

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND FIRST AID IN SCHOOLS POLICY

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Title: SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND FIRST AID IN SCHOOLS POLICY

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0. Document Control

The table below contains the changes made between the different final editions of this document set for approval. This is to help provide information to those reviewing and approving the document of the changes being made.

Document Edition	Section	Details of change
2	2	Student Mental Health and Wellbeing Policy added
2	2,3,4	Titles amended
2	4	Roles and Responsibilities updated
2	5,7,8,9,11,14,15, 17	Staff names removed
2	14	Change to the Mental Health provisions: removal of Grief & Bereavement Specialist and RBG Outreach Learning Mentor to Social and Academic Mentors and commissioning onsite counselling provision
2	17	Title amended
2	Appendix 1	Names of responsible staff added
2	Appendix 1a	Removal of the Covid-19 Addendum

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1. Definitions

- A “School” refers to the individual academies within the Trust. Depending on the context this may refer to a singular academy or to all of the academies within the Trust but as separate entities.
- The “Staff” refers to any individual who is employed by the school or who operates on the schools’ behalf, e.g. Trustees and Governors.
- A “Parent” includes the natural or adoptive parent of a students as well as any non-parent / carer who has parental responsibility including being involved in the day to day care of a student.
- *Royal Greenwich Trust School uses the term ‘parents’ to signify parents and/or carers, i.e. all those who have parental responsibility for a child or young person.*
- A “Student” includes any incoming or current student at any School within the Trust. It also includes any individual who was previously a student at any School within the Trust and who has left within the appropriate timeframe for consideration as necessary, e.g. complaints.
- The “Headteacher” is defined as the individual who has ultimate responsibility for a school. Individual schools may have alternative titles such as Executive Headteacher. A list of roles can be found in Appendix 1.

2. Scope of the Policy

This policy should be read in conjunction with the following:

- Accessibility Policy
- Admissions Policy
- Equality and Diversity Policy
- Student Mental Health and Well-Being Policy
- UST Medical Policy / Handbook
- UST Wheelchair Policy

3. Policy Aims and Ethos

The aim of this policy is to outline procedures to ensure that:

- Every student, member of staff and visitor will be well looked after in the event of an incident or accident, no matter how minor or major.
- Students with physical and mental health medical conditions are supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential, in line with *“Supporting Pupils at School with Medical Conditions, Statutory Guidance” (DfE, April 2014, updated December 2015 & August 2017).*

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4. Roles and Responsibilities

Governors

- Appoint a governor responsible for monitoring and evaluating the planning to support pupils with medical conditions .

Headteacher

- Appoint a Designated Policy Lead (DPL) from among the senior staff with overall responsibility for policy implementation, update and for overseeing staff training on medical needs;
- Appoint a named person who has overall responsibility for the development and review of The Medical Alert Handbook and Individual Health Care Plans (IHCPs);
- Appoint a named Health and Safety Officer;
- Appoint a person responsible for safe and secure storage and administration of medicines.

Greenwich School Nursing Team

- Appoint a named person responsible for supporting and advising the School on the development of IHCPs

5. Medical Alert Handbook

Students with known medical conditions, who may require medical intervention during the school day by a staff member, are entered into the **Medical Alert Handbook** with consent from parents/carers.

The Medical Alert Handbook has been provided by Oxleas School Nursing Service and is overseen by the School Nurse and the DPL. The Medical Alert Handbook is shared amongst all school staff and school nursing personnel, providing vital medical information on individual students.

The Medical Alert Handbook will be kept confidential for staff use only. Staff will receive annual training on key conditions contained in the Medical Alert Handbook. The Medical Alert Handbook is reviewed and updated throughout the year.

Information contained within the Medical Alert Handbook is written with input from all the relevant parties including medical professionals, School Nurse, School staff and parents/carers. The following information is recorded in the Medical Alert Handbook:

- The name and year group of the student and photo if required
- Information on the medical condition, triggers, signs, symptoms and treatments
- The level of support and intervention required: if it has been agreed that a student is self-managing their medication, this is clearly stated
- Actions to take in an emergency.

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Some students may have a separate Individual Health Care Plan which includes additional details not contained within the Medical Alert Handbook. If this is the case this is indicated next to the students details in the Medical Alert Handbook.

6. Individual Healthcare Plans (IHCPs)

In addition to the Medical Alert Handbook, some students with more complex medical needs will have an Individual Healthcare Plan (IHCP) held in Student Services and shared with key staff. The school will work with the relevant healthcare professionals, the school nurse, parents/carers and the young person to decide when a healthcare plan would be appropriate and proportionate. The format of the IHCP may vary depending on the needs of the individual but aims to capture the key information and actions that are required to support the young person in school effectively. This should include:

- The medical condition, triggers, signs, symptoms and treatment
- Needs arising from the medical condition e.g. medication, equipment, access to facilities or special arrangements
- Agreed arrangements for management of medication, including self-management where appropriate
- Response to emergencies.

IHCPs should be reviewed annually or when the condition changes, in conjunction with a relevant healthcare professional. **It is the parent or carer's responsibility to provide the school with up-to-date information about their child's medical condition.**

NB: whilst the production and on-going review of the IHCP is completed in partnership with parents/carers, young person and relevant healthcare professional, the school maintains the responsibility of ensuring the plan is finalised and put into practice.

7. Staff Training

- Where required, e.g. identified in the Medical Alert Handbook/IHCP, members of staff providing support to a student with specific medical needs will receive suitable training. This training is recorded on the Medical Needs Training Record.
- The Medical Needs Training Record includes a record of staff who have received first aid training and the date of renewal.
- General staff training linked to the Medical Alert Handbook and the school policy is delivered annually and the School Nurse (Oxleas NHS Trust) and forms part of on-going Safeguarding training and briefings. This will be recorded on the Medical Needs Training Record.

8. Management of specific medical conditions

In discussion with parents / carers, students who are competent will be encouraged to take responsibility for managing their own medicines and procedures and where relevant, this should form part of the IHCP or similar planning document e.g. Medical Alert Handbook. This is particularly

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relevant in terms of long-term conditions such as diabetes, where self-management is key to maintaining a student's independence and emotional wellbeing.

DIABETES: For many young people with diabetes, holding their own medication/equipment is central to their self-management of the condition and Diabetes UK advises against any blanket approach that does not take account of the needs and wishes of the young person. The student's management of the condition will be laid down in the Medical Alert Handbook, as agreed with the school, parent or carer, school nurse and diabetic nurse.

ASTHMA: Students should carry their own reliever inhaler at school and keep this in their possession, for relief of symptoms and in the event of an asthma attack. Should a parent/carer wish to hold an additional inhaler in school, this should be handed in to the Main School Office in date and clearly labelled, marked for the attention of the person responsible for safe and secure storage and administration of medicines.

It will then be stored securely within RGTS's Medical Room. It is the parent's / carer's responsibility to ensure that the inhaler held in school remains in date. If a student with asthma requires additional support, this can be facilitated within school through the school nurse, following contact from parents. (*Guidance of the use of emergency salbutamol inhalers in school, March 2015, Department of Health*)

ANAPHYLAXIS: students should carry their own auto-injector with them at all times. A second autoinjector is held in the Medical room. **It is the parent's responsibility to ensure that students carry their own auto-injector and that spare auto-injectors held in school are in date and to provide new ones before the expiry date.**

The School holds **emergency auto-injectors**. These can be given in an emergency to those with diagnosed anaphylaxis or to those with other allergies who are experiencing symptoms of anaphylaxis, but **only where consent has been given by a parent/carer and a G.P.** Consent can only be given through completion of the **Allergy Action Plan** provided by the School. Where consent has been given, this will be recorded in the Medical Alert Handbook.

NUT ALLERGY AWARENESS: With the co-operation and support of our parents/carers, students and staff, RGTS is a "Nut-Aware" school: whilst we strive to eliminate nuts from the school environment, we cannot provide an absolute guarantee that no nuts or nut-based products will be brought onto the school premises.

Students with any form of food-based allergy or intolerance can seek advice direct from the Canteen Manager who may be able to accommodate individual requirements wherever possible.

9. Managing other medication on the school site

- Medicines should only be administered at school when it would be detrimental to a young person's health or school attendance not to do so: where possible, medication should be administered before or after school in the home environment.
- Unless an agreement is in place (see specific conditions outlined above) medication required in school should be handed into Student Services. The School will only accept

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medication that is in-date, clearly labelled with the student's name, provided in the original container (as dispensed by a pharmacist) and including instructions for administration, dosage and storage as part of the written consent given by parent/carer. Where necessary, verbal consent can be given and will be recorded by the school.

- No young person under 16 should be given prescription or non-prescription medicines by a member of RGTS staff, without their parent's consent.
- A young person under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Prescribed medication should never be administered without first checking dosage and when the previous dose was taken. A record of medication administered is held, including name of member of staff, student name, date, time and dosage: the person responsible for ensuring this record is maintained is the Designated Policy Lead.
- It is the parent/carer's responsibility to ensure that any medications held in school are in date and replacements provided prior to medication passing its use-by date.
- All medicines are stored safely with regular checks to make sure they remain within the expiry date: the person responsible for ensuring correct procedures are in place is the Designated Policy Lead.
- Where held by the school, students will know where their medicines are at all times and be able to access them quickly. Emergency medications e.g. auto-injectors are kept in the medical room.

10. Generic medication available in school

Supplies of paracetamol and antihistamine are held in school to be administered to students when required, but only with the consent of parent/carer. As with other medication, staff will check when the previous dose was given and a written record including time and dosage is made each time medication is administered. The maximum dose as suggested on the original packaging must be checked and adhered to and all generic medicines used in school must be within the expiry date.

11. Controlled drugs

- Controlled drugs e.g. morphine, that have been prescribed for a student and provided by parents will be securely stored in the locked controlled drugs cabinet in Student Services. Only named staff should have access as identified in the IHCP/Medical Alert Handbook. Controlled drugs should be easily accessible in an emergency: The Premises Team can access the controlled drugs cabinet outside usual school hours in an emergency if required.
- As above, a record will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

When no longer required, medicines will be returned to the parent to arrange for safe disposal or if not possible, will be disposed of through a local chemist. If required, sharps boxes will be used for the disposal of needles and other sharps. The person responsible for ensuring correct procedures are in place for disposal of out-of-date medications is the Designated Policy Lead.

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12. Students who become unwell during the school day

- Where appropriate, students may remain aside Student Services or in the medical room for a period of time for monitoring or may be sent back to lessons with a note in their planner, to inform teachers that they are not feeling well
- Where a student needs to go home due to being unwell, the parent/carer will be contacted to plan for their child to be collected: students will not be sent home unaccompanied and will remain in the medical room until collected from main reception or until the end of the school day.

13. Record Keeping

Where first aid is administered, this is recorded on CPOMS (see appendix 4), a confidential online platform. Details include date, time, student name, reason, action taken and staff name. More serious incidents or accidents are reported on CPOMS and the school's Health and Safety Officer, Kurt Ringmo, will also be alerted.

14. Mental Health Provision

Royal Greenwich Trust School places a high precedent of our students' mental health and well-being.

Students engage in a spectrum of opportunities to raise and sustain their mental health and well-being, including informing them of how to access support, most significantly Kooth Online <https://www.kooth.com/>

These opportunities include; a strong pastoral / Form Tutor programme, Assemblies, weekly Character Development Lessons, time with RGTS Social and Academics Mentors and events to celebrate days / weeks such as Mental Health Awareness Week.

Furthermore, RGTS commissions an onsite counsellor / counselling service, as well as fully utilising our core hours from our CAMHS Link worker and facilitating fantastic organisations such as the YMCA to deliver individual and small group work.

Where necessary students are also referred to CAMHS and a wide variety of other local and national support services.

Teachers are able to refer students for our onsite provisions through our internal referral forms and key members of staff meet weekly for an Inclusion Panel Meeting where student referrals are discussed and agreed. These provisions are monitored, tracked and triangulated with attendance and Behaviour data, to ensure high value impact by the DPL.

15. First-Aid Provision

Parents/carers must seek professional medical advice/attention if they have concerns about their child: first-aiders are not medically trained professionals. The term 'First Aider' refers to those

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members of the school community who are in possession of a valid 'First Aid at Work' or 'Emergency First Aid at Work' certificate or equivalent. First Aid provision must be available while people are on school premises and also off the premises whilst on school visits (*DfE - Guidance on First Aid for Schools*).

The DPL, supported by the Head of School Administration, Health and Safety Officer will:

- Ensure posters are displayed in key areas across the school with up-to-date information on qualified first-aiders and location of first aid kits
- Oversee maintenance of first aid kits across the school site
- Oversee formal investigation and reporting of accidents including RIDDOR (Reporting of Injury, Diseases and Dangerous Occurrences Regulations)
- Develop and review Personal Emergency Evacuation Plans (PEEPS) for students with restricted mobility
- Ensure there are appropriate numbers of trained first-aiders on site to meet the School's needs.

Where an after-school event is being organised, it is the responsibility of the event organiser to ensure a first aider is available on site in liaison with the Senior Leadership Team.

16. Emergency response to medical conditions

- Training delivered in conjunction with the Medical Alert Handbook indicates what actions should be taken in a medical emergency, supported by flow charts displayed in key areas (for diabetes, seizure, anaphylaxis, asthma, sickle cell).
- Where a student has an entry in the Medical Alert Handbook/IHCP, this will clearly define what constitutes an emergency and explain what to do for that specific individual, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- The first aider will make a balanced judgment as to whether there is a requirement to call an ambulance. In most circumstances, an ambulance would be called by the first-aider attending or a member of the administrative team. However, should an ambulance be called by another member of staff, the main office should be alerted immediately so they can support with the necessary arrangements.

An ambulance will always be called in the following instances:

- In the event of a serious injury or unconsciousness
- In the event of any significant head injury
- Where there is the suspicion that a young person has taken any form of overdose, intentional or unintentional
- Where this is indicated in the Medical Alert Handbook e.g. in relation to duration of seizures.

Parents will be notified in the event that the student requires hospital treatment and where the parents cannot be contacted prior to attendance, the qualified First Aider/Appointed

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Person/another member of staff will accompany the student to hospital and remain with them until the parent/carer can be contacted and arrive at the hospital.

On occasions, a student may need to be taken to hospital without the support of an ambulance or the parent/carer who may be delayed in getting to the School. In these circumstances, the welfare of the young person is the priority. If it is felt that a delay would be harmful to the young person and with the parent/carer's consent if it can be secured quickly, an appropriate member of staff will use their own vehicle to get to the hospital, supported by another member of staff wherever possible (see the School's Child Protection and Safeguarding Policy for further information).

17. Educational Visits

- First-aid provision must be available at all times on school visits and journeys (*Guidance on First Aid for Schools, DfE*)
- Once the students going on the journey have been finalised, trip leaders must use the Medical Alert Handbook to identify specific medical needs of students attending, which should be incorporated into the risk assessment or if an individual risk assessment if required, in liaison with parent/carer/student.
- Supporting students with medical needs must form a key part of staff briefings prior to departure and should be incorporated into information and pre-trip briefings for parents/carers.
- Any medications normally held in school and taken on the trip e.g. auto-injectors, must be signed out with Angela Kelly (Attendance Officer) and returned and signed back in immediately on return.
- Where needed, trip leaders should seek guidance from the DPL, School Nurse or the Senior Leader in charge of Educational Visits.

18. Arrangements for students who are unable to attend school due to medical conditions

Where young people cannot receive a suitable education in mainstream school due to their health needs, the local authority has a duty to make alternative *arrangements* (*Ensuring a good education for children who cannot attend school because of health needs, DfE, January 2013*). Where a student is declared "unfit for school" by the appropriate medical professional, a referral is made to the student's local authority so that provision can be discussed and agreed.

The school maintains a flexible, pragmatic and personalised approach to support students in reintegration to school following an extended period of absence due to medical reasons. This is planned in partnership with parents/carers and the young person and includes advice from medical professionals where relevant.

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19. Liability and Indemnity

The governing body will ensure that appropriate levels of insurance are in place to cover staff supporting students with medical needs, including liability cover relating to the administration of medication.

20. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint using the school's complaint procedure.

21. Appendix 1 – Key Members of Staff Referenced

- The governor responsible for planning to support pupils with medical conditions is Suzanne Tilbrook.
- The named person who has overall responsibility for policy implementation is Laura Tutty, Assistant Head Teacher: Inclusion.
- The named person who has responsibility for overseeing staff training on medical needs is Laura Tutty, Assistant Head Teacher: Inclusion.
- The named Health and Safety Officer is Kurt Ringmo, UST Operations Manager.
- The named person responsible for storage and administration of medicines is Angela Kelly (Attendance Officer).
- The named person who has overall responsibility for the development and review of The Medical Alert Handbook and Individual Health Care Plans (IHCPs) is Ms. L. Tutty, Assistant Head Teacher: Inclusion.
- The named person responsible for supporting and advising the School on the development of IHCPs is the School Nurse Jamila Dixon , Young Greenwich Nurse Oxleas NHS: this is in conjunction with the Greenwich School Nursing Team and relevant healthcare professionals e.g. diabetic nursing team, GPs and consultants.

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22. Appendix 2 – Parental Consent to Administer Medicine

Parental Consent Form to Administer Medication to Student
RGTS will not give your child medicine unless you complete and sign this form.

Name of School	Royal Greenwich Trust School
Name of Child	
Date of Birth	
Tutor Group	
Medical Condition or Illness	

Medicine

Name/Type of Medicine <i>(as described on the container)</i>	
Expiry Date	
Dosage and Method	
Timing (i.e. every 4 hours)	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-Administration – Yes/No?	
Procedures to take in an emergency	
Is this an ongoing treatment – Yes/No?	
If no – how long will this medicine need to be given for?	

NB: Medicines must be kept in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	<i>[agreed member of staff]</i>

The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to RGTS' staff administering medicine to my child. I will inform RGTS immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer Name

Parent/Carer SignatureDate.....

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23. Appendix 3 – Medical Administration Record Sheet

Student Name				Tutor Group		
Date	Time	Medicine	Dosage Given	Reason Medicine Given	Administered by (Staff Code)	Signed By (Staff)

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24. Appendix 4 - Young Greenwich Nurse Referral Form



Young Greenwich Nurse Referral Form

Please password protect and email to: oxl-tr.snsouth@nhs.net

Person making referral and Designation		School / Agency	
Student name		Pastoral Support Plan if known	
Male / Female		CP concerns I.E. TAC, CAF, CIN, CPP.	
Student date of birth		Ethnic origin	
Student address		Parent / Carers name and contact details	
Year / Class		SEN Level	
Looked After Child	YES / NO	Other Agencies Involved	

Reason for Referral and your expectations of how it might help:

Please provide details of any other interventions either past or current:

Are the Parents / Carers aware of concerns raised in this referral?

Have the parents / carers consented to the referral? YES / NO Verbal / signed

Parent / Carer Name and Signature.....

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General family composition & information:

School attendance if known					
(Please tick)	Very regular	Regular	Irregular	Not regular	Below average
	99-100%	95-99%	90-94%	80-89%	80% or less
Attainment by age related to expectations,					
(Please tick)	Above expected	At expected levels	Below expected levels	Very much below	Serious cause of concern

Referrer's Signature..... Date.....

Referrer's contact details and email

Young Greenwich Nurse Feedback form

Referral accepted	Yes / No
Date accepted	
Name & designation who accepted	
Noted on RiO (name and date)	
Intervention to be offered	
Date Intervention accepted by YP / family	
Nurse allocated to complete intervention	

Referral declined and reason why	
Date referral sent back and to whom	
Noted on RiO (name and date)	

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25. Appendix 5 – CPOMS

CPOMS Website CPOMS User Guide Contact Support CPOMS FAQ
It is your responsibility to log out and protect the security of student information.

Royal Greenwich Trust School Dashboard Reporting Planner Library Admin Account Settings REMIND ME HIDE NAME'S Add Incident

⚠ There are possible [student transfers](#) awaiting your action.

Student:

Incident:

Categories: Absentment Attendance Behaviour Related Log Bullying/ Friendship Related Issues Cause for Concern Child Contact Child Protection Communication Contact with External Agency COVID-19 RRG 55 weekly protocols sent to SVT Home Issues/ Parenting Issues Medical Issues Parental Contact Safeguarding SEND Team Teach Incident Verbal & Aggressive Incidents Video call Southform students

Medical Issues Subcategories: EpiPen/ Asthma First Aid FIRST AID - COVID-19 SYMPTOMS

Linked student(s):
Type a student's name to link them to this incident.

Body map:

Date/Time:

Status:

Assign to:

File:

Alert Staff Members:

Type a colleague's name or select an alert group to alert them to this incident. Colleagues highlighted in red would not normally be able to view this incident.

Agency Involved:

Add to planner:

26. Approval Signature

Signature of (enter position e.g. Chair) _____

Print name _____

Date _____

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