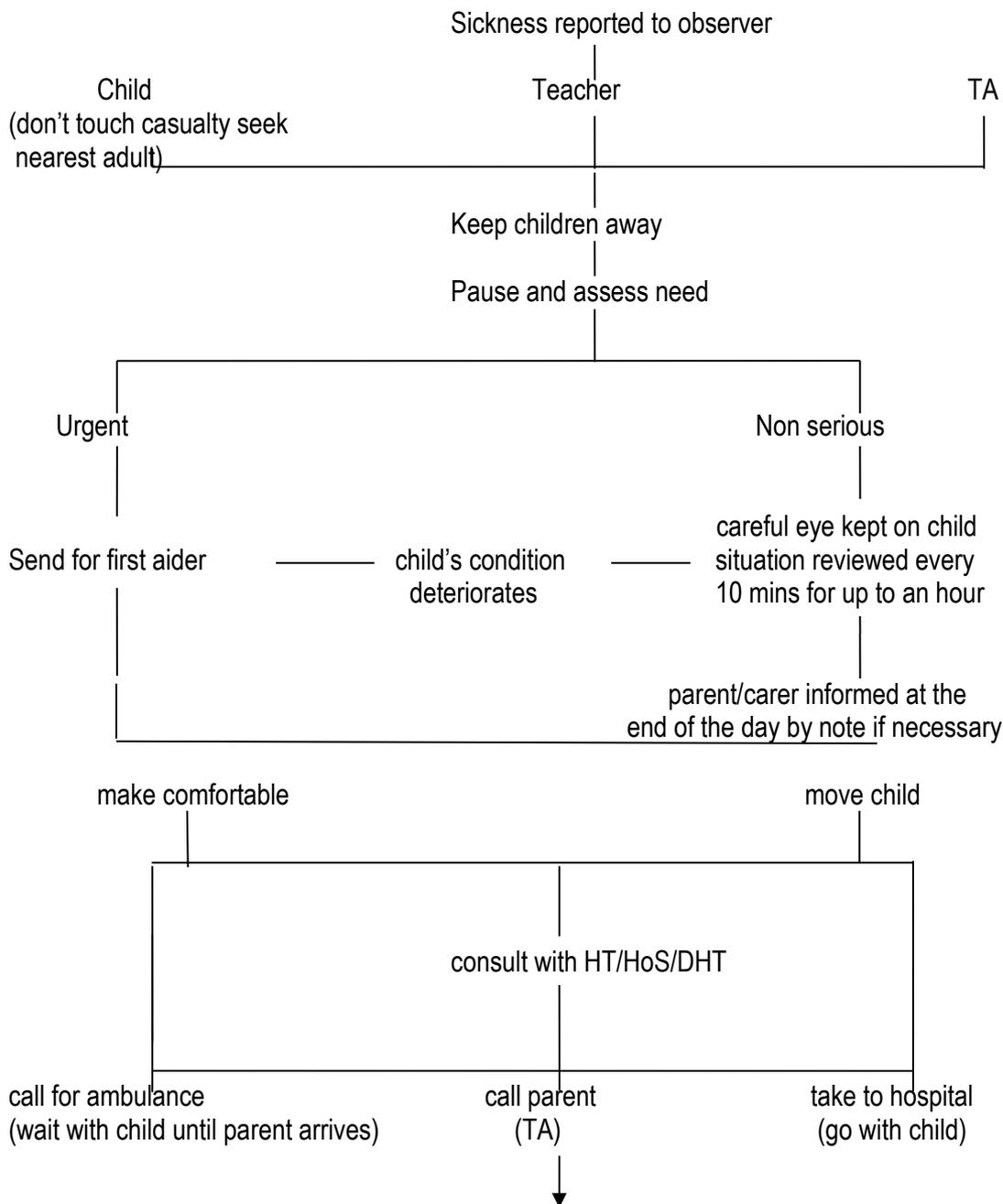
If the casualty reports to/if observer is:





## Dealing with sickness

Almost all sickness occurs on the playground at playtime or during lessons time. The first observers are likely to be Teachers, TAs, or children.



**Sick child will wait at the medical room until parent arrives**

refer to Headteacher/Head of School if parent/carer is not contactable

Inform class teacher that Child is going/has gone home

**Child will need to clear of sickness and/or diarrhoea for 48 hours before returning to school as per Public Health England's guidelines.**

\* PLEASE NOTE THAT WHEN EVER HANDLING BODY FLUIDS GLOVES SHOULD BE USED \*



## Intimate or Invasive Care

### **1.0 INTRODUCTION**

- 1.1 Staff who work with young children or children/young people\* who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- 1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 1.3 Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Premier Learning Trust work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding.
- 1.5 Premier Learning Trust is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. All schools within the trust, recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

### **2.0 OUR APPROACH TO BEST PRACTICE**

- 2.1 All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.



Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

- 2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- 2.5 As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.
- 2.6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- 2.7 For more invasive procedures, such as catheterisation, two or three staff will be trained and will care for that child on a regular basis. This will ensure a child gets to know them and feel comfortable around them rather than exposing themselves to someone different each day. Care will be taken so that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 2.8 Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.
- 2.9 Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.



### **3.0 THE PROTECTION OF CHILDREN**

- 3.1 Child Protection Procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection. A clear record of the concern will be completed and referred to social care and/or the police if necessary. Parents/Carers will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- 3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/Carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed – refer to Child Protection Policy.

### **Sharps, Blades, Needles and Syringes**

We believe sharps, blades, needles and syringes present a potential health and safety risk to pupils, school personnel and to others who use the school site or attend school visits. We have a duty to ensure that every effort is made for the safe management of sharps, blades, needles and syringes and that a safe procedure is in place to assist in the prevention of needle stick injuries.

All employers are required under existing Health & Safety law to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place. The sharps regulations build on the existing law and provide specific detail on requirements that must be taken by healthcare employers and their staff.

We as a school community have a commitment to promote equality. Therefore, an equality impact assessment has been undertaken and we believe this policy is in line with the Equality Act 2010.



All staff dealing or involved with sharps, blades, needles or syringes:

- will undertake appropriate training in identifying, collecting and the disposal of any sharps, blades, needles and syringes;
- must be familiar with normal precautions for avoiding infection and follow basic hygiene procedures;
- who have Diabetes themselves must have in place their own individual sharps management plan;
- should use 'safer sharps' where it is reasonably practicable to do so. This means medical sharps that incorporate features or mechanisms to prevent or minimize the risk of accidental injury. Such devices must not compromise patient care and do not necessarily remove all risks associated with sharps.
- should use a needle block when recapping needles. Where ever possible needles should not be recapped to prevent the risk of accidental injury during this procedure.
- must use the following procedures if either a sharp or a blade or a needle or a syringe is found:
  - cover the item with a suitable container
  - put on impenetrable gloves
  - use a litter picker or a tongs to pick up the item
  - dispose of the item in a sharp box
  - contact the medical room for a replacement sharps box when necessary
- when managing needle injuries staff must inform a school First Aider who will:
  - allow the wound to bleed
  - wash the area with soap and water
  - dry the wound
  - apply a waterproof dressing
  - contact parents, if a child is involved, and suggest the child must be taken immediately to a hospital. If an adult is injured they must be advised to seek medical advice following First Aid treatment
  - in the absence of the parents take the child immediately to a hospital
  - dispose of the item as above
  - complete the appropriate report forms
- be aware of all sections within this policy;
- work in partnership with parents and carers keeping them up to date with their child's progress and behaviour at school;
- implement the school's equalities policy and schemes;
- report and deal with all incidents of discrimination;
- attend appropriate training sessions on equality;
- report any concerns they have on any aspect of the school community.



## **Asthma Procedure**

All parents/carers of children entering school are asked to complete an admission form. If asthma is identified in the medical section of this form the parents/carers will be asked to complete a health care plan/medical information sheet including permission for an emergency inhaler to be given in the event that their inhaler failed or was unavailable for any reason (according to guidelines given by the Department of Health).

The medical information should initially be handed into the office. Photocopies will then be taken and placed in the class medical bag. The original should be kept in Asthma Folder, which is kept in the medical room for safekeeping. Teachers should check with parents/carers during Open Evenings/Days that the information on the medical form is up to date and relevant. All medication will be returned to parents at the end of the summer term with an update form for the autumn term.

Every class from Foundation Stage to Year 6 has a bag, where inhalers are kept. These are kept in the classrooms and are easily accessible. All other medication is stored in the medical room. Children who have asthma should be allowed to keep the medication with them at all times, particularly in PE.

When children are taken off-site staff need to ensure that they take the class medical bag.

Further information on the subject of asthma is available in the medical room including Guidance on the use of emergency salbutamol inhalers in school.

## **Anaphylaxis**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. Emergency use auto injectors are held in the medical room but must only be used on those children who already have one and parents give permission for an emergency auto-injector to be given in the event that their own failed or was unavailable for any reason (according to guidelines given by the Department of Health). In an emergency situation Paramedics may suggest using an emergency auto-injector.

Appropriate local arrangements should include:

- the establishment of procedures on the use of auto-injector and injections
- the provision of appropriate instruction and training to nominated staff
- awareness of all staff that the child has this particular medical condition



- the symptoms associated with anaphylactic shock
- the auto-injector and content eg adrenalin, anti-histamine must be accessible at all times
- the locations of the auto-injector, in an easily accessible place which is known to staff, for example a medication box
- labelling of auto-injector for the child concerned
- the names of those trained to administer it, such as first aiders
- records of dates of issue
- emergency contacts (included in the Care Plan)

This type of information should be suitably posted in the areas where the medication is to be kept and should accompany the medication on school trips etc. The arrangements for swimming and other sporting activities should also be considered. This information should include the name of the child and, ideally, a photograph.

### **Other Medical Conditions**

There are many other childhood illnesses and conditions that the school may encounter such as diabetes, cystic fibrosis, epilepsy, heart conditions, etc. and the school will liaise closely with parents/carers and other professionals involved in their care to produce a healthcare plan to suit their individual requirements during school activities. Attention will be paid to the DFE document, Supporting Pupils at School with Medical Conditions, as well as the needs of each individual child.

Any child not known to have had a previous medical issue should receive professional medical assessment as soon as possible should something occur at school. Both medical staff and parents/carers need to be informed immediately of any events of this nature.