



Elemore Hall School

Policy Title	Supporting Pupils with Medical Conditions Policy (Includes the administration of medication procedures)
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This version	April 2019 v3 minor amendments 09/21 supersedes all previous versions
Approved by	School Nurse
To be reviewed by	Curriculum, Standards & ECM Committee
Review Due	April 2021 September 2023 September 2024

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Policy and Practice

INTRODUCTION

Elemore Hall is a Healthy School.

The promotion of pupil health is paramount within Elemore Hall School and as such procedures and systems are in place to ensure that children who have a medical condition or who require regular or occasional prescribed occasional medication or non-prescribed pain or allergy relief are cared for and supported sensitively and appropriately.

This policy has been developed in line with two documents:-

the Department for Education's statutory guidance released in April 2014 (updated December 2015) "*Supporting pupils at school with medical conditions*" (Appendix A)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

and, the Royal Pharmaceutical Society publication "*The handling of medicines in social care*" (Appendix B)

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

The school will have regard to the statutory and other guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

SCOPE

This policy covers all pupils who attend the school for the time that the pupil is in the care of the school including school visits, eventing activities and residence.

RATIONALE

As the responsible adults, it falls to staff of the school to promote the health of the young people who attend or visit the school. In doing this staff aim to encourage pupils to develop responsibility for their own health and care.

The school recognises that some pupils take regular medication that may need to be administered during the time that the young person is at school. It is also recognised that pupils may occasionally fall ill whilst at school (or may indeed be sent into school ill) and that inevitably some pupils may have accidents whilst at school. This policy seeks to outline how the school manages the above needs in response to medication and medical support.

The school also recognises that it has a responsibility to support and teach pupils about how to live healthily. This policy will outline how the school does this.

KEY ROLES AND RESPONSIBILITIES

a) The Local Authority (LA) is responsible for:

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of Elemore Hall School is responsible for:

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of, any and all, medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) The Headteacher is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Elemore Hall School
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.

- 5) Developing Individual Healthcare Plans (IHPs).
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- 10) Ensuring confidentiality and data protection
- 11) Assigning appropriate accommodation for medical treatment/ care
- 12) Considering the purchase of a defibrillator.
- 13) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

d) Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient.*
- 2) Knowing where controlled drugs are stored and where the key is held.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance. Reception for adrenaline pen. Pupils who can self medicate appropriately carry their own inhalers, other inhalers are in the Medical Room..

e) School nurses are responsible for:

- 1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 2) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- 3) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.

- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine. (any medication that is no longer required or that cannot be returned appropriately to the parent is taken to the local pharmacy for disposal).
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

g) Pupils are responsible for:

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their IHP
- 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents. (This will depend on the nature of the medication and condition to be treated. Controlled Drugs will always be kept in a suitable locked cupboard).

TRAINING OF STAFF

- 1) Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- 2) The clinical lead for each training area/session will be named on each IHP.
- 3) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- 4) School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.

MEDICAL CONDITIONS REGISTER / LIST

- 1) Schools admissions forms and annual update requests should ask for information on medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- 2) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.

- 3) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- 4) For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

INDIVIDUAL HEALTHCARE PLANS (IHPs)

- 1) Where necessary an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- 2) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors/parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. ***P.S. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***
- 3) IHPs will be reviewed at the same time as the EHCP at least annually or when a child's medical circumstances change, whichever is sooner.
- 4) Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- 5) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

TRANSPORT ARRANGEMENTS

- 1) Where a pupil with an IHP is allocated school transport the school should invite a member of DCC Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
- 2) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- 3) When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container (the school can provide a lockable metal box for this where the parent will hold one key and the school the other). This is a private arrangement between the parent and

the nominated adult. All medicines **MUST** be in their original packaging, must be clearly labelled with the pupil's name, date of dispensing, dose, etc. Loose medication, medication in incorrectly labelled packets, out of date medication, etc, **MUST NOT** be accepted; we will return such medication to parents/carers at the soonest opportunity but they will be locked away securely whilst in school and a record of their presence will be made.

- 4) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. School will discuss with parent or carer what drugs are being sent into school, check that this information agreed with what is actually being delivered and issue a receipt for the drugs received.

EDUCATION HEALTH NEEDS TEAM (EHN) REFERRALS

- 1) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- 2) In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

MEDICINES

- 1) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- 2) If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent for administration of medicine form.
- 3) No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances (ie. where the school is directed to by the ambulance service/medical professional, this may include for example epipens and salbutamol).
- 4) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 5) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 6) Medicines **MUST** be in date, labelled, and provided in the original container with dosage instructions (except in the case of insulin which may come in a pen or pump). Medicines which do not meet these criteria will not be administered, parents will be contacted and the medication sent home/collected by parents.
- 7) Usually **four** weeks' supply of the medication may be provided to the school at one time.

- 8) Medications will be stored in a specially designed/constructed locked cabinet permanently fixed to the wall in the Medical Room. The exceptions to this are inhalers which the pupil will usually carry and emergency epipens that are kept in school reception (or taken with the pupil if going off site).
- 9) Any medications left over at the end of the course will be returned to the child's parents, if appropriate. If the situation indicates that the medicine is out of date, no longer needed, etc, so that returning to the parent may be pointless, school will agree to take to our local chemist for disposal. The medication book will be stamped and signed to indicate this.
- 10) Written records will be kept of any medication administered to children.
- 11) Pupils will never be prevented from accessing their medication.
- 12) Emergency salbutamol inhaler kits may be kept voluntarily by school
- 13) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room and medical room
- 14) **Elemore Hall School** cannot be held responsible for side effects that occur when medication is taken correctly. Any side effects will be reported to parents, GP/Consultant and/or any other relevant authority as appropriate.
- 15) Staff will not force a pupil to take their medication. If a pupil refuses to comply with their health procedure then their parents will be informed. Where there is a risk to the child through their refusal to take medication their parents will be requested to come into school urgently. Refusal to take prescribed medication in school will be recorded in the medication log for the pupil as an 'R' with the date, time and reason for refusal noted.

EMERGENCIES

- 1) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms. There will be repeat training where appropriate.
- 2) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- 3) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

DAY TRIPS, RESIDENTIAL VISITS and SPORTING ACTIVITIES

- 1) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

- 2) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day. (Medication will be issued to supporting staff in the original packaging with written instructions, the MAR and bound book will be completed to show that the medication has been removed from the school, administered and then returned to the school. The member of staff administering the medication on the visit must complete the MAR and bound book accordingly). Whilst off site, the medication must be kept in a locked box to which only the nominated member of staff has a key.
- 3) Staff should follow the guidance and procedures as outlined on the separate Instruction Document.

AVOIDING UNACCEPTABLE PRACTICE

The following behaviour is unacceptable in **Elemore Hall School**

- 1) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- 2) Assuming that pupils with the same condition require the same treatment.
- 3) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- 4) Sending pupils home frequently or preventing them from taking part in activities at school
- 5) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- 6) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- 7) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- 8) Creating barriers to children participating in school life, including school trips.
- 9) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

INSURANCE

- 1) Staff who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the LA/school's insurance.
- 2) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

COMPLAINTS

- 1) All complaints should be raised with the school in the first instance.
- 2) The details of how to make a formal complaint can be found in the School Complaints Policy.

DEFINITIONS

- 1) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of a pupil.
- 2) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*
- 3) 'Medication' is defined as any prescribed or over the counter treatment.
- 4) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- 5) A 'staff member' is defined as any member of staff employed at **Elemore Hall School**

DEFIBRILLATOR

An Automated Electronic Defibrillator (AED) is a machine used to give an electric shock when a person is in cardiac arrest.

Elemore Hall School has two Defibrillators – these are located in the cupboard in Reception on the Elemore Hall site and in the Staffroom on the Windlestone site. Staff must not use the AED without first phoning 999 and speaking to the ambulance service. Tell the ambulance service that the school has an AED and they will advise whether it can be used or not.

<https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

ASTHMA KIT

From 1 October 2014 UK schools are allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.

This guidance will give schools that choose to keep an emergency inhaler the basis to create a policy or protocol for using it

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

A draft asthma policy is available for all Durham schools on the Durham Portal

We will administer the emergency inhaler to needy pupils after taking advice/instruction from the ambulance service (999).

AUTOINJECTOR PENS

The school holds some autoinjector pens for approved administration in the case of an anaphylactic episode.

We will administer it to needy pupils after taking advice/instruction from the ambulance service (999).

MEDICATION (ROUTINE PRESCRIBED)

The school follows the guidelines laid down by the Royal Pharmaceutical Society in their document *"The Handling of Medicines in Social Care"*.

Routine, regular medication is managed in school by Stewart Forster (RCCO). He has overall responsibility for liaising with parents/carers, ensuring that an accurate record is kept of medication coming into the school and that stocks of medication are closely monitored.

We follow the procedures outlined below:-

Receiving Medication.

- *School expects that the taking of medication in school hours will be minimised – parents and carers should discuss with prescribers if the taking of medication within school hours can be avoided (please bear in mind that your child may be involved in evening activity or residential sessions).*
- *Only medication that has been prescribed by medical staff can be administered in school.*
- *'Over the counter' medicines – pain killers, cough and cold remedies etc – must not be brought to school*
- *In order to minimise the risks associated with transport of medicines a 'split prescribing' system of receiving medication is preferred. This involves parents and carers setting up with prescribers the completion of two prescriptions, splitting the total amount of medication prescribed into an amount to be used at home and an amount to be used in school. (School staff can assist in the calculation of how much medication will be required for school.) The 'for use in school' portion of each prescription should be posted to school marked 'For the attention of Mr. S. Forster', who will deliver it to the local pharmacy, take delivery of the medication and transport it to school where its arrival will be recorded and where it will be placed in secure storage in the school Medical Room ready for administration to your child in accordance with their medication routine. (Unfortunately we have discovered that*

GPs are generally unwilling to offer split prescriptions due to too much waste and cost).

- *Parents who have not yet set up a split prescription may deliver medication to school in person where it will be received by assigned members of staff, its receipt recorded and placed in safe storage.*
- *School recognises that in exceptional circumstances a parent may be unable to deliver medication to school in person. In such circumstances parents may arrange delivery by a nominated adult. (At Elemore due to our location this is a common way that medication arrives in school). For some pupils, the school provides transportation to and from the school and visits the pupil's home regularly, in these cases the school staff may transport medicines into school in the locked box inside the school vehicle.*
- *Where medication is being delivered to school by a parent/carer or a nominated adult we expect certain protocols to be observed. The medication must be in its original marked packet with the pupil's name and dose clearly indicated. Part packets will only be accepted when the original packaging is used and the adult delivering the medication confirms the number or amount of medication being delivered. (This is sometimes necessary where for example the parent does not have a split prescription and medication is needed both at home and in school, or for medicines such as liquid antibiotics or prescribed cough linctus). In the case of liquid medicines an estimate of the amount in the bottle will be recorded.*
- *School staff can then accept the medication from the parent/carer or nominated adult and check it matches the expected quantity before recording its arrival and placing it in secure storage in the medical room.*
- *Any medication coming into the school must be recorded onto the audit sheets. Where medication is brought into school by someone other than the parent the quantity should be checked and a receipt issued confirming that the medication has been passed on.*

A detailed recording system is in place that identifies what medication is to be administered to which pupil and when.

THE FOLLOWING PROCEDURE **MUST** BE FOLLOWED:

Administration of Medication

Wherever and whenever possible two members of staff will be involved in the administration of medicines – one as the dispenser and one as an observer. Administering staff will have completed a suitable training course and will be certified as competent by appropriate school staff.

NB. Pupil attendance at the medical room must be orderly and calm – accompanying staff must maintain pupil discipline to enable medication to be administered safely. If

there is any difficulty, stop administering, lock up cabinets and room and deal with the problem, calling for assistance if necessary.

Observing staff must check actions of Administering staff and all medication details including identity, dosage and timing before medication is handed to pupil.

- Collect key from Reception and attend medical room.
- Pupils wait outside room awaiting their turn.
- Only deal with one pupil at a time – they can enter room but stay near door.
- Pupil can prepare drink, if required, using disposable cup and water in jugs on bench.
- Ensure you know/check the identity of the pupil you are dealing with.
- Check details for administering medication: turn to Medication Administration Record sheet for that pupil and check name of medication to be given, correct time and dosage.
- Take pupil's medication from cupboard and from the marked plastic bag and check pupil name, type of medication, dosage and expiry date of the medication to be administered at that time.
- ***If in any doubt about any detail of administration, medication must not be administered and staff should consult SF for clarification.***
- Remove correct dosage from pack – remember to minimise handling – medication must not be cut from blister packs as the integrity of the packaging must be maintained.
- Replace remainder in pack and plastic packaging then return to cupboard ensuring pack is closed.
- Hand medication to pupil.
- Observe pupil when taking medication.
- Pupil can then leave.
- The dispensing staff should sign the appropriate box on Medication Administration Record Sheet to denote that medication has been administered, this should be counter signed by the observing member of staff. Medicine count should be updated.
- Continue administering to other pupils and following the same protocol in every case.
- It may be necessary to encourage some pupils to attend the medical room to take their medication – do this discreetly. If any pupil declines to attend (R) or is absent (A) record this in the correct box on their Medication Administration Record sheet.
- At the end of all dispensing ensure all recording is complete, both medicines cupboards are locked, the room is tidy and locked and then return the keys to secretary's office.
- Water jug contents must be changed daily and water jugs cleaned as required.

Staff will complete daily accounting for stock balance on Medication Administration Record sheets and a full check of medication will be completed weekly by staff witnessed by an observing senior member of staff.

Medication incidents

If there is an incident where medication is lost, wrongly recorded or mal administered this must be reported immediately to the Headteacher. A typed, dated and signed account of what has happened must be recorded and given to the Headteacher. The incident will be investigated to identify any lessons that can be learnt or any changes to practice that need

to be made. If a pupil has been given too much medication then medical advice should be sought IMMEDIATELY.

MEDICATION (NON-PRESCRIBED)

The school follows the guidelines laid down by the Royal Pharmaceutical Society in their document *"The Handling of Medicines in Social Care"*.

Paracetamol The school offers parents/carers the opportunity to complete a permission form allowing the school to administer paracetamol if a pupil complains of pain such as a headache, toothache or period pain. Although a parent/carer has signed a permission form, the school will always make telephone contact with a parent/carer to confirm consent and to check if any painkillers or other medication have already been administered. If the parent/carer confirms that it is appropriate for the pupil to be given paracetamol then this will be done and recorded in the diary in the medical room. Where contact cannot be made with parent/carer but the school holds a permission form then the school will wait four hours from the pupil's arrival in school before administering any paracetamol (in case of previous administration by parents/carers). Where the school does not hold a permission form and telephone contact cannot be made – no pain relief can be offered.

Antihistamine The school carries a small stock of antihistamine for the relief of bites and stings. Permission will be sought as above.

Simple linctus with parental approval the school will provide simple linctus (paracetamol free) to relieve a severe cough when a pupil is in residence. If the cough persists then the parent should seek medical attention for the pupil.

Antiseptic wipes/Elastoplast with parental approval school will clean and dress minor wounds. Permission will be sought from parents to ensure that a pupil is not allergic.

ILLNESS

When a pupil is taken ill at school, staff will discuss the nature of the illness and make a decision accordingly. Every case is different however there may be automatic decisions for some illnesses. For example if a child is physically sick (though illness), or if they have a contagious condition (chickenpox, measles, etc) then they are sent home as soon as possible to reduce the risk of passing the illness to others in the school. If a pupil has an ache or pain that might respond well to rest then they may be allowed to go to their bedroom (if a resident) or to a quiet place in school. If the pain is debilitating then the pupil may be sent home (with parent/carer agreement). In some cases where there is written permission from parents, over-the-counter medicines such as paracetamol or simple linctus may be given to pupils to relieve acute symptoms such as headache or a tickly cough.

If a pupil is sick but this could be due to a specific one-off cause such as a coughing fit, body posture, over-eating, etc, then they should be monitored but not necessarily be sent home.

If a pupil appears to be ill frequently then the school nurse or Educational Welfare Officer may be informed to ensure that there are no underlying problems.

The decision to send a child home can only be made by the Duty Coordinator in consultation with a member of the Core Leadership Team.

ACCIDENT/INJURY and FIRST AID

In an **emergency** seek help as quickly and safely as possible, if near a telephone contact reception or the Duty Coordinator by dialling **0** or **300/301**.

Occasionally pupils have accidents or are injured whilst at school. From experience we know that most accidents/injuries occur during the school day rather than the evening time and that most occur during unstructured social time, and usually outside (breaktimes).

It is, of course, possible for accidents or injury to happen in lessons and structured activities. These might range from a paper cut to injury requiring hospital treatment. The school view on this is clear:

Accidents and injuries are reported to the Duty Coordinator who will organise that the appropriate care is given. First aid will be given as appropriate for the injury and individual need. For example, for minor injuries such as a cut finger this might involve giving a pupil a bit of TLC, or an Elastoplast. For injuries that we are unsure of or that are obviously more serious, then parents are informed and either asked to collect the pupil from school or we will arrange to meet at the hospital. If in doubt we do refer to the hospital.

All staff undertake a regular Emergency First Aid course covering the basic procedures in case of emergency. In addition at least ten members of staff at any one time have completed the longer First Aid at Work or Outdoor First Aid Courses covering a wider range of injuries and first aid treatments. Whilst all members of staff have a responsibility for child welfare, wherever possible the more highly trained staff will administer any first aid (that is not emergency).

First aid boxes are located at various positions around the school and in the school vehicles. Any stock used is replenished from a central supply.

First Aid treatment should be given as quickly as possible to the injured party. If it is safe and appropriate to do so then within school the injured party should be supported to make their way to the Duty Coordinators Office for treatment and observation. If the injured party cannot be moved then they should be kept warm, treated in-situ and, where appropriate, an ambulance called. If in any doubt, call an ambulance – it is better to be safe than sorry.

Following an injury the incident and the treatment are recorded on an accident form and a copy sent to parents/carers (there will also be a telephone call made). An entry will also be made in the Notes section of Sleuth.