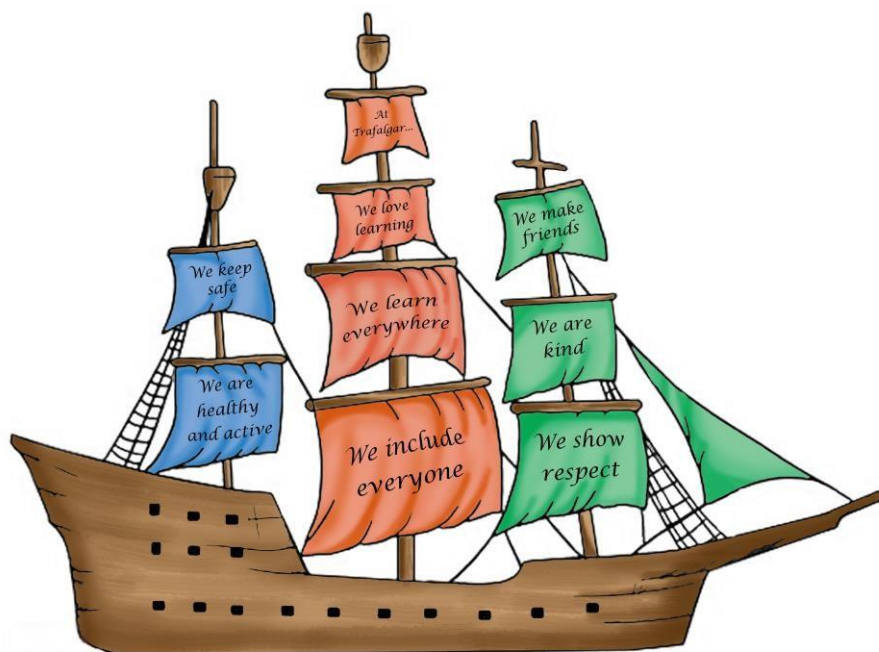


# Trafalgar Community Infant School



## Policy Document

### **MEDICINES IN SCHOOL FIRST AID AND INTIMATE AND PERSONAL CARE ASTHMA**

**REVIEWED: January 2024  
TO BE REVIEWED: January 2025**

Trafalgar Community Infant School will undertake to ensure compliance with the relevant legislation with regard to the provision of Medicines in School for pupils, staff and visitors and will ensure that procedures are in place to meet that responsibility.

A number of forms are referred to as appendices in this policy. These forms are included at the end of the policy. Additional forms/templates/care plan templates for supporting pupils with medical conditions can be found in WSCC templates available on the WSGfIL.

### **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The governing body of Trafalgar Community Infant School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' April 2014'.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency, all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

### **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Trafalgar Community Infant School are managed appropriately. They will be supported with the implementation of these arrangements by the Headteacher Fiona Hickie and school staff.

The leads for the management of medicines at Trafalgar Community Infant School are

- Mrs L Chalmers (Learning Assistant)
- Mrs J Knapp (Learning Assistant)

In their duties, staff will be guided by their training, this policy and related procedures.

### **Implementation Monitoring and Review**

All staff, governors, parents/carers and members of the Trafalgar Community Infant School community will be made aware of and have access to this policy. This policy will be reviewed once every year or more frequently if required and its implementation reviewed as part of the head teacher's annual report to Governors.

### **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics can be requested from your GP which would allow you to administer them three times a day, at breakfast, getting home from school and bed time. Parents are encouraged to request from a medical professional to prescribe dosage to fit around the school day. If this is not possible, a member of school staff may administer the medicine.

Parents may call into the school and administer medicine to their child. When school staff administer medicines, the parent or carer must supply to the school Office the medicine in the original pharmacist's container clearly labelled in a named airtight container, including details of possible side effects. Parents must complete a 'Parental Agreement to Administer Prescribed Medicines' (Appendix A). If a

member of staff administers prescribed medication, they will record details/dosage in the medicine book and complete a pink slip for parents.

### **Non-prescription Medicines**

The school keeps a small stock of non-prescription medicines if relevant symptoms develop during the school day. We have Paracetamol (Calpol) and antihistamine (Piriton) available.

Before 12pm parents/carers will be contacted to confirm a dose of pain relief was NOT administered before school. If a parent/carer cannot be contacted and therefore cannot confirm that pain relief was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has NOT been administered the school will administer one standard dose with parental consent. Parents will be requested to complete the 'Parent/Carer Consent to Administer Short-Term Non-Prescribed 'Ad-Hoc' Medicines'. This will cover the administered medication. Staff will record and inform parents of the time and dosage via a pink slip.

Non-prescription medication that is for the same/initial condition will NOT be repeated for longer than two weeks after initial episode, and NOT for more than two episodes per term. It would be assumed that the prolonged expression of symptoms requires medical intervention and parents/carers will be advised to contact their GP.

Non-prescription medicines will only be given for 48 hours, parents will then be advised to contact their GP. Requests for more than 48 hours must have a letter from their GP stating dose and length of administration.

### **Antihistamine**

If your child has hayfever please administer this medication before your child comes to school. The school will only administer antihistamine for allergic reactions that develop during the school day.

### **Pupils with Long-term or Complex Medical Needs**

Parents or carers should provide the Senior First Aiders with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/carers, Headteacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) (Appendix B). These plans will be reviewed by the Inclusion Coordinator (Mrs C Edgal) annually or following a significant change in a pupil's medical condition.

### **Admissions**

When the school is notified of the admission of a pupil with medical needs the Leaders for Managing Medicines (Mrs J Knapp and Mrs L Chalmers) and the Headteacher (Fiona Hickie) will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

### **Pupils taking their own Medication**

For certain long-term medical conditions, and providing that the parents/carers, health care professionals and school agrees that it is appropriate, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's individual health care plan (Appendix B) and parents should complete the relevant section of 'Parental agreement for setting to administer prescribed medicine' form (Appendix A).

## **Staff Training**

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (auto-injector), Diabetes (insulin), Epilepsy (midazolam).

Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine and is recorded in the medication book.

## **Storage and Access to Medicines**

All medicines are kept in the medical room in the medicines cupboard. Medicines are always stored in the original pharmacist's container.

Emergency medicines such as inhalers and auto-injectors are kept in a clearly identified container in the medical room, and if necessary his/her classroom. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire. Parents will be asked to supply two auto-injectors and one inhaler for each child, one is kept in the medical room and one is kept securely in their classroom. If a child has severe Asthma and takes an inhaler regular throughout the day then we would require a second inhaler to be kept in child's classroom. Teachers and Learning Assistants are aware where this is stored.

Medicines that require refrigeration are kept in the fridge in the medical room, clearly labelled in an airtight container.

## **Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits.

## **Emergency Procedures**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew, which are kept in a folder in the medical room. IHP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency.

### **Medicines on Educational Visits**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix A) and supply a sufficient supply of medication in its pharmacist's container.

Non-prescription medicines cannot be administered by staff and pupils must not carry them for self administration. Hay fever remedies etc. should therefore be provided, if necessary, on prescription or given by the parent/carer before a school visit.

Pupils with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Travel sickness medication must be supplied by the parents/carers in an original container with the patient information leaflet and must be suitable for the age and weight of the child. The school requires parent consent and confirmation that the child has had this medication previously without adverse affects.

### **Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Headteacher. If the issue cannot easily be resolved then please refer to the School Complaints Policy.

**Signed :**

Chair of Governors

**Date:**

# First Aid Policy

Trafalgar Community Infant School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for pupils, staff and visitors and will ensure that procedures are in place to meet that responsibility.

## Aims

- To ensure that first aid provision is available on the premises at all times during the school day, and also off premises whilst on school trips.
- To ensure that all incidents are dealt with swiftly and correctly.

## Training

There are two Learning Assistants and two Teachers that hold the 'First Aid at Work' qualification. Most Learning Assistants and Learning Support Assistants hold the Paediatric First Aid qualification as well as a Teachers. First aiders attend retraining courses as required and new Learning Assistants are sent on training courses as soon as possible. A central electronic record is held in the School Office.

## Pupils Medical Conditions

A list of pupils who suffer from medical conditions, together with details of the condition and treatment required is kept up to date by the School Office. Copies of this list are kept in all classrooms, medical room and in the first aid boxes.

Individual care plans are completed for pupils with more serious medical conditions as well as children with asthma and who require an auto injector. This plan is completed by the CO.HTS or Inclusion Coordinator and depending on the medical condition, also with the Senior First Aiders along with the parent/carer. Copies of the plan are kept in the classroom, medical room and on the child's record. Plans are updated annually or as required by the Inclusion Coordinator C Edgal if appropriate.

## Medical Facilities

The school provides a medical room for treatment. The room is stocked with first aid equipment and any life saving medication that children require to be kept on school premises (inhalers/auto-injectors). These are kept in a cupboard in the medical room clearly marked with the child's name and stored in class order.

It is the Senior First Aiders job to ensure that the medical room remains fully stocked. In the event of the Senior First Aiders being absent from school another Learning Assistant will assume responsibility for this role.

## Hygiene/Infection Control

Basic hygiene procedures must be followed by staff. Single use disposable gloves must be worn when treatment involves blood or other bodily fluids and disposed of with used dressings in the yellow medical waste bin in the medical room. Masks and aprons are available if required.

## Treatment

All incidents are recorded in the first aid folders that are kept in the medical room. The child's name, class, time of accident, details of the accident and any treatment given and initials of adult who gave treatment are all recorded. All children that have a bump to the head receive a pink wrist band which states "I bumped my head today". This is so all parents/carers are aware. Nose bleeds and bumps

that might result in bruising or more serious injuries receive a pink note giving details of the injury and the length of time of nose bleed. This note will be handed to the parent/carer at home time so that they are aware of the injury/nose bleed.

Minor scrapes and cuts are cleaned with water and a plaster applied if it is thought necessary. All plasters are sterile, latex free and hypoallergenic, although some children still can't use these therefore gauze and tape are available to use. Childrens names unable to use these are listed in the first aid boxes.

Head bumps are assessed and ice packs applied. If the head bump causes concern a telephone call is made to the parent/carer giving details of the injury and asking the parent/carer to come and collect their child. If the parent/carer is unable to collect their child they are kept under close observation.

If a parent/carer has been advised to take their child to minor injuries a Reporting and Investigation of Accidents and Incidents in Schools Form needs to be completed online by the attending first aider as soon as possible in the school office.

All first aiders will ask for a second opinion if they are at all unsure.

Accidents to staff are recorded in a separate first aid book kept in the medical room.

### **Calling the emergency services**

For major incidents where possible, the first aider will make the decision as to whether or not to call the ambulance. However, any adult can call an ambulance needed for a child. A member of the administration staff or another member of staff will make the telephone call, giving details of the accident, whether the casualty is breathing and/or unconscious, the casualties name and age and the location of the school. The office staff will contact the parent/guardian/next of kin informing them of the accident. If the incident is life threatening a member of the Leadership Team/or the first aider attending the incident will make the telephone call to the parents or carers.

Once the call has been made a member of the office staff will open the gates and car park barrier and wait by the school gates to guide the emergency vehicle into the school grounds. If other children are on the school playground the adults supervising will ensure they are safely away from the emergency vehicle.

The first aider will give details to the ambulance crew and wait with the child until the emergency has been dealt with. If the child needs to be taken to hospital before the parent/carer/next of kin arrives a member of staff will accompany them and stay with the child at the hospital until they are able to get there.

After an incident has been dealt with the first aider or another member of staff must ensure that the area is cleaned properly, medical resources restocked and any paper work completed.

### **School trips**

When going on a school trip the Learning Assistant for that class must ensure that all children who may require medication are made known to the first aider. The first aider must ensure that all medication and first aid kits are taken on the trip as well as some spare clothes in case of any accidents. If travelling by coach a first aider must travel on each coach with the correct medication for the children on that coach, and if splitting up to work in groups during the visit the medication must be with the member of staff with the child.

A list of children's names and contact numbers are kept to hand in case of emergencies off site. Any medical needs of any adults (including parent helpers) on the trip must also be made known to the first aider on the trip.

### **Administering medicines**

As a school we do administer lifesaving medication (such as inhalers, auto-injectors) or medication which needs to be administered on a long term basis as long as we have written consent from the parent/carer and the medication has been prescribed by a doctor.



# Intimate and Personal Care Policy

## Definition

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support as agreed on that child's Care Plan. If the member of staff supporting that child feels that a child needs more care than they can give i.e. full bath/shower etc then they will ask the office staff to call the parents/carers to come and clean/take home that child to reduce the distress or embarrassment for the child concerned.

## Introduction

Trafalgar Community Infant School is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. All children have the right to safety, privacy and dignity when contact of an intimate nature is required. We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

No child shall be attended to in a way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

## Our Approach to Best Practice

- Adults working with a child who needs intimate care should wear appropriate PPE
- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice.
- Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- Pupils will be supported to achieve the highest level of independence possible according to their individual condition and abilities.
- Individual care plans will be drawn up for any pupil requiring regular intimate care.
- Staff should ensure that whilst supervising a child who requires any form of intimate care that another adult is in the vicinity and is aware of the task to be undertaken.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan by the Inclusion Coordinator (Mrs C Edgal).

- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.
- If a child has had a toileting accident, they are encouraged to act as independently as possible to undertake as much of their own personal care as possible. If the child we feel is upset/distressed and unable to successfully clean themselves and no care plan has been agreed, we will phone the parent/carer to come and collect or clean their child. We believe that with the age group of children in our school that this level of intimate care is best provided by a parent.

*Date to be reviewed Spring 2024*

# Asthma Policy

## **Rationale**

The school –

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and the medicines they take.
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to pupils with asthma.
- Ensures that all pupils understand asthma.
- Ensures that all staff (including supply and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.
- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

## **Asthma Medicines**

Asthma medication is kept in a cupboard clearly marked with the child's name and stored in class order in the medical room. Also, a second inhaler will be required to be kept in the classroom for a child with severe asthma clearly marked container in the child's classroom.

School staff who agree to administer medicines are insured by the Local Authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to if they are able.

## **Record Keeping**

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. If they have asthma, they complete an asthma information form and a IHP must be complete, which is filed in the medical room.

## **Exercise and Activity PE and Games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons.

## **Out of Hours**

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs and ensure the adult/person running the club is aware of the children that have an asthma inhaler in school, and the appropriate action to take if a child has an asthma attack.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definite no smoking policy.

### **Asthma Attacks**

All staff who come into contact with pupils with asthma know the signs of an asthma attack and know what to do in the event of an asthma attack. All staff receive refresher training yearly.

In the event of an asthma attack the school follows a clear procedure.

- Encourage the pupil to use their inhaler and follow parents directions on form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency Asthma Treatment' procedures. (Appendix A)

### **Access and Review of Policy**

The Asthma Policy will be accessible to all staff and the community through the school's website. Hard copies can be obtained through the School Office. This policy will be reviewed on a two yearly cycle.

Reviewed – Spring 2023

To be Reviewed – Autumn 2024

Reviewed by Senior First Aiders – Spring 2023

## APPENDIX A

### EMERGENCY ASTHMA TREATMENT

#### ASTHMA ATTACKS AND WHEEZINESS

Signs of worsening asthma:

- Not responding to reliever medication
  - Breathing faster than usual and a wheezing sound coming from the chest (when at rest)
  - Difficulty speaking in sentences
  - Difficulty walking/lethargy
  - Pale or blue tinge to lips / around the mouth
  - Appears distressed or exhausted
- 
- Keep calm and reassure the child, encouraging the child to sit up and slightly forward.
  - Immediately help the child to take TWO separate puffs of salbutamol via the spacer.
  - If there is no immediate improvement, continue to give TWO puffs at a time up to a maximum of 10 puffs.
  - If their symptoms are not relieved with 10 puffs of blue inhaler or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE AND CALL PARENT
  - If an ambulance does not arrive in ten minutes give another ten puffs in the same way and keep calm and keep reassuring the child.