



Curzon & Fawood Nursery Schools
& Family Wellbeing Centre

First Aid, Administering Medication and Supporting Children with Medical Conditions Policy

Policy Lead: Premises Manager

Approving Committee: Curriculum

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First Aid

Policy Statement

The Curzon Crescent and Fawood Children's Centres Partnership recognises and accepts its responsibility to all users of the Centres and will so far as is reasonably practicable, provide and maintain a safe workplace and play environment, for all its employees, children, parents and any other persons who may be affected thereby.

However, where there are children, accidents invariably occur and the Partnership will ensure that all accidents are dealt with by appropriately trained staff in accordance with the procedure detailed below. There will always be at least one employee that holds the First Aid at Work qualification at each Centre, during times of Staff occupation.

In addition, several other Staff at all Centres will have either a First Aid at Work or Paediatric First Aid qualification.

Responsibilities.

The Executive Head has overall responsibility for ensuring the Health, Safety and Welfare of all users of the Centre, but has delegated responsibility for management of Health and Safety to the Health and Safety Officer.

First Aiders.

All First Aiders are trained in accordance with Health & Safety guidelines, and hold a current certificate.

In addition to several staff members holding the First Aid at Work qualification, all staff (except two Senior Managers) hold the Paediatric First Aid qualification. Full details of which staff members hold which qualification is displayed in both staff rooms, both Reception offices and various other areas across both Centres.

First Aiders are responsible for ensuring that all 1st Aid Boxes and kits are in date and replenished as necessary. Supplies are available from the Health & Safety Officer.

First Aid Equipment. All First Aid Kits:

- Comply with the Health and Safety (First Aid) Regulations 1981.
- Are regularly checked by a designated member of staff and re-stocked as necessary.
- Are easily accessible to adults.
- Are kept out of the reach of children.

Paediatric First Aid boxes are in the following locations, and are all clearly marked with the First Aid sign:



Curzon Crescent:

Paediatric First Aid Kits –

Nursery School:

Unit 1: On the radiator shelf in the nappy change/cloakroom area

Units 2 & 3: On the windowsill in the Children's Bathroom

Crèche: In the cupboard under the sink

First Aid at Work Kits –

Reception

The Conference Room on the 1st Floor

The Emergency Grab Bag at Reception

Catering First Aid Kits –

The Children's Kitchen

Catering Kitchen

Fawood:

Paediatric First Aid Kits –

- Nursery School: Ground Floor Adult Bathroom
- Rainbows: 1st Floor Children's Bathroom
- Crèche: 1st Floor Children's Bathroom

First Aid at Work Kits –

- Reception
- The Conference Room on the 2nd Floor
- The Emergency Grab Bag at Reception

Catering First Aid Kit –

- The Children's Kitchen in the Studio
- The Catering Kitchen

Administering First Aid.

First Aid for Staff is to be administered by appropriately trained staff only. All Practitioners can attend to minor first aid needs of the children in their care, including administering medication (provided that they have received appropriate training where necessary).

More serious types of injuries should be referred to a trained First aider.

Administering General First Aid – Guidance Notes:

- **Open cuts & grazes** – Use only gauze soaked in cold water. Do not apply creams or lotions. Do not use cotton wool, tissues or paper towels. If necessary, cover with a dressing of gauze, secured with micropore tape, ensuring that it is large enough to cover the wound. Do not apply adhesive plasters to children.
- **Bumps & bruises** – Apply a cold compress or ice pack depending on the severity of the injury. If an ice pack is applied, use an ice pack sleeve or cloth to cover it first.
- **Cuts to the mouth** – Do not rinse out with cold water as this may disturb a blood clot. Apply a cold compress over the wound and hold for ten minutes.
- **Sand/grit in eyes** – Wash out using a cup of cold water or sterile fluid. Aim the stream of water/fluid at the inner corner of the injured eye to wash sand etc., away from the unaffected eye.
- **Nosebleeds** – Bend the head forwards and gently pinch the fleshy part of the nose, for ten minutes. Release and check for bleeding. If the nose is still bleeding, apply pressure for a further ten minutes. Repeat. If, after thirty minutes the nose is still bleeding, take the casualty to Hospital.
- **Sprains & strains** – Apply a cold compress and light pressure, raise the affected limb and rest on a chair or cushion.
- **Head injuries** – If there is an open wound, clean as above. Cover wound with a sterile dressing and press firmly. Apply another pad/dressing on top of the first as necessary. If there is no wound, treat as a bruise.
- **Groin injuries** – Must only be examined with the child's consent and always with two members of staff present. If any injury is visible, a member of SLT should be consulted regarding a course of action.

N.B. If any injury gives you cause for concern, please seek advice from the Health & Safety Officer or Deputy Head.

Emergency Medical or Dental Treatment

Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

First Aid Arrangements for Off-Site Activities.

All outings must be accompanied by a nominated First Aider.

Nominated First Aiders will be responsible for the Travel First Aid Kit, Instant Ice Packs, Disposable Gloves etc. Any accident off-site must be recorded on an Off-Site Accident Sheet, and then logged in the appropriate Accident Form by the nominated First Aider upon return to the Centre.

During trips to the local shops/post office etc., all First Aid administered by anyone other than a nominated First Aider, must be written down and signed by the person administering the First Aid, making a note of the name of the shop/business in which the accident occurred. Upon your return to the Centre write the accident up in the Accident Book.

Control of Infectious Diseases

All cases of Infectious/Communicable Diseases must be reported to the H & S Officer, as some need to be reported to the Centre for Disease Control or Environmental Officers.

A list of reportable Communicable Diseases is available in the Staff Room and from the Reception Office. Guidance on how to recognise signs and symptoms of Infectious/Communicable Diseases is available in the Communicable Diseases File at Reception.

Gov.uk guidance: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

Dealing with Bodily Fluids

When cleaning up bodily fluids, the following rules must be adhered to:

Wear disposable gloves and a disposable apron

Use disposable 'J' Cloths or paper towels to mop up any spillages

Use disposable 'J' Cloths or Baby wipes to clean the casualty

Disinfect the soiled area with 'Shield' or other appropriate disinfectant

After use, place all used items in a Yellow bag, seal and dispose of in Clinical Waste Bin provided

Wash hands and forearms thoroughly in warm, soapy water.

COVID-19

Statement

To help lower the risk of the spread of infection from COVID-19, Risk Assessments are drawn up and reviewed in line with local and national Government guidance.

HSE guidance: <https://www.hse.gov.uk/coronavirus/working-safely/index.htm>

Gov.uk guidance: <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care>

Gov.uk guidance: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>

Procedure for Dealing with a Suspected or Confirmed Case of COVID -19 within the School/Centre

If a child or staff member begins displaying suspected coronavirus symptoms (**a new, continuous cough, a high temperature, or a loss of, or change in, their normal sense of taste or smell**), the following procedure must be followed:

- The child's parents should be called to collect the child as soon as possible.
- A child awaiting collection should be moved to a room where they can be isolated behind a closed door. The rooms that have been designated for use in these instances are **1st Floor Consulting Room/Family Room at Curzon, and Family Services Office/Conference Room at Fawood.**
- A window of the isolation room should be opened for ventilation, all those on site informed that this area is isolated, and a sign posted on the outside of the door.
- If the child needs to go to the bathroom while waiting to be collected, the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else, and the person responsible for cleaning the bathroom must wear appropriate Personal Protective Equipment (PPE).
- The isolation room should be thoroughly cleaned immediately if the area cannot be left unused/cordoned off, and if the area can be left unused/cordoned off then cleaned after 72 hours.
- The supervising adult(s) should wear appropriate PPE: disposable gloves, a disposable apron and a fluid-resistant surgical face mask and wash their hands and arms thoroughly for 20 seconds after any contact with someone who is unwell.
- Using the employee tracking system, all areas that the individual affected has been must be thoroughly cleaned and disinfected immediately after they have left the building in accordance with the '**COVID-19, Enhanced Cleaning Schedule**'.
- In all cases of suspected or confirmed infection from COVID -19, waste from cleaning of isolation areas or areas where possible cases have been, should be double bagged and put in a suitable and secure place, marked as 'Contaminated Waste', and stored until either the individual tests negative, in which case waste can then be put in with the normal waste, or the individual tests positive or results not known, in which case, waste must be stored for at least 72 hours and then put in with the normal waste. The contaminated Waste Bin at **Curzon is in the Adult Shower Room**, and at **Fawood it is in the Bin store.**

DFE guidance: <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

Accident Recording and Reporting

Procedures

There are two separate forms for Accident Reporting for Children – a **Minor Accident Record** for recording all minor accidents and injuries, and a **Reportable Accident Record** for recording all accidents/injuries involving the head, face, neck or groin, in addition to more serious injuries on other parts of the body - see **Appendices ARR1 & ARR2**.

All injuries that are recorded on a **Reportable Accident Record**, must be forwarded to the Health & Safety Officer as soon as possible after the accident has occurred, and always before you leave for the day. For all injuries sustained by children, an **Accident Report for Parents** must be completed, and handed to the child's Parent/Carer when the child is collected – see **Appendix ARR3**.

Please ensure that the Parent/Carer signs to acknowledge notification of all serious injuries, in particular those to the head, face and groin.

There is also an Accident Book at Reception for accidents involving Adults.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) places a legal obligation on Managers and responsible persons to record and report to HSL reportable accidents and incidents. HSL will undertake the statutory obligation to notify the enforcing authority, the HSE, of all reportable accidents and incidents both fatal and non-fatal, as well as occupational diseases, incidents of physical violence and dangerous occurrences. These will include accidents/incidents where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

Retaining Accident Records

At both Centres, Accident Records are filed under the child's first name and kept in the designated areas as follows:

Curzon:

Units 1, 2&3 – in the Story Room next to the Medication Cabinet
Crèche – in the cupboard in the Crèche

Fawood:

Mainstream – in the Laundry room of the ground floor Children's Bathroom
Rainbows – in the cupboard in the Classroom
Family Wellbeing Centre Sessions – in a file in the Conference Room cupboard

The Accident Forms must be completed legibly, as soon after the accident as possible, and on the day that the accident has taken place.

In cases involving children, accidents are recorded by the person who witnessed the accident, under supervision of the Team Leader.

State whether the accident was seen or unseen by you and include all other information required.

Complete the appropriate Accident Report for Parents and give this to the child's Teacher or Nursery Nurse, who is responsible for ensuring it is given to the child's Parent/Carer when the child is collected. In cases involving adults, accidents are recorded by the person who had the accident, unless their injury prevents this, in which case the attending First Aider will complete the record.

All accidents to Staff and Visitors to the Centre, including Childminder's and their children, should be recorded in the Staff & Visitor's Accident Book, which is kept at Reception.

Appendices:

Appendix ARR1 – Minor Accident Record

Appendix ARR2 – Reportable Accident Record

Appendix ARR3 – Accident Report for Parents



Child's Name & Surname:	Class/Group Name:
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Day & Date:	Time:
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Seen Unseen Inside Outside

Details of Accident: (How did it occur/what led to it happening?)

.....

.....

.....

First Aid Administered: (What part of the body is injured/what does the injury look like – cut/bruise/graze etc)

.....

.....

.....

First Aid Administered By: (Minor Accidents do not always need to be treated by a qualified first aider)

.....

Were Weather Conditions a Factor? (please tick) Yes No

If 'Yes', give details:

If a Slip/Trip, What Type of Footwear Was the Casualty Wearing?

Recorded By: **Position:**

Parent Acknowledgement: I confirm that I have received the Report Slip for this Accident

Signed:



Child's Name & Surname:		Class/Group:	
Day & Date:		Time:	
Name of Person Completing This Report:		Job Title:	
Was the Accident Seen or Unseen by you? (please tick) Seen <input type="checkbox"/> Unseen <input type="checkbox"/>			
If 'unseen', who reported it to you?			
Staff present:			
Number of Children present:			
Confirm that Photo of Accident Site has been Taken (head/facial/serious injuries only) YES <input type="checkbox"/>			
Type of Accident (please tick)			
Slip or Trip		Collision with Another Person	
Heat or Ice Burn		Collision with a Moving/Falling Object	
Fall from a Height		Contact with Chemical or Electricity	
Insect Bite/Sting		Stung/Pricked by a Plant	
Sand/Dust/Grit /Gas Related		Struck by Another Child	
Inhaling/Swallowing a Substance/Object		Using Tools/Equipment	
Details of Accident:		<p>Front Back</p> <p>Mark Injured Area(s)</p>	
Details of Injury:			
Details of First Aid Administered:			
Name of First Aider:		Job Title:	
Were Weather Conditions a Factor? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', give details:			
If a Slip/Trip, What Type of Footwear Was the Casualty Wearing?			
Call to Parent/Carer made by:, at			
Parent Acknowledgement: I confirm that I have read this Report and received the Report Slip for this Accident.			
Signed:		Date:	

Day & Date..... Child's
Name:.....

Time of Accident..... Area Accident Took Place:
.....

Your Child received First Aid today because she/he:

- | | |
|--|---|
| <input type="checkbox"/> had a grazed/cut/bruised..... | <input type="checkbox"/> had a raised temperature |
| <input type="checkbox"/> hurt her/his mouth | <input type="checkbox"/> other reason..... |

Details of Accident:

.....
.....
.....
.....

First Aid given:

- | | |
|---|---|
| <input type="checkbox"/> wound cleaned | <input type="checkbox"/> cold compress/ice pack applied |
| <input type="checkbox"/> dressing applied | <input type="checkbox"/> sat quietly until she/he felt better |

HEAD & FACIAL INJURIES:

Full details of injury sustained:

.....
.....
.....
.....

First Aid Administered:

.....
.....

First Aid Administered By:

Name: (please print)..... Signature:
.....

Please observe your child and seek medical advice if you are concerned.

The signs and symptoms to look out for are:

Drowsiness, nausea, blurred vision, disorientation or slurred speech.

Is further treatment required/advised? **YES** (if yes, give details below) **NO**

Details of further treatment:

- Advised Parent/Carer to visit GP/Walk In Centre
- Called Emergency Services – if YES record time of call here:
- Removed to Hospital by Paramedic/Parent (delete as appropriate)

Staff signature: Position: Date:
.....

Full details of the Accident are recorded on either a Minor **or** Reportable Accident Record, which you will be asked to sign.

Administering Medication

Statement of Intent

In order to ensure that Children with medication needs receive appropriate care and support at school, the Executive Head will accept responsibility in principle for members of staff giving Children prescribed medication. However, there is no obligation for staff to do so.

There are two categories of illness, the first covers such ailments as coughs, sore throats, colds etc., and the second covers more long-term illnesses such as Asthma, Diabetes etc.

We do not provide care for children who appear unwell or have a temperature and no member of staff will administer medication to any child with a category one illness.

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents - or other authorised adults – if a child becomes ill while at school. If a child has been prescribed an antibiotic, this can be administered by the Parent/Carer prior to coming to school and again on arriving home. Staff are not to administer antibiotics.

Staff can volunteer to administer medication to a child suffering with a category two illness, provided that the parental consent form has been fully completed and signed – **see Appendices AM1C & AM1F**. If the administration of a prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health professional.

Please Note - Parents/Carers should keep their children at home if acutely unwell or infectious.

CATEGORIES OF ILLNESS

CATEGORY ONE – MINOR AILMENTS, COUGHS, COLDS, SORE THROATS

No member of staff will administer medication to any child with a minor ailment.

Medication containing Aspirin is only to be administered if prescribed by a G.P.

If a child has been prescribed an antibiotic, this can be administered by the Parent/Carer prior to coming to school and again on arriving home. Staff are not to administer antibiotics.

CATEGORY TWO – MEDICATION REQUIRED FOR MORE LONG-TERM ILLNESS e.g. ASTHMA, DIABETES etc

Parents/Carers are responsible for providing the Key Person with comprehensive information regarding the Child's condition and medication plan - **See Form AM1– Appendices AM1C & AM1F**

Prescribed medication will not be accepted in school without complete written instructions from a Medical Professional (such as the personalised label on a prescribed drug), plus a completed Consent to Medication from the Parent/Carer.

Staff will not give non-prescribed medication to a child.

Only reasonable quantities of medication should be supplied to school e.g. a maximum of one term's supply at a time.

All medication must be delivered to the Key Person by a Parent/Carer in the original container as dispensed by the Pharmacy.

Each item of Medication must be clearly labelled with the following information:

- CHILD'S NAME
- NAME OF MEDICATION
- DOSAGE
- FREQUENCY OF DOSE(S)
- DATE OF DISPENSING
- EXPIRY DATE

N.B: THE SCHOOL WILL NOT ACCEPT ITEMS OF MEDICATION IN UNLABELLED CONTAINERS

The dosage and frequency of medication to administer on the Medication Plan, must match the prescription information printed on the medication given to school.

Medication will be kept in a secure place, out of reach of Children.

The school will keep records of Medicines Administered - **See Form AM2 – Appendix AM2** If a child refuses to take medicine, staff will not force them to do so. Parents/Carers will be informed of the refusal as a matter of urgency. If a refusal results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of the Parent/Carer to notify the school in writing if the child's need for medication has changed or ceased.

It is the Parent/Carer's responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within expiry date.

The school will not make changes to dosages on Parent/Carer instruction.

School staff will not dispose of medicines. All medicines should be collected by the Parent/Carer at the end of each term.

For each child with a long term or complex medication need, a Medication Plan will be drawn up in conjunction with health professionals.

Staff who volunteer to assist in the administration of medication will receive appropriate training/ guidance through the Local Authority's Professional Development Programme or the Local Health Service, as necessary.

The school will make every effort to continue the administration of medication to a child whilst on a school trip, even if additional arrangements might be required. However, there may be occasions when it is impossible to include a child on a school trip if appropriate supervision cannot be guaranteed. All staff are aware of the procedure to be followed in the event of an emergency.

EMERGENCY PROCEDURE (in the event of a serious accident or sudden illness)

One member of staff should immediately contact a member of the Senior Leadership Team (SLT), who will make the decision regarding calling the Emergency Services.

State the number you are calling from **CURZON: 020 8459 6813** or **Fawood: 020 8965 9334**

- State the nature of the illness/symptoms.
- Listen to and follow the guidance given to you by the Emergency Services Operator and if possible write it down.
- Remain with the child until the Emergency Services take over the care of the child.
- Give a full report of relevant information to Emergency Services Personnel, including any specific treatments or procedures not consented to by the Child's Parent/Carer.

Full addresses of both Centres:

CURZON NURSERY SCHOOL
& FAMILY WELLBEING
CENTRE,
CURZON CRESCENT,
WILLESDEN,
LONDON
NW10 9SD

FAWOOD NURSERY SCHOOL
& FAMILY WELLBEING
CENTRE,
35 FAWOOD AVENUE,
STONEBRIDGE,
LONDON
NW10 8DX

Appendices:
Appendix AM1C – Parental Consent for Curzon Nursery School to Administer Medication (Form AM1)
Appendix AM1F - Parental Consent for Fawood Nursery School to Administer Medication (Form AM1)
Appendix AM2 – Record of Prescribed Medicines Administered while at Nursery (Form AM2)

PARENTAL CONSENT FOR CURZON NURSERY SCHOOL TO ADMINISTER MEDICATION (Form AM1)

Children's Centre Staff will not give your child medicine unless you complete and sign this form.

1. Name of Child: Date of Birth:
2. Class:
3. Medical Condition or Illness:
4. Name of Medication:
5. Strength of Medication (as described on container):
6. Date Dispensed: Expiry date:
7. Dosage and Method of Administration:
8. Timings of Dose(s):
9. Millilitres/Number of Tablets/Micrograms issued to Staff for Administering:

PLEASE NOTE: ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY.

10. Side effects caused by this medication:
11. Name and Phone Number of G.P:

I confirm that this request is supported by a Health Professional (e.g. medication has been prescribed)

I understand that I must deliver the medication personally to the agreed member of staff. I accept that this a service that the School is not obliged to undertake. I give consent to Curzon Nursery School staff to administer the medication as detailed on this form and in accordance with School policy. I understand that I must notify Curzon Nursery School in writing immediately, if there in any change in type, dosage or frequency of the medication, or if the medication is stopped.

Parent/Carer Signature Print Name

Staff Signature Print Name

Date Date for review (staff member to complete)

PARENTAL CONSENT FOR FAWOOD NURSERY SCHOOL TO ADMINISTER MEDICATION (Form AM1)

Children's Centre Staff will not give your child medicine unless you complete and sign this form.

1. Name of Child: Date of Birth:
2. Class:
3. Medical Condition or Illness:
4. Name of Medication:
5. Strength of Medication (as described on container):
6. Date Dispensed: Expiry date:
7. Dosage and Method of Administration:
8. Timings of Dose(s):
9. Millilitres/Number of Tablets/Micrograms issued to Staff for Administering:

PLEASE NOTE: ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY.

10. Side effects caused by this medication:
11. Name and Phone Number of G.P:

I confirm that this request is supported by a Health Professional (e.g. medication has been prescribed)

I understand that I must deliver the medication personally to the agreed member of staff. I accept that this a service that the School is not obliged to undertake. I give consent to Fawood Nursery School staff to administer the medication as detailed on this form and in accordance with School policy. I understand that I must notify Fawood Nursery School in writing immediately, if there in any change in type, dosage or frequency of the medication, or if the medication is stopped.

Parent/Carer Signature Print Name

Staff Signature Print Name

Date Date for review (staff member to complete)

RECORD OF PRESCRIBED MEDICINES ADMINISTERED WHILE AT NURSERY (FORM AM2)

SCHOOL SITE:

CHILD'S NAME..... CLASS: D.O.B.....

DAY & DATE	NAME OF MEDICATION GIVEN	TIME	DOSAGE	STAFF SIGNATURE	STAFF COUNTER-SIGNATURE	PARENT/CARERS SIGNATURE

Supporting Children with Medical Conditions

Definition

Children's medical needs may be broadly summarised as being of two types:

- (a) Short-term: affecting their participation in School activities for which they are on a course of medication
- (b) Long-term: potentially limiting their access to education and requiring extra care and support

Rationale

LA's and schools have a responsibility for the health and safety of children in their care.

The **Health and Safety at Work Act 1974** makes employers responsible for the health and safety of employees and anyone else on the premises.

HSE guidance: <https://www.hse.gov.uk/legislation/hswa.htm>

In the case of children with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all children at the school.

This may mean making special arrangements for particular children who may be more at risk than their class mates, and individual procedures may be required.

Short term and frequent absences, including those for appointments connected with a child's medical condition also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

The employer is responsible for making sure that relevant staff know about, and are, if necessary, trained to provide any additional support these children may need.

From September 2014, the **Children and Families Act 2014, Section 100 – 'Supporting Children at School with Medical Conditions'**, placed a duty on schools to make arrangements for children with medical conditions. We aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Gov.uk guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

Children with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of children have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with as much information as possible in relation to the child's condition.

Some children with medical conditions may be disabled. Where this is the case, the school will comply with their duties under the **Equality Act 2010**. Some children may also have special educational needs or disabilities (SEND) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the **SEND Code of Practice: 0-25 Years**.

Gov.uk guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Aims

The school aims to:

- assist parents in providing medical care for their children, and ensure that parents feel confident that the school will provide effective support for their child's medical condition;
- educate staff and children in respect of special medical needs;

- ensure that the Administering of Medications Policy is reviewed at least annually;
- arrange training for volunteer staff to support individual children;
- liaise as necessary with medical services in support of the individual pupil; ensure access to full education if possible;
- monitor and keep appropriate records.

Entitlement of the Child

The school accepts that children with medical needs should be assisted if at all possible and that they have a right to as full an education as other children.

The school believes that children with medical needs should be enabled to have full attendance and receive necessary proper care and support.

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children.

Staff Responsibility

The school accepts all employees have rights in relation to supporting children with medical needs as follows:

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To have concerns about legal liability;
- To bring to the attention of management any concern or matter relating to supporting children with medical needs.

Expectations

It is expected that:

- no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, managers and governing boards will ensure that children's health is not put at unnecessary risk from, for example infectious diseases. They therefore will not accept a child in school at times where it would be detrimental to the health of that child or others to do so;
- children with medical conditions will not be sent home frequently or prevented from staying for normal school activities, including lunch, unless this is specified in their Educational Healthcare (EHC) Plan;
- staff will not require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
- children will not be penalised for their attendance record if their absences are related to their medical condition eg hospital appointments;
- staff will listen to and value the views of Parents in relation to their child's medical condition, and follow medical evidence or opinion (although this may be challenged);
- staff will not prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child;
- where parents have asked the school to administer medication for their child, they will follow the procedures as detailed in the Administering of Medications Policy and complete a Parental Consent to Administer Medications form;
- staff will consider carefully their response to requests to assist with the giving of medication;
- the school will liaise with the appropriate bodies for advice about a child's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the child.

Complaints

Any parent that is dissatisfied with the support provided should be given a copy of the school Complaints Policy.

Implementation and Responsibilities

The **Executive Head** is responsible for ensuring that these procedures are implemented. The **Curriculum Committee** of the Governing Board is responsible for reviewing and amending as necessary, the content and guidance within this policy. The **Deputy Heads** are responsible for ensuring that:

- the Special Educational Needs & Disabilities Co-Ordinator (SENDCO) is informed of the child's medical needs, to ensure that an EHC Plan is formulated as soon as it is known that a child with a medical condition is to be admitted to the school;
- sufficient staff are suitably trained;
- all relevant staff are made aware of the child's condition;
- arrangements in case of staff absence or staff turnover are in place to ensure that someone suitable is always available to cover;
- supply teachers and cover staff receive a full briefing regarding any children with medical conditions;
- a Personal Emergency Evacuation Plan (PEEP) is completed for each child that needs one, and that all staff are aware of the steps within them;
- risk assessments for school visits, and other school activities have been carried out prior to the activity taking place.

The **SENDCO** is responsible for:

- requesting EHC Plans from the LA where necessary;
- the monitoring and review of EHC Plans – **see Appendix**

SMC2 The **Health & Safety Lead** is responsible for:

- ensuring appropriate adaptations (including those of a temporary nature) are made to the building as necessary.

Related Policies and Documentation

The Health and Safety at Work Act 1974

Children and Families Act 2014, Section 100 – 'Supporting Children at School with Medical Conditions'

Equality Act 2010

SEND Code of Practice: 0-25 Years

SEND Policy

Complaints Policy (Partnership Document)

Accessibility Plan

Appendices

Appendix SMC1– Insurance: Liability and Indemnity

Appendix SMC2 - Model process for developing Educational Healthcare Plans

Insurance: Liability and Indemnity for the Administering of Medication

The administration of medicine is covered under the Local Authority's Public Liability Insurance. Malpractice or maladministration in this area would be considered an injury to the recipient and our public liability insurance covers injuries to third parties:

"Section 2 – Cover

The insurer will indemnify the insured in respect of
all sums which the insured may become legally liable
to pay as damages in respect of:

- a) accidental Injury to any person other than an Employee"

If properly trained staff improperly administer medicine then this would be covered.

If staff with no training administer medication at the behest of their management then this would also be covered but the employee and manager could face criminal and civil charges which we would not cover for them.

If staff administer without authorisation then this would be covered but the employee could also face criminal and civil charges personally which we would not cover for them.

All claims or potential claims should be reported to the insurance section promptly;
Someone wishing to make a claim should be given our form which is available at

www.brent.gov.uk/insurance

If in doubt please call us on 020 8937 6219.

