Harford Manor School

Foundations For Futures

Administration of First Aid and Medication and Supporting Pupils with

Medical Conditions in School Policy

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1. Purpose 3
2. Roles & Responsibilities 4
2.1 The Governing Board 4
2.2 The Headteacher 4
2.3 Parents 5
2.4 Pupils 5
2.5 School Staff 5
2.6 Appointed person(s) and first aiders 6
2.7 Norfolk HCP team 6
2.8 Other Healthcare Professionals 6
3 Staff Training & Support 7
4 Managing Medicine on School Premises 7
4.1 Ten Rights of Medication 8
4.2 Errors 10
Prescribing Errors 10
Monitoring Errors 10
4.3 Controlled Drugs 11
5 Record Keeping 11
6 Pregnant pupils and school age parents 11
7 Care Plans 11
8 First aid procedures 13
8.1 In-school procedures 13
8.2 Off-site procedures 13
9. First aid equipment 13
A typical first aid kit in our school will include the following: 13
10. Record-keeping and reporting 14
10.1 First aid and accident record book 14
10.2 Reporting to the HSE 14
9.3 Notifying parents 15
10.3 Reporting to Ofsted and child protection agencies 15
11. Training 15
12. Monitoring arrangements 15
13. Links with other policies 15
14 Emergency Procedures 16
15 Equal Opportunities 16
16 Unacceptable Practice: 16
17 Attendance 17
18 Liability & Indemnity 17
19 Complaints 17
Appendix 1: list of First Aiders (First Aid at work) 18
Appendix 3: first aid training log 19

1. Purpose

The purpose of the Administration of First Aid and Supporting Pupils at School with Medical Conditions Policy is to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

The Governing Board will implement the policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Monitoring individual Care plans

This policy meets the school's statutory requirements under section 100 of the Children and Families Act 2014 which 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.

This Policy pays due regard to the Department for Education's statutory guidance Supporting pupils at school with medical conditions. This policy is based on the Statutory Framework for the Early Years Foundation Stage and Early years foundation stage: coronavirus disapplications guidance, advice from the Department for Education on first aid in schools, health and safety in schools and actions for schools during the coronavirus outbreak, and the following legislation:

The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils

2. Roles & Responsibilities

2.1 The Governing Board

The Governing Board must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

2.2 The Headteacher

The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Headteacher has overall responsibility for the development of individual Care plans, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with Norfolk health care professionals (HCP) in cases where further guidance to support the management of the pupil's health needs is required. This may include signposting to other HCP or organisations. The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place

- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary

2.3 Parents

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Where a child is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment please consult the NCC Guidance for managing Children and Young People with complex medical care needs in educational settings.

2.4 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

2.5 School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' /teaching assistant's professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual care plans).

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

2.6 Appointed person(s) and first aiders

The school's appointed persons are

- Ian Shorten
- Molly Forder (also a qualified Pediatric First Aider)
- John Gray

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

Our school's First Aiders are listed in appendix 1. Their names are also displayed prominently around the school.

2.7 Norfolk HCP team

The school has access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk. Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a Health assessment to help explore the impact of their health needs. Where a child is already open to more specialist/community nursing or medical services, the HCP team may recommend liaison with the specialist service in the first instance. School/community/specialist nursing services may be able to provide advice on developing individual healthcare plans and support associated staff training needs. The Children & Young People's Health Services (Norfolk HCP) website also offers a range of online information and resources for children, young people, families and professionals:

www.justonenorfolk.nhs.uk/our-services

2.8 Other Healthcare Professionals

Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3 Staff Training & Support

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed.

This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

The HT reports to Governors to give updates on training and additional medical needs within the school.

This report includes references to staff training on:

- the development or review of care plans [CPs]
- an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy
- relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs
- Training for specific conditions may be available via external websites for example: www.asthma.org.uk www.anaphylaxis.org.uk www.epilepsy.org.uk To discuss sources for training for specific health conditions contact the Just One Number (0300 300 0123)
- Awareness of other relevant NCC policies including those for pupils with complex medical care needs/intimate care needs
- Training provided by our community paediatric nurse

4 Managing Medicine on School Premises

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- no child or young person will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- the school has clear arrangements in which non-prescription medicines may be administered
- children under 16 will never be given medicine containing aspirin unless prescribed by a doctor

- medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents
- where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours
- schools will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to adults working with the children and children who have the capacity to administer themselves and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a nonportable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school
- self-management by pupils; wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines. The majority of our children and young people will require medication administered to them due to their SEND

4.1 Ten Rights of Medication

All staff administering medication should follow the 10 Rights of Medication Administration which are:

The 10 Rights of Medications Administration

1. Right patient 2. Right medication

- Check the name of the medication, brand names should be avoided.
- Check the expiry date.
- Check the prescription.
- Make sure medications, especially antibiotics, are reviewed regularly.

3. Right dose

- Check the prescription.
- Have another member of staff check the dose as well.

4. Right route

- Again, check the order and appropriateness of the route prescribed.
- Confirm that the pupil can take or receive the medication by the ordered route.

5. Right time

- Check the frequency of the prescribed medication.
- Double-check that you are giving the prescribed amount at the correct time.
- Confirm when the last dose was given.
- Right patient education (pupil)
- Check if the pupil/ parent/Carer understands what the medication is for. (Usually informed by Home school book or phone call
- Make them/ parent Carer aware they should contact a healthcare professional if they experience side-effects or reactions.

6. Right documentation

- Ensure you have signed for the medication AFTER it has been administered. This must be countersigned
- Ensure the medication is prescribed correctly with a start and end date if appropriate.

7. Right to refuse

- Ensure you have the consent to administer medications.
- Be aware that pupils do have a right to refuse medication if they have the capacity to do so.

8. Right assessment

- Check for contraindications.
- Baseline observations if required.

9. Right evaluation

- Ensure the medication is working the way it should.
- Ensure medications are reviewed regularly.
- Ongoing observations if required.

4.2 Errors

Recording and Reporting Medication Errors, Near Misses and Safety Incidents in Schools

It is important that all medicines-related safety incidents, including all 'near misses' and incidents that do not cause any harm are recorded and reviewed. What is a medication error?

The National Patient Safety Agency defines a medication error as an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicine advice, regardless of whether any harm occurred. Errors may result in an incident or an adverse event or where averted they can be classified as a 'near miss'. Examples of errors can include the following:

Prescribing Errors

- the wrong medication/dose/route
- an out of date medicine
- Medication administered to the wrong pupil
- Medication omitted
- Medication incorrectly prepared
- Unauthorised administration eg disguised in food (permission must be obtained from a medical professional)
- Medication administered late/early
- Medication deliberately not administered without good reason
- Administration of medication recorded incorrectly or not recorded

Monitoring Errors

- Pupil known to be allergic to medication but the medication was prescribed and/or dispensed and/or administered
- Failure to monitor therapeutic levels
- Failure to monitor pupil who is undertaking self-medication
- Failure to react appropriately to signs of ill health, pain or requests for help due to being unwell – associated with medication administration Other Errors
- Poor or inadequate communication
- Poor, inadequate or incorrect recording/documentation
- Inappropriate or inadequate disposal of medicines
- Inappropriate administration of medication to chemically manage a resident's behaviour that has not been prescribed or giving additional doses to sedate pupil
- Deviation from local policy and guidelines relating to medicines management What actions should be taken after discovering an incident?
- All medication errors, incidents and near misses should be reported to SLT to inform them what has happened and also what action has been taken to rectify the immediate situation and what has been done to prevent it happening again.
- Parents/Carers should be notified of any medication errors or incidents.
- The incident should be reported and recorded on CPOMS including the requirement for a written report describing what has happened, what

was done to rectify the immediate situation and what has been done to prevent it happening again. 🎬 All near misses and errors to be reported at PASH

4.3 Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. All controlled drugs are kept in a secure LOCKED cupboard in the classroom or medical room and only staff will have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

5 Record Keeping

Governing bodies will ensure that written records are kept of all medicines administered to children – including medication refusals or errors.

6 Pregnant pupils and school age parents

Norfolk County Council Medical Needs Service has developed guidance to help schools support pregnant pupils and school age parents. The policy provides links to national guidance and services within Norfolk which can offer support. It highlights the responsibilities of schools, and actions that schools can take to keep the pregnant pupil safe and ideally, remaining in education. The Pregnant pupils policy for schools can be accessed via the Medical Needs Service webpage. There is also a template School Care Plan for schools to use to document and review information and support agreed.

7 Care Plans

The headteacher has overall responsibility for the development of Care Plans for pupils with medical conditions. This has been delegated to Cathie McLeod AHT.

Plans will be reviewed at least biannually, or earlier if there is evidence that the pupil's needs have changed. Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an ICP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school and parents/carers with advice from a relevant healthcare professional, such as a member of the HCP

team, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. If healthcare professionals cannot offer advice in person they may provide written guidance or information.

CPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the AHT with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and
- environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Who outside the school needs to be aware of the pupil's condition and the support required (with appropriate consent from the young person and family) – for example school transport provided by local authority
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments. Please consider large or split school sites
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency (including medication administration errors), including who to contact, and contingency arrangements.

8 First aid procedures

8.1 In-school procedures

- In the event of an accident resulting in injury:
- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the teacher or SLT will contact parents immediately 🎬 The First Aider will complete an accid
- and ensure someone with a current first aid at work or emergency PFA certification is on site at all times when these children are.

8.2 Off-site procedures

- When taking pupils off the school premises, staff will ensure they always have the following:
- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details
- Risk assessments will be completed by the teacher prior to any educational visit that necessitates taking pupils off school premises.
- There will always be at least 1 first aider with a current pediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.
- There will always be at least 1 first aider on school trips and visits.

9. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- No medication is kept in first aid kits.
- First aid kits are stored in:
- The medical room

- Reception (at the desk)
- The classrooms
- The school shop
- School vehicles

10. Record-keeping and reporting

10.1 First aid and accident record book

- An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- The form once signed by SLT will also be added to the pupil's Cpoms record by the relevant member of staff. The form will then be pkaced in the office administrators tray to be recorded.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed

10.2 Reporting to the HSE

- The headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- SLT will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.
- Reportable injuries, diseases or dangerous occurrences include: 🎬 Death
- Specified injuries, which are:
- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs 🎬 Serious burns (including scalding)
- Any scalding requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment

- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion 🎬 Information on how to make a RIDDOR report is available here:
- How to make a RIDDOR report, HSE
  http://www.hse.gov.uk/riddor/report.htm

9.3 Notifying parents

- The relevant team member will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

10.3 Reporting to Ofsted and child protection agencies

- The relevant member of staff will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
- The DSL or Headteacher will also notify the child's Social Worker and LA safeguarding advisor of any serious accident or injury to, or the death of, a pupil while in the school's care.

11. Training

- All school staff are able to undertake first aid training if they would like to. (Emergency First Aid)
- All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until
- Staff are encouraged to renew their first aid training when it is no longer valid.
- At all times, at least 1 staff member will have a current pediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

12. Monitoring arrangements

- This policy will be reviewed by Cathie McLeod every 3 years.
- At every review, the policy will be approved by the headteacher/ and the chair of governing board full governing board.

13. Links with other policies

- Health and safety policy
- Intimate Care Policy
- Whole School Safeguarding Policy

14 Emergency Procedures

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.

As part of general risk management processes, Harford Manor has arrangements should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips.

Where a child has an individual care plan, it is defined what constitutes an emergency and explains what to do. All CPs are taken out on trips. The Risk assessments identify who has a Care Plan and the members of staff who have the training.

All relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Harford Manor to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. (If on trips please look up post code before you go.) It is important to ensure emergency treatments (for example asthma inhalers/adrenaline auto injectors) are always available – this may include consideration of when pupils are off-site but also accessing multiple areas across a large school site for different parts of their curriculum.

15 Equal Opportunities

The Governing Board will ensure that the school enables pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

The school acknowledges the Equalities Act 2010 and schools and works proactively to support all its pupils.

16 Unacceptable Practice:

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment;

- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

17 Attendance

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition. Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention. Schools have a responsibility to code this absence appropriately. If a school does not have sufficient information regarding a young persons' health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk to request a school nurse attendance health check. If this process does not identify sufficient information schools can also contact GP's with parental consent, utilising the NCC Joint Protocol between Health Services and Schools. If absence due to a medical condition is noted to be for more than 15 days, schools should consult the NCC Medical Needs Service for advice and support.

18 Liability & Indemnity

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

19 Complaints

The Governing Board will ensure that procedures for complaints concerning the support provided to pupils with medical conditions will be adhered to. If a parent has a concern or a complaint they are to follow the Concerns and Complaints Procedures policy which is on the school website.

Appendix 1: list of First Aiders (First Aid at work)

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
Ian Shorten	First Aider secondary	Orange Class
Molly Forder	First Aider pediatric	Rainbow Class

Appendix 2- Minor incident/accident form

Please fill this form in for any person - staff/pupils/ students/volunteers, who receive a minor injury whilst on the premises or on a school trip.

A - About the Incident

Date of Incident:				Time of Incident:			AM/PM

B - About the person injured:

Status: (staff/pupil etc.)		Name:		Class:	

Where the incident happened:

Describe task or activity taking place and what happened (if caused by an incident with a student, attach an incident form)

List Injuries:		Part(s) of body affected:
Bump/Bruise		
Head Injury		
Cut/Graze		
Nosebleed		
Vomiting/nausea		
Headache/High temperature		
Bite		
Other		

C - About the Treatment

Detail the first aid treatment given - if possible:

NB: if injury resulted in puncture to the skin caused by a bite or scratch from a pupil, please note if adult has received Hep B jab. If a person has received such an injury and not had the Hep B they should be urged to see a doctor within 24 hours.

What happened to the injured person after treatment?	Back to work/class:		Went home:	

If any boxes are ticked below, please contact Cathie to complete the online OSHENS form.

a) Injury resulting in time off work	
b) Injury caused by a hazard within the work place	
c) Injury resulting in external medical treatment (GP/Hospital/Physiotherapy etc.)	

Who was informed?		How?	Phone/letter/in person/email/HS book
Signed :		Date:	
Seen and verified by Headteacher/AHT		Date:	

Appendix 3: first aid training log