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Governing body

Supporting Children with Medical Conditions (including First Aid and Medicines)

Our Vision



This policy describes how we care for the physical needs of our pupils ensuring safe and effective care promotes good health, development and outcomes. This is an integral part of our safeguarding duties and is also derived from our Christian belief that every child is unique and valued.

Ratified by the Governing Body: Wednesday 26th September 2018

Date for review: September 2021

Signed by: *Pete Archer* Chair of governors Wednesday 26th September 2018

Ali Reakes-Williams Headteacher Wednesday 26th September 2018

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Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions which may be a short or long term need. At Astley we believe that all children, including those with medical conditions, should achieve their full potential, academically, socially, emotionally and spiritually. We are committed to supporting children with medical conditions, in terms of both their physical and mental health, so that they can play a full and active role in school life and remain healthy. Accidents do occur and injuries may be sustained. This policy also sets out our first aid procedures.

Supporting individuals

We will always focus on the needs of each individual child and how their medical condition impacts on their school life, taking into account that many medical conditions that require support at school can affect quality of life and may be life-threatening. We also acknowledge that some conditions may be more obvious than others. We will work alongside parents, carers and pupils to provide effective support for medical conditions in school, ensuring that we have an understanding of how these impact a child's ability to learn and to flourish in school. We aim to increase pupil confidence and promote self-care. Staff will receive proper training in order to provide the support that pupils need.

Advice to staff will ensure they actively support pupils with medical conditions in and out of school, including visits and sporting activities, to enable full participation. We will make any adjustments, as required, unless evidence from a clinician states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. In line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Roles and responsibilities

The Headteacher is responsible for ensuring procedures and protocols are maintained, that sufficient staff are suitably trained and that all relevant staff are made aware of pupils' medical conditions. This includes day to day responsibility for the support of children with medical conditions and management of Individual Healthcare Plans (IHCPs). Risk assessments for school visits and other school activities outside of the normal timetable will reflect individual needs. The Headteacher will work with the Office Manager to ensure accurate and up to date records are kept for children with medical needs.

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All members of staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils. In general, the consequences of taking no action are likely to be more serious than those trying to assist in an emergency.

Staff who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading IHCPs devised for individual children. New members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Supporting a child with a medical condition is not the sole responsibility of one person. We will work co-operatively as a staff team and with other agencies to ensure the needs of pupils with medical conditions are met effectively. We will contact the school nursing service in the case of any child who has a medical condition and who has not yet been brought to the attention of the school nurse. The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan. 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.

Pupils will often be best placed to provide information about how their condition affects them. They will 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. If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so with the appropriate level of supervision from staff. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan and inform parents.

Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

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The school has a First Aid Co-ordinator (Mandy Payton) and an Assistant First Aid Co-ordinator (Jen Ablett). Both hold the 'First Aid at Work' three day training qualification which includes a Paediatric First Aid qualification in line with the statutory requirements for children under 5 years. Other staff have received the 'Emergency First Aid at Work' training which ensures there is a first aider available to children and staff at all times, whether on or off site. A list of the staff currently qualified in First Aid can be found on the staffroom and office notice boards.

The duties of the First Aid Co-ordinator include:

- a) Maintenance and oversight of first aid equipment and materials (see appendix G)
- b) Keeping of pupil accident book, staff/adult/visitor accident book and reporting of accidents as appropriate
- c) Arranging for emergency assistance (calling an ambulance) when necessary
- d) Ensuring an appropriate and adequate system for communication with the Ambulance Service is in place
- e) Maintenance and checking of the Automated External Defibrillator (AED)

First aid is available at all times from the first aid cupboard near the Head's Office and from the first aid bags when off site. The telephone in the School Office or a mobile phone can be used to summon the emergency services whenever school is occupied.

Procedures

On entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend, to ensure all our records are up to date. Relevant medical details for all pupils are collated onto a school list. This medical list is available in the classrooms, staffroom and offices and the first aid cupboard and should be consulted by all staff as necessary.

For children being admitted to school for the first time where advance notification of medical needs has been given, all necessary arrangements will be in place for the start of the relevant school term. In all other cases, such as a new diagnosis or a child moving school mid-term, we will make every effort to ensure that arrangements are in place within two weeks of admission.

Individual healthcare plans (see appendices A & B)

IHCPs ensure effective support for pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

When notified a child has a specific medical condition we will work with parents/carers and a relevant healthcare professional to produce an IHCP. This can be done prior to a formal diagnosis. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers.

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The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

- IHCPs will be reviewed annually in September, or earlier if needs change. Parents will be asked to review the information and sign to agree that it remains up to date in all respects.
- These will be discussed with staff at the first staff meeting of the year and then kept confidentially in each office, staffroom, classroom and first aid cupboard, ensuring that all staff can refer to the information whenever needed.
- The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.
- Where a child has SEND but does not have an Education, Health Care Plan, their special educational needs should be mentioned in their individual healthcare plan.
- Where the child has a special educational need identified in an EHCP, the individual healthcare plan should be linked to or become part of that statement.
- The Governing Body will review the impact of IHCPs annually.

Individual healthcare plans will include the following:

- 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
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed including in emergencies, who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child's condition and the support required;
- details of medication to be administered in school,
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

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First Aid

A number of staff are trained first aiders and in the event of illness or accident will provide appropriate first aid. Details of accidents/incidents are recorded in the accident book together with any treatment provided. In the event of a head bump or significant injury we inform parent/carers, using a text message and letter or phone call, detailing the injury and the first aid received.

Following any accident or injury, the following steps should be taken to ensure that the correct help is given as quickly as possible.

- a) **The injured person should not be moved if there is any suspicion that doing so could exacerbate their injuries.** In cold or wet weather, it is essential to keep them warm and dry.
- b) The first aider should examine the injured person and give such treatment as is appropriate or possible.
- c) **If hospital treatment is necessary an ambulance should be called.** Staff should not use their own cars to take injured persons to hospital unless there is an exceptional reason for doing so. It is a legal requirement that any car used for this purpose must be adequately insured.

In the case of pupils:

- a) The parent or guardian must be contacted when possible and asked to join their child when possible at the school or hospital, as appropriate. Schools should not wait for parents to arrive to take pupils to hospital unless it is certain that treatment is not urgently required.
- b) There must be no delay to treatment or despatch of the injured pupil to hospital while waiting for parents or guardians to arrive.
- c) A member of the school staff (teaching or support staff) must accompany the pupil to hospital if their parents have not arrived in time to do so, unless (exceptionally) the ambulance crew specifically request otherwise.
The member of staff accompanying the pupil should normally wait at the hospital until the pupil's parent or guardian arrives, unless the nursing staff advise them not to do so.
- d) Staff accompanying a pupil to hospital should not normally give their consent to medical treatment unless it is specifically requested by a doctor, who should be asked to assume the responsibility for this decision. In an emergency situation, however, consent should be given on the advice of a senior hospital doctor, provided that reasonable steps have been made to contact the parent or guardian, even if it is known that their consent might not have been given. Staff accompanying pupils to hospital from an educational visit should hold the written consent of parents to emergency treatment on the parental consent form, which should be shown to the doctor on arrival.

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Record Keeping

Schools should keep a record of any first aid treatment given by first aiders.

This should include: the date, time and place of incident;

- the name (and class) of the injured or ill person;
- details of the injury/illness and what first aid was given;
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital);
- name and signature of the first aider or person dealing with the incident.

Physical Activity

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

School Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency. Any children under 5 yrs, require a first aider trained in paediatric first aid.

Residential Visits

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit.

Managing medicines on school premises and record keeping

Medicines can be administered at school when prescribed by a doctor four times a day or when it would be detrimental to a child's health or school attendance not to do so. No child can be given prescription or non-prescription medicines without their parents' written consent (see appendix C).

Mild pain killers are kept in school to enable medication for pain relief to be administered. Parents are not required to attend to administer these but they will be consulted to ensure the maximum daily dosage and time intervals are observed. No aspirin preparations can be administered without a doctor's prescription.

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All medications must be 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 be in-date, but will generally be inside an insulin pen or a pump.

Medicines will be stored safely in the medicine cabinet located outside the School Office with the Office Manager holding the key or in the staff room fridge. Two staff are required to administer medication and will sign the medication records detailing times and dosage, located in the First Aid cupboard. When no longer required, medicines will be returned to the parent/carer to arrange safe disposal.

Sharps boxes will always be used for the disposal of needles and other sharps. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are located in the first aid cupboard and are marked with the child's name. Medicines provided for emergency treatment such as reliever inhalers for asthmatic pupils AAI for anaphylaxis or glucose tablets for diabetics, may be kept by the class teacher in the classroom to enable immediate use.

Astley School does not require staff to administer medicines to pupils unless they have indicated their willingness to do so. We are committed to ensuring staff receive the appropriate information, advice and training to enable them to administer medicines responsibly and safely.

Staff training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training and first aid training on a regular basis. Teaching and support staff attend defibrillation training annually.

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other agencies

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

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We are committed to avoiding unacceptable practice including:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents or ignore medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life.

Liability and indemnity

Astley School provides the appropriate level of insurance to cover staff providing support to pupils with medical conditions. and the administration of medication.

Complaints

Should parents\carers be unhappy with any aspect of their child's care they should discuss their concerns with the class teacher at the earliest opportunity. If this does not resolve the problem or allay the concern, the problem should be brought to the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer should make a formal complaint.

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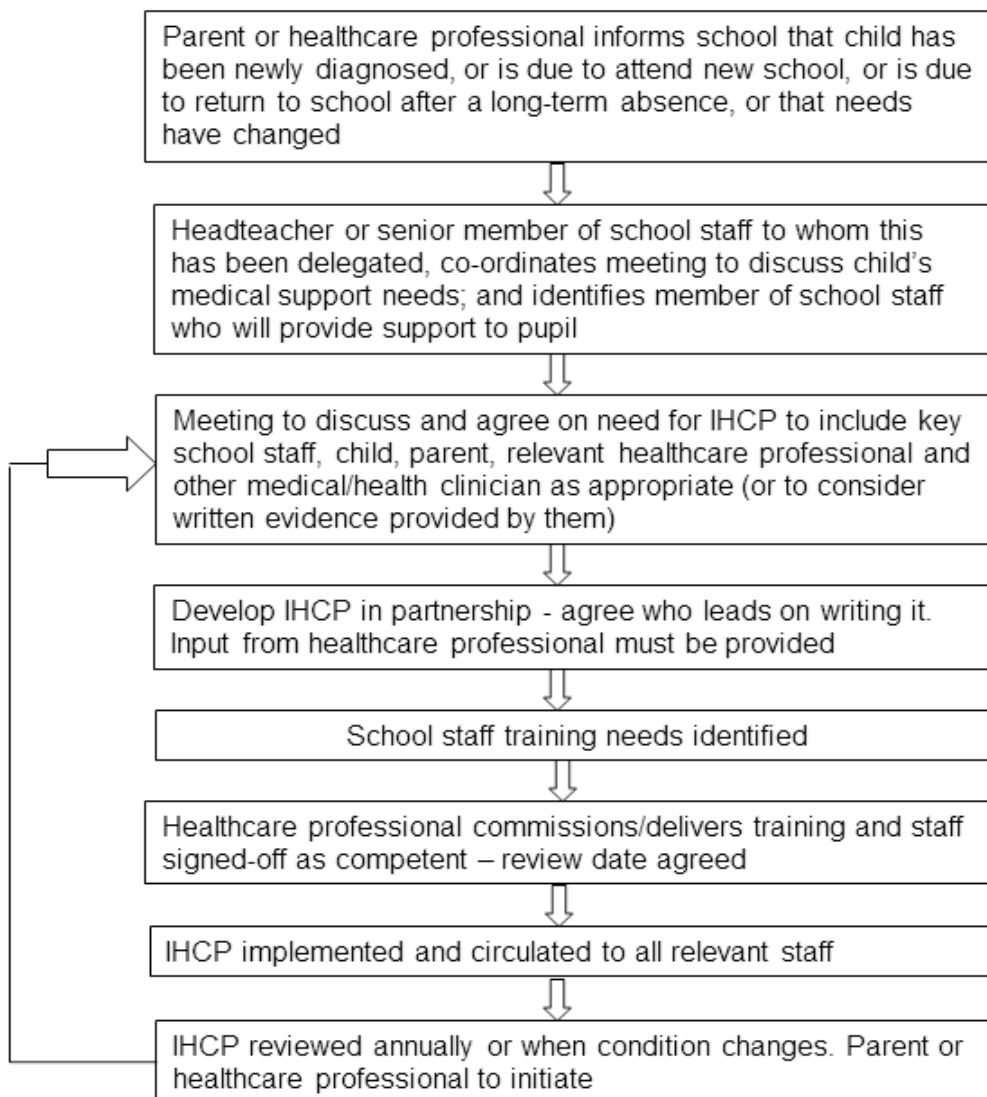
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Appendix A: Model process for developing individual healthcare plans



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Appendix B: Individual healthcare plan template

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name & phone no

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G.P.

Name & phone no

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Who is responsible for providing
support in school

Describe medical needs and give details of child's symptoms, triggers, signs,
treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects,
contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, the action to take & who is responsible

Plan developed with

Staff training needed/undertaken – who, what, when

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**Appendix C: Parent permission form for administering medication in school and
administration of medication record (combined form.)**



Date:

For completion by Parent/Guardian

To: Astley School

Please arrange for the following medication to be given:-

Name of Child	Class	Medication Name	Dosage	Time to be given

Signed: Date:

Please Print Name:

For completion by Astley School Staff

Medication given as follows:-

Date	Time given	Signature 1	Signature 2

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Appendix D: Staff training record

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

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Appendix E: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

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Appendix F: Detailed advice on managing specific medical conditions

Anaphylaxis and allergies

Anaphylaxis and allergy can be triggered by very wide range of substances such as foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis/allergy can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to know when and when not to administer an Adrenaline Auto-Injector (AAI).

For mild to moderate allergic responses, an appropriate antihistamine should be administered in accordance with the pupils IHCP and regularly observed

How will staff know which children might need an AAI?

Photographs of all children needing an AAI can be found on staff room and office notice boards and in the First Aid cupboard.

How will staff know when and how to administer an AAI?

There will be annual training and check sheets with the AAIs. In the event of an anaphylactic event at least 5 first aiders should be sent to the scene and the school critical incident plan instigated. A mobile phone will enable direct communication with Ambulance Service.

Where are AAI stored?

AAI's should be stored somewhere where they are immediately available. Each child has an emergency box containing 2 AAIs, a copy of their IHCP, any other relevant medication, a pencil and a checksheet. Each box is labelled with the child's name and date of expiry of the AAIs. The correct doses and expiry should be checked at the beginning of each term

Asthma

Immediate access to reliever medicines is essential. Metered dose Inhalers (blue Salbutamol) should be kept in the classroom or near to the pupil. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to children once an administration of medicines consent form has been completed. Children are encouraged, wherever possible, to administer their own inhaler with adult supervision. Spare, emergency use MDIs and spacer devices are available, from the First Aid cupboard and used for trips outside school.

Record keeping

Each time a child receives their asthma medication it is recorded on an inhalers record sheet kept in the medication file.

PE, games & activities, including pre-school and after school clubs

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Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's medical list. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

Asthma attacks

IN THE EVENT OF A CHILD HAVING AN ASTHMA ATTACK

The first aider should go to the pupil
Stay calm and reassure the child
Encourage the child to breath slowly
Ensure that any tight clothing is loosened
Help the child to take their spacer device/ reliever (blue) inhaler
Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed.
Record in the medication file.

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR

There is no significant improvement in 5 – 10 minutes
The child is distressed and gasping or struggling to breath
The child has difficulty in speaking more than a few words at a time
The child is pale, sweaty and may be blue around the lips
The child is showing signs of fatigue or exhaustion
The child is exhibiting a reduced level of consciousness

WHILST THE AMBULANCE IS ON ITS WAY

The child should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve. If the child has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
If the child's condition is not improving and the ambulance has not arrived, repeat the process as above. Contact the parents/carers, once the emergency situation is under control and the ambulance has been called

Diabetes

We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes

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in the child and are able to take immediate action if they should need to. All children with Diabetes in school/centre have their own IHCP. Each child with diabetes has an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

Eczema

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

Haemophilia or Warfarin use

Where a pupil has a clotting malfunction, a very careful procedure must be established for their appropriate treatment. Some children who take anticoagulants require direct admission to a specialist hospital. A written bypass protocol must be established with the Ambulance Service to enable this to take place.

Epilepsy Seizures**Remember to:**

Stay calm

If the child is convulsing then put something soft under their head

Protect the child from injury (remove harmful objects from nearby)

NEVER try and put anything in their mouth or between their teeth

Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance

When the child finishes their seizure stay with them and reassure them

Do not give them food or drink until they have fully recovered from the seizure

Head Lice

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

Cardiac/Respiratory arrest and defibrillation

Astley School has an automated External Defibrillator (AED) located in the First Aid cupboard near the Head's office. All staff are trained annually on its use. Outcome from cardiac arrest is particularly poor. The essential elements to survival are the classic chain of survival. Early call to the Ambulance Service, early onset of chest compressions and ventilation, early defibrillation and expedient advanced life support. Suitable ventilation pocket masks should be strategically around the school as well as in all first aid kits. A minimum of 5 trained staff should be sent to any such life critical incident (including anaphylaxis). The school critical incident plan should be instigated. Direct communication with the Ambulance Service is essential – mobile phone.

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Appendix G: First Aid box contents

First aid boxes should contain the following items:

- 1 guidance leaflet giving general first aid advice;
- disposable gloves[#];
- 10 individually wrapped medical wipes;
- 20 individually wrapped sterile adhesive dressings (plasters)^{*} - assorted sizes;
- 2 sterile eyepads;
- 4 triangular bandages;
- 6 medium size (approx. 12cm x 12cm) wrapped, sterile unmedicated dressings;
- 2 large size (approx. 18cm x 18cm) wrapped, sterile unmedicated dressings;
- 6 safety pins.

No other items may be kept in a first aid box that is available for general use.

British Standard 8599

Contents	Small	Medium	Large	Travel
First Aid Guidance Leaflet	1	1	1	1
Contents List	1	1	1	1
Medium Dressing (12cm x 12cm) (Sterile)	4	6	8	1
Large Dressing (18cm x 18cm) (Sterile)	1	2	2	1
Triangular Bandage (Single Use) ((90cm x 127cm)	2	3	4	1
Safety Pins (Assorted) (minimum length 2.5cm)	6	12	24	2
Eye Pad Dressing with Bandage (Sterile)	2	3	4	0
Washproof Assorted Plasters	40	60	100	10
Moist Cleaning Wipes	20	30	40	4
Microporous Tape (2.5cm x 5m or 3m for Travel Kit)	1	1	1	1
Nitrile Gloves (1 Pair)	6	9	12	1
Finger Dressing with Adhesive Fixing (3.5cm)	2	3	4	0
Mouth to Mouth Resuscitation Device with Valve	1	1	2	1
Foil Blanket (130cm x 210cm)	1	2	3	1
Eye Wash (250ml)	0	0	0	1
Burn Relief Dressing (10cm x 10cm)	1	2	2	1
Universal Shears (Suitable for cutting clothing)	1	1	1	1
Conforming Bandage (7.5cm x 4m)	1	2	2	1

This list is adaptable, dependent upon the risk assessment.

Author

Updated

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