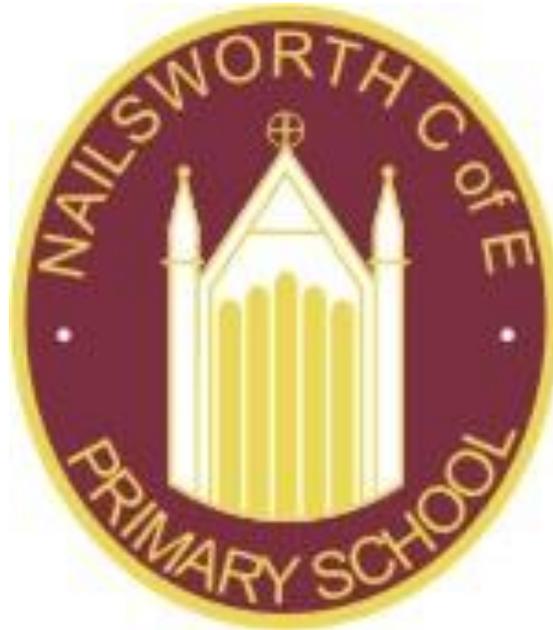


Policy Statement for

First Aid and Medication (inc Intimate Care)



Policies to refer to and cross reference: Supporting Children with Medical Needs, SEND Policy, Safeguarding and Child Protection Policy, Health and Safety Policy, Complaints

Change History	Summary of Key Changes
Dec 2015	Updated to new format
May 2016	Updated to include Healthcare Plans
Jan 2017	Updated to include a rationale information from Gov guidance: Supporting Pupils with Medical Needs and taking info from a model policy found at http://medicalconditionsatschool.org.uk/
Jan 2020	Formatting and some editing undertaken to enhance clarity. Includes cross-referencing with new policy (Supporting Pupils with Medical Needs) with some appendices migrated to this policy. Information re school first aiders updated. Intimate Care policy migrated into this policy.

1. Rationale

Nailsworth CE Primary School is an inclusive community that welcomes and supports pupils with medical conditions. Nailsworth CE Primary School provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

The school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care extends to emergency first aid provision, the administration of prescribed medicines, dealing with Asthma, allergic reactions and where appropriate the management of longer-term health issues through an Individual Healthcare Plan.

2. First Aid Policy

2.1 First Aiders in school

The School Secretary Cat Barnwell is a trained First Aider at Work and is responsible for overseeing first aid, managing supplies and monitoring records. First Aid is centralised and performed by the School Office staff. Staff are trained in line with the latest Government guidelines. Our current first aiders in school are:

Trained paediatric first aiders:

Caroline Curtis (Reception based TA)
 Viki Gavel (Reception based TA)
 Liz Blick (Jigsaw)
 Mandy Curtis (Jigsaw)
 Fran Godwin (TA & lunch supervisor)
 Gemma Wingfield (KS1 TA and Forest school)
 Heidi North (KS2 based TA)

Owner:	Resources	Delegated To	Lisa Knowles
Review Frequency	3 yrs	Updated	Jan 2020
Version`	1.2	Date ratified by Governing Body	Jan 2020
Review Author	LK (governor)	Next Review date	Jan 2023
	EG (head)	Published on Website	Yes

2.2 First aid kits

These are situated in all classrooms, Jigsaw room, with PE staff, in the kitchen, and the School Office, with one based in the staff room to take on trips.

2.3 Treatment of injuries

Before any treatment is administered, staff should ensure they have checked to see if there are any known conditions or allergies e.g. allergy to plasters. This list is in the office. All parents are asked to provide this information annually or if any change occurs.

All staff are able to treat minor cuts, grazes, bumps without requiring first aid training.

2.3.1 Cuts

All open cuts should be covered until bleeding stops after they have been cleaned with water. Anyone treating an open cut should use disposable gloves provided. All blood waste is disposed of in the bins, located in the staff toilets.

2.3.2 Head Injuries

Any bump to the head, no matter how minor, is treated as serious. Bumped heads are treated with an ice pack. Parents or guardians must be informed. The child's teacher will be informed and a close eye will be kept on the progress of the child. Children are given a head bump letter and a text will be sent home to inform parents of the injury.

2.3.3 Other injuries

All other injuries should be dealt with in accordance with first aid training. Additional first aiders should be consulted if there is any doubt as to the best course of action to take.

2.4 Recording of accidents

An Injury Record Book is kept with every First Aid kit. Any injury that requires treatment is recorded in the Injury Record Books with details of the person injured, the nature of the injury, the treatment, the initials of the person responsible for treatment and the date. Major injuries will always be referred to the School Office and recorded in the office Injury Record Book.

A child who receives first aid will also be given a sticker to display prominently on their sweatshirt.

Bumped heads and any other major injuries that require first aid will be reported to parents through a letter and via a text message.

For major accidents, where the child is sent home or to a doctor / hospital, a further county form (SHE internet form) must be completed and submitted within 24 hours of the accident. These forms are located in the school office and normally completed by office staff who dealt with the accident.

2.5 Monitoring of accidents

The Injury Record Books are reviewed annually in the Health and Safety Inspection. Any resulting actions will be implemented through the School Development Plan.

Teachers flag up any cause for concern in relation to any specific child as the need arises.

Owner:	Resources	Delegated To	Lisa Knowles
Review Frequency	3 yrs	Updated	Jan 2020
Version`	1.2	Date ratified by Governing Body	Jan 2020
Review Author	LK (governor)	Next Review date	Jan 2023
	EG (head)	Published on Website	Yes

2.6 Calling the emergency services

In the case of major accidents, the emergency services are to be called on 999.

If a member of staff is asked to call the emergency services, they will be asked to state:

1. the school telephone number: 01453 832382
2. their name
3. the school location: Nailsworth Primary School, Nympsfield Road, Nailsworth
4. the school postcode: GL6 0EU
5. the exact location of the patient within the school setting
6. the name of the child and a brief description of their symptoms, stating whether they are breathing, conscious or unconscious.
7. the best entrance to use. The member of staff needs to state that the crew will be met and taken to the patient.

The staff member will put a completed copy of the incident form by the phone.

In the event of the emergency services being called, a member of the Office staff OR another member of staff, should wait by the school gate and guide the emergency vehicle into the school. A member of staff will remain with a child until their parent/carer arrives. If a child needs to be taken to hospital, staff accompany a child until their parent/carer arrives.

If the casualty is a child, their parents or guardians should be contacted immediately, giving all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

3.0 Individual Healthcare Plans

The Individual Healthcare Plan is a written agreement drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. GP, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. The IHP clarifies for staff, parents and the pupil the help that the school can provide and receive. A review of the IHP is normally done once a year, or as required by office staff.

The main purpose of an Individual Healthcare Plan for a pupil with medical needs is to identify the level of support that is needed at school and to ensure that:

- The school provides children with medical conditions with the same opportunities and access to activities as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- Staff listen to the views of pupils and parents, placing their views and needs at the centre of all decision making.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

Owner:	Resources	Delegated To	Lisa Knowles
Review Frequency	3 yrs	Updated	Jan 2020
Version`	1.2	Date ratified by Governing Body	Jan 2020
Review Author	LK (governor)	Next Review date	Jan 2023
	EG (head)	Published on Website	Yes

- This school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

Please refer to the Supporting Children with Medical Needs Policy for further information about Individual Healthcare Plans.

4.0 Medication Policy

Staff only administer medication that has been prescribed by a GP. We only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

An agreement must be signed by the child's parent or carer [see Appendix 1] and countersigned by the Head teacher and a record kept of the medicines administered by the designated member of staff (normally an Office staff member). For any other medication, we ask parents to arrange for someone to come in and administer this.

4.1 Creams

Prescribed creams are kept in the office and administered as with other prescribed medications. Other creams, such as sun block should be administered before coming to school. Any additional applications that are needed during the day should be self applied, from a named bottle/tube, under the direction of the class teacher.

4.2 Parental permission

Medicines or creams will not be given unless we have the written (or oral, in exceptional emergencies) permission of parents or guardians.

4.3 Where medicine is stored

No medicines should be kept in the class or in the child's possession (except inhalers). All medicines are kept in the school office or the staff room fridge.

4.4 Communication of medical problems

At the beginning of each academic year, parents are asked to complete a form to confide any medical needs. These medical needs are shared with staff and a list of these children and their conditions is kept in the school office. A list of these is also kept in the class register, together with a photograph of the child concerned.

4.5 Epipens and anaphylactic shock training

Where children require an EpiPen to treat the symptoms of anaphylactic shock, the EpiPen is kept in the school office and relevant staff will have received training.

Owner:	Resources	Delegated To	Lisa Knowles
Review Frequency	3 yrs	Updated	Jan 2020
Version`	1.2	Date ratified by Governing Body	Jan 2020
Review Author	LK (governor)	Next Review date	Jan 2023
	EG (head)	Published on Website	Yes

4.6 Inhalers

Children have access to their inhalers at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key Stage 1 children will keep their inhalers with their class teacher for safety. We request that parents provide the school with a spare inhaler for each child.

In the event of a child having an asthma attack, who has no inhaler (or spare), the emergency services will be contacted for advice and/or action, and the child's parents or guardians notified immediately.

Further information on common medical needs – anaphylaxis, diabetes and asthma can be found in Appendices F, G and H of the Supporting Children with Medical Needs policy.

5.0 Specific conditions and Infection Control

5.1 Head Lice

Staff do not examine children for head lice. If we suspect a child has head lice we will inform all parents and carers in the class and ask them to examine and treat children as appropriate. When we are informed of a case of head lice in school, all parents are also informed through the newsletter. Parents can seek help from their pharmacist, GP or health visitor and may be able to get treatments on prescription if the cost is prohibitive.

Useful further information about the detection and treatment of headlice can be found here:

<http://www.nhs.uk/Conditions/Head-lice/Pages/Introduction.aspx>

5.2 Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, parents will be requested to collect them immediately. Children with these conditions will not be expected back into school until **48 hours** after the last symptom has elapsed.

Guidance on Infection Control in Schools - This Department for Education guidance provides advice on:

- preventing the spread of infections
- which diseases to vaccinate for
- how long to keep children away from school
- infections such as athlete's foot, flu, German measles, head lice, impetigo, TB

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

6 Intimate Care Policy

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.

Owner:	Resources	Delegated To	Lisa Knowles
Review Frequency	3 yrs	Updated	Jan 2020
Version`	1.2	Date ratified by Governing Body	Jan 2020
Review Author	LK (governor)	Next Review date	Jan 2023
	EG (head)	Published on Website	Yes

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.

Children and young people'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 and young people have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Nailsworth C of E Primary School (the School) work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children and young people as appropriate to their developmental level and degree of understanding. The School is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times. The School recognises that there is a need to treat all children and young people with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

6.1 Our Approach to Best Practice re Intimate Care

All children and young people who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.

Staff who provide intimate care have training in child protection and any other training appropriate to a specific need. Staff will also liaise with the trained first aider or Special Needs Coordinator where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual children and young people 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.

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.

As a basic principle children and young people 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. If necessary individual intimate care plans will be drawn up for particular children and young people 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.

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.

Owner:	Resources	Delegated To	Lisa Knowles
Review Frequency	3 yrs	Updated	Jan 2020
Version`	1.2	Date ratified by Governing Body	Jan 2020
Review Author	LK (governor)	Next Review date	Jan 2023
	EG (head)	Published on Website	Yes

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, 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.

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 young people and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

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.

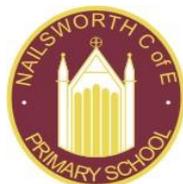
In any instance where clothes are soiled by a child, these will be bagged and sent home with the child at the end of the day. Where disposable pants are required by any child these are disposed of appropriately and hygiene procedures are followed with careful hand washing and/or hand sanitisers being used.

7.0 Other Policies to be aware of:

- Supporting Pupils with Medical Needs Policy
- Safeguarding and Child Protection Policy
- SEND Policy
- Health & Safety Policy

Owner:	Resources	Delegated To	Lisa Knowles
Review Frequency	3 yrs	Updated	Jan 2020
Version`	1.2	Date ratified by Governing Body	Jan 2020
Review Author	LK (governor)	Next Review date	Jan 2023
	EG (head)	Published on Website	Yes

APPENDIX 1: AGREEMENT FOR ADMINISTRATION OF MEDICINE



AGREEMENT FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION

Name: -----

DOB: ----- Year: : -----

Address: -----

Parent / Carer Telephone: ----- GP: -----

Known Allergies: -----

Name and Dose of Prescribed Medication:

I give my approval for staff at Nailsworth CofE Primary School to administer the above named medication (and, if applicable, act as laid out in the Health Care Plan in the event of an emergency).

Parent/Carer

Signed: ----- Name: ----- Date: -----

I give my approval for staff to administer the above named medication (and, if applicable, act as laid out in the Health Care Plan in the event of an emergency).

Head Teacher

Signed: ----- Name: ----- Date: -----

Date	Time	Administered by Whom	Dose Given

Owner:	Resources	Delegated To	Lisa Knowles
Review Frequency	3 yrs	Updated	Jan 2020
Version`	1.2	Date ratified by Governing Body	Jan 2020
Review Author	LK (governor)	Next Review date	Jan 2023
	EG (head)	Published on Website	Yes