



Policy: Supporting Children with Medical Needs Policy (including First Aid Policy)

St George's Vision Statement

At St George's we are proud to be one family of lifelong learners who know that they are special to God. Our Family is built upon a strong sense of belonging and mutual respect. Our community gives our children the freedom to flourish and succeed.

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Policy Title:	Supporting Children with Medical Needs (including First Aid Policy)
LT Responsibility:	Headteacher
Date:	November 2021
Review:	November 2022

We recognise that our pupils bring with them a wide variety of behaviours influenced by life experiences outside school. We aim to respond to each case professionally, objectively and compassionately. We are sensitive when working with children and families with specific needs and experiences and we continuously seek ways to promote successful partnerships. The basis of differentiation will vary dependant on the needs of each case but we will take into account the views of parents and families, colleagues and external agencies together with any Statement of Special Educational Need or Education, Health and Care Plan. We will also ensure compliance with the trust's Equality Policy taking into account pupils with protected characteristics and making reasonable adjustments for pupils with a disability within the meaning of the Equality Act 2010. Both the school and trust respect the Public Sector Equality Duty (PSED) that requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. By following the trust's Equality Policy, the school seeks to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by such legislation.

*This policy should be read in conjunction with the Trust's Equality Policy.
<https://www.aquinastrust.org/>*

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Introduction

Schools and the LEA share responsibility under the November 2001 statutory guidance for the education of pupils unable to attend school because of medical needs.

We at St George's Primary School believe that inclusion and equal opportunities for pupils with medical needs are an entitlement and we believe that as a school we have the responsibility to create the conditions for each one of our pupils to access their education. As a school staff we will give regard to the required curriculum adjustments, necessary environmental aspects and desirable social support to minimise barriers for these most vulnerable members of our school community. We intend to foster a school community which accepts others as they are and values the diversity of life.

1 Definition of Medical Needs...Who has medical needs?

Pupils on roll at St George's may during their time with us be affected by a wide-range of medical needs. These needs include:

- Long term medical conditions: *cystic fibrosis, epilepsy, diabetes, Asthma*
- Recurring medical conditions: *CFS/ME, leukaemia*
- Life threatening conditions: *leukaemia, cystic fibrosis*
- Operations, road accidents and sports injuries resulting in a period of recuperation
- Mental Health: *mood disorders (including depression), anxiety disorders, obsessional compulsive disorders, eating disorders, self-harming behaviour, ADHD, psychotic disorders, tic disorders (including Tourette's syndrome)*
 - Effects of treatment for diagnosed medical conditions: *steroids, chemotherapy, radiotherapy, medications affecting performance and behaviour e.g. psychotropic medication*
 - Infectious diseases: *tuberculosis*
 - Degenerative conditions where deterioration in eyesight or physical mobility are expected: *Duchenne Muscular Dystrophy*



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2 Our Aim

We at St George's share our following aim:

To help all children reach their full potential and develop an enthusiasm for lifelong learning, within a caring and Christian environment, so that they are ready and able to take on future opportunities, responsibilities and be valued members of society.

As a school we are committed to providing pupils with medical needs with as much education as their condition allows in order to minimise disruption. Our emphasis is on continuance of the learning process for those pupils with physical or mental health problems, including pupils with life threatening or terminal illness. The situations of the children/young people on roll vary widely but they all have the right to education suited to their age, ability, needs and health at the time. For pupils recovering from trauma or illness, a teacher can play a vital part in the recovery process because education is seen as a normal childhood activity.

3 Rights and Responsibilities of the Pupil

As a pupil at St George's I know I have the right to an education that helps me reach my potential and secure the attainments I need to pursue my career path and prepare me for full participation in adult life. I know that I have the right to an education in my community alongside those who I see as my peers and role models. I have a right to be consulted and I accept that I (or my parents on my behalf for younger pupils) will have to agree to co-operate with my negotiated personal education plan. I know that I will remain on roll at St George's School. I can expect flexible approaches, e.g. timetabling, full use of Information and Communication Technology, and small steps or negotiated tasks toward my maximum involvement in school life.

4 Rights and Responsibilities of St George's School

We see it as our responsibility to keep the pupil on roll and work closely with the pupil and their parent/carer to ensure access to education. Our school has a named person (Mrs Michelle Fahey, Assistant head for Inclusion, tel no. 0208 460 4266) for pupils with medical needs who will liaise with parents and various agencies as part of ensuring that the pupil has full and continuous access to education. For a pupil whose medical need is not thought to



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be recurring and whose absence is likely to be less than 15 days, it is our responsibility to provide work to be done at home.

The named person for children with medical needs will

- Produce and co-ordinate the Personal Education Plan. This includes arranging, chairing, and recording of planning meetings and re-integration meetings with associated services. For those pupils on the Special Educational Needs Code of Practice, the Inclusion Manager will conduct review meetings in liaison with the named person.
- Seek written parental permission to liaise with health and related services including Child and Adolescent Mental Health Services (CAMHS).
- Ensure that arrangements for exam entry fees and requests for concession are well planned in discussion with our educational psychologist as to the pupil's need for special arrangements e.g. an alternate setting, extra time to allow for rest breaks.

For pupils out of school

- ensure that pupils who have an illness/diagnosis which indicates prolonged or recurring periods of absence from school, whether at home or in hospital, have access to education, so far as possible from day one.
- ensure that half-termly work plans are made available to hospital or home teaching staff in the agreed National Curriculum subjects which the pupil would normally be studying and realistically can continue to study in light of their medical condition
- supply the hospital or home teaching staff with up to date information about the pupil including attainment and progress levels, and code of practice details. This includes any current Individual Education Plans or Pastoral Support Programme.
- offer a loan of appropriate resource materials, where possible to hospital or home teaching staff
- ensure prompt assessment of coursework
- ensure that concessions for SATs are well planned with Inclusion Manager, Educational Psychologist and hospital teaching and home tutoring staff.

As a school we have the right to expect the health network to fulfil their responsibility as part of facilitating continuous access to education for our pupils with medical needs. This may include advice or practical tasks to enable training of ancillary staff to carry out medical procedures.

As a school we have the right to expect the pupil and parent to abide by the home-school agreement and any agreements in individual plans.



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5 Rights and Responsibilities of Parents/Carers

Each pupil's parents or carers at St George's have signed a home-school agreement and this is extended as needed. Parents may need frequent feedback on how their child's medical condition or medical treatment is impacting on the youngster's day at school: academically, physically or socially. Parents may be asked to agree to adjust their parenting approaches or patterns in delicate situations involving mental health conditions. At all times parents are involved as much as is practical and their knowledge and instinct is given regard. Permission to liaise with outside agencies is always sought and recorded in writing. It is expected that parents will share relevant information in a timely way.

6 London Borough of Bromley Children's Services

Education Welfare

If our school daily check of registers and prompt contact with parents or carers on the first day of absence raises any concern or worrying pattern, we will liaise immediately with our Education Welfare Officer (EWO).

If we are made aware that a pupil is away or is likely to be away from school due to medical needs for more than 15 working days, we will notify our EWO.

Educational Psychology

The advice of our educational psychologist is sought as to the psychological effects or impact an illness may have on the learning task or expected progress through the work schemes.

Social Services

The Assessment Team, Children's Team and Family Centre join with our school senior management in promoting the welfare of children and young people known jointly to us. This includes looked after children.

The role of foster carers and residential social workers in loco parentis during the formulation of the PEP-M is key vital.

7 Related Agencies

Health Services



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We use our school nurse as the first point of advice and referral unless there is ongoing liaison with other health practitioners due to previous involvement. This could be for pupil with a statement of special educational need, a pupil on the SEN support register working within the Special Educational Needs Code of Practice or a pupil with a Pastoral Support Plan where the parent has already given written permission for the exchange of information.

Child and Adolescent Mental Health Services (CAMHS)

We use the professional's advisory telephone line with the 24 hour call back service for our first point of contact. If the advice suggests a referral should be made, we discuss the referral with the family and obtain their agreement and consent.

8 Personal Education Plan-Medical Needs (PEP-M)

The purpose of this written plan is to record the intentions of the school along with multi-agency intervention as needed. Each plan needs to be reviewed as the medical condition changes, allowing for more participation in education or recording why reduced access or adjusted approaches occurred. Minimum review should be yearly or as appropriate for the individual's needs. The PEP-M sets out

- the venue for tuition: e.g. hospital, home, home and school
- approximate duration of medical need, period of tuition, duration of plan and school accommodation to flexibility, special arrangements, ancillary support, etc
- contributions from other agencies
- plan for eventual re-integration
- date of next review meeting

9 Medicines kept at school

Safe storage of emergency medicine

Emergency medicines are readily available to children who require them at all times during the school day or at off-site activities

For children attending school trips or off-site activities, the Class Teacher on the trip must ensure that emergency medication is available to be used during the trip.



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Children must be made aware of where their medication will be stored. Teachers may store pupils' Epipens in a safe secure place accessible by an adult in an emergency, which must be labelled with the pupil's name. Inhalers will always be in an accessible place for the child.

Safe storage - general

All medicines are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the pupil's name, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency

Medicines are stored in accordance with instructions paying particular note to temperature.

Some medicines for children at this school may need to be refrigerated. All refrigerated medicines are stored in an airtight container and are clearly labelled. Refrigerators used for medicine storage are in a secure area inaccessible to children without supervision or lockable as appropriate

All medicines are sent home with children at the end of the school year. Medicines are not stored in school over the summer holidays

It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year

Safe disposal of medicines

Parents are asked to collect out of date medicines from school

If parents do not pick up out of date medicines or at the end of the year, medicines are taken to a local pharmacy for safe disposal

It is the parents/carers responsibility to ensure all medication for their child is "in date" and is replaced when nearing the end of life, it is not the school's responsibility.

10 Asthma and Emergency Inhaler protocol



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St George's now keeps 2 Salbutamol inhalers for use in emergencies when the pupil's usual inhaler is not available for any reason. See Appendix 2 for the protocol, including information on what to do if a child has an asthma attack in school.

11 First Aid

The school will provide materials, equipment and facilities as set out in DfE "Guidance on First Aid for School".

The names of the school's First Aiders are displayed on the notice board in the staff room.

Each class have their own first aid bum-bags. These need to be stored where they are visible and easy to access. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bags are running low.

Playtime/Lunchtime

During playtime there will be a qualified first aider in year 3 and during lunchtimes in the first aid room.

Cuts

The nearest adult deals with small cuts. All cuts should be covered after they have been treated with a cleansing wipe.

Any adult can treat cuts however if the adult deems it necessary the child will be referred on to the fully trained first-aider. Severe cuts should be recorded in the accident file and parents informed by phone call. A major incident form needs to be filled out by the person dealing with the injury and given to the parents. Major injuries need to be reported to the appointed person.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

Head injuries

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. The adults in the child's class-room should keep a close eye on the child. All bumped head accidents should be recorded in the accident file. Children with a bumped head should be given a head injury letter to take home.

Allergic reaction



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All staff are trained in recognising the signs of serious allergic reactions and in the administration of Epi-Pens. In case of a less serious allergic reaction a first aider should examine the child and follow care plan instructions. Please also see the section on "Arrangements for Medicine at school."

Care Plans for pupils with Epipens are kept in the staff room and another copy is kept with the medicine. One Epipen will be kept in class and the other in the main office. Spare Epipens have been purchased to keep on the playground. PE staff and staff supervising visits off site should be particularly mindful of pupils with Epipens.

Notifying Parents

The school uses 2 different forms for parent notification. These are:

- Head injury form
- Major Incident form

The forms can be found in the school office.

Short term prescription

Medications such as the short term use of antibiotics or painkillers can be administered only if the parent/guardian fill out the "Parental consent form for administering medicine" form on the day the request is made. The form can be obtained from the school office. Parents need to give the completed form to the school office together with the medication. Only medicine prescribed by a GP, hospital or pharmacy and clearly labelled with the child's name, address and required dosage can be administered in school. Non-prescription medication or creams and lotions should not be administered in school.

Calling the Emergency services

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

The Headteacher or Assistant Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on a school journey.



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If the casualty is a child, their parents/guardians should be contacted immediately and given all the information required. If the casualty is an adult their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

12 Intimate Care

Intimate care routines may be required to meet some children's basic needs. This may include nappy changing, supporting children with toileting, changing clothes, and giving first aid treatment and specialist medical support, where required.

In order to maintain the child's privacy, we will carry out the majority of these actions on a one-to-one basis, wherever possible, by the child's Support Assistant with the exception of first aid treatment which must be carried out by a qualified first aider. We wish to ensure the safety and welfare of children during intimate care routines and safeguard them against any potential harm as well as ensuring the staff member involved is fully supported and able to perform their duties safely and confidently.

We aim to support all parties through the following actions:

- Promoting consistent and caring relationships. Ensuring all staff have suitable enhanced DBS checks.
- Training all staff in the appropriate methods for intimate care routines and arranging specialist training where required, i.e. first aid training, specialist medical support.
- Inductions for all new staff to ensure they are fully aware of all procedures relating to intimate care routines.
- Following up procedures through supervision meetings and appraisals to identify any areas for development or further training.
- Working closely with parents on all aspects of the child's care and education. If a child requires specific support the School will arrange a meeting with the parent to discover all the relevant information relating to this to enable the staff to care for the child fully and meet their individual needs.
- Ensuring all staff have an up-to-date understanding of safeguarding/child protection and how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise these concerns as set out in the safeguarding/child protection policy.



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- Operating a whistleblowing policy to help staff raise any concerns about their peers or managers; and helping staff develop confidence in raising worries as they arise in order to safeguard the children in the School. Please see the Trust and the School Whistleblowing policies.
- Conducting working practice observations on all aspects of School operations to ensure that procedures are working in practice and all children are supported fully by the staff. This includes intimate care routines.
- Conducting regular risk assessments on all aspects of the School operation including intimate care and reviewing the safeguards in place. The School has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.

If any parent or member of staff has concerns or questions about intimate care procedures or individual routines, please see the Headteacher at the earliest opportunity.

DATA PROTECTION

St George's CE Primary School [The Academy] processes personal data, some of which will be sensitive personal data, in accordance with the data protection principles embodied in the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. The Academy complies with the requirements of the data protection legislation as detailed in the Trust Data Protection Policy.

All staff are aware of the principles of data protection and will not process personal data unless necessary. The Academy safeguards the personal data it collects through the operation of the Trust's data protection policy and processes and the IT policy. In addition, the Academy has taken steps to ensure that all its contracts that process data have the GDPR compliant provisions.



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Appendix 1

PERSONAL EDUCATION PLAN – CHILDREN WITH MEDICAL NEEDS

Pupil name:	DOB:	NC Year
Parent/carer	Tel:	
Any other current plans: IEP, BSP, PSP, LAC		
Summary of Medical Needs		
Area where pupil will experience difficulty		



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Attendance in the last 6 months:

Date of Planning Meeting:

Review Date:



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Role	Name	Tick if attended
Designated School Co-ordinator		
Other school representatives:		
	Pupil	
	Parent/Carer	
Services/Agencies		
	EWO	
	Behaviour Support	
	Social Services	
	EP	
	Health	
	Connexions (Careers)	
	Other	
Agreed targets for this term:		



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Strategies for this term as agreed with services, agencies, parent and pupil

Review date

Tick below if attended:

Designated School Co-ordinator

Other school representatives

Pupil

Parent/Carer

Services/Agencies

EWO

Behaviour Support

Social Services

EP

Health

Careers

Other

Review Outcome



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Appendix 2: Asthma and Emergency Inhaler Protocol

Arrangements for the use of the Emergency Salbutamol inhalers in for pupils with Asthma

How to recognise an asthma attack:

- Shortness of breath / difficulty breathing – the child could be breathing fast and with effort, using all the muscles in the upper body
- Persistent coughing
- A wheezing sound coming from the chest (when at rest)
- Tightness in the chest (sometimes younger children will express the feeling of tightness in the chest as a tummy ache)
- Being unusually quiet
- Difficulty speaking in full sentences
- Nasal flaring

Call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around the lips
- Is going blue
- Has collapsed

What to do in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 for an ambulance



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- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way

Procedures and administration for keeping inhalers and spacers in school

Emergency inhalers can be purchased from any pharmacy without prescription, providing a letter from the Head teacher is supplied requesting this, in line with 'guidance on the use of emergency salbutamol inhalers in schools', Dept of Health, 2014.

For arrangements for the safe storage, care and disposal of emergency inhalers, please refer to the school's medical needs policy

The school has a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which is kept with the emergency inhaler

The emergency inhaler can only be used for children for whom written consent has been given by parent/carer.

However, in the event that a child for whom consent has not been given has an asthma attack AND where emergency services give explicit instructions, the emergency inhaler may be used.

School staff receive training on using the emergency inhalers. This is provided by the school nurse or school specialist nurse. (Date of last training November 20th 2014). Training includes teaching staff, teaching assistants, office staff and midday meals supervisors. Guidance on recognising and treating asthma attacks is displayed in each classroom and in the school office.

A record of use for the emergency inhaler is kept

Parents are informed if the emergency inhaler is used

A check is done at least once a term to check whether any pupil's inhalers have passed their expiry date. If any have expired then parents will be informed and asked to provide a new inhaler.

Two members of staff are responsible for ensuring that this protocol is followed. These staff members are: Lisa Coad (First Aider and Teaching Assistant) and Michelle Fahey (Inclusion Lead).