

Buttercup Primary

School and EYFS

Medical and First Aid Policy

Complied by: Zahina Faruque Reviewed by: Rena Begum

Reviewed date: 01st March 2021 Next review date: 01st March 2022

**Rationale**

We have a duty of care under The Health and Safety (First Aid) Regulations 1981 to promote the health, safety and welfare of all pupils, school personnel and school visitors by providing adequate first aid equipment and school personnel qualified in first aid.

We will ensure that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) that all accidents resulting in death, major injury or the prevention of the injured person undertaking their normal work for more than three days will be reported to the Health and Safety Executive (HSE).

**Aims**

* To provide adequate first aid provision and medical care for pupils and school personnel.
* To have in place qualified first aid personnel who are aware of hygiene and infection control procedures.
* To have in place adequate first aid equipment.
* To have in place excellent lines of communication with the emergency services and other external agencies.

**Role of the Proprietor**

The Proprietor has:

* Nominated a member of staff to take charge of first aid arrangements
* Delegated powers and responsibilities to the Head Teacher to ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
* Delegated powers and responsibilities to the Head Teacher to ensure all school personnel and visitors to the school are aware of and comply with this policy
* Responsibility for ensuring funding is in place to support this policy
* Responsibility for ensuring policies are made available to parents
* The Proprietor to visit the school regularly, to liaise with the coordinator and to report back to the Proprietor.
* Responsibility for the effective implementation, monitoring and evaluation of this policy

**Role of the Head Teacher**

The Head Teacher will:

* Ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
* Ensure all school personnel, pupils and parents are aware of and comply with this policy
* Ensure that the nominated person is suitably trained, has sufficient time to undertake their role and an adequate budget to purchase first aid equipment
* Train school personnel in first aid arrangements
* Monitor the effectiveness of this policy

**Role of the Lead in School**

The nominated person will:

* ensure all school personnel are trained in first aid arrangements and hold a valid certificate of competence
* organise and maintain the medical room
* ensure that there are adequate stocks of first aid equipment
* position and maintain first aid containers at appropriate locations around the school
* conduct with the Health and Safety coordinator annual risk assessments
* instruct all first aiders to ensure that all accidents and injuries requiring first aid are recorded and reported
* inform parents of any accident requiring first aid, especially head injuries, and of any first aid administered
* whenever the children are present at least 1 qualified first aider will be present
* provide guidance and support to all school personnel
* keep up to date with new developments and resources
* review and monitor

**Role of School Personnel**

School personnel must:

* comply with all aspects of this policy
* be aware of first aid arrangements
* be suitably trained in identifying pupils with expected medical problems
* report any concerns they have on the medical welfare of any pupil
* report and record all accidents and first aid treatment administered

**Role of Pupils**

Pupils:

* will be aware of and comply with this policy
* must report all accidents

**Role of Parents/Carers**

Parents/carers will:

* be aware of and comply with this policy
* inform the school of their child’s medical history that may be a cause for concern
* must complete the necessary paperwork before the school administers any medication to a child
* The school will collect information annually

**Location of First Aid kits**

All first aid kits are located in each classroom out of reach.

* EYFS – in the clock room on the shelf
* Year 1&2 – Back of the class inside the cupboard
* Year 3&4 – Top of the Bookshelves
* Year 5&6 – Top of the Bookshelves

**Recording Accidents and Injuries**

All accidents and injuries requiring first aid will be:

* recorded in the Accident Book with all details given.
* first aid accident book is kept in the main office (GF)
* reported to parents in person, by letter or phone

All accidents involving the loss of life, major injury or preventing the injured person undertaking their normal work for more than three days must be reported to the Health and Safety Executive (HSE).

**Raising Awareness of this Policy**

We will raise awareness of this policy via:

* the School Handbook/Prospectus
* the school website
* meetings with parents such as introductory, transition, parent-teacher consultations and periodic curriculum workshops
* school events
* meetings with school personnel
* information displays in the main school entrance

**Monitoring the Effectiveness of the Policy**

Annually the effectiveness of this policy will be reviewed, or when the need arises, and the necessary recommendations for improvement will be made to the Proprietor.

**Statement of Commitment**

Buttercup Primary School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. We confirm our adherence to the following standards at all times:

* To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
* To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
* To have a minimum of 4 trained First Aiders on site at any one time, including a person with a pediatrics first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
* To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current pediatrics first aid qualification.
* To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
* To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
* To record and make arrangements for pupils and staff with specific medical conditions.
* To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
* To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
* To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
* To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS as soon as reasonably practicable.

**Details of First Aid Practitioners at Buttercup Primary School**

|  |  |  |
| --- | --- | --- |
| **Appointed Person:** | **Qualification** | **Training Renewal Date** |
| **Zahina Faruque** | **Emergency First Aid in the Workplace** | **13/06/2022** |
| **Trained First Aiders:** | **11** |  |
| Ms Zahina Faruque (FAW)Ms Shaheda KhanomMs Rena Begum Mr Enamul HassanMr Shuheb AhmedMs Zainab AliMs Sultana BegumMs Sadiya HussainMs Ayesha KhatunMs Ruksana PatelMs Souad BenelbaidaMs Khadija Brooks  | **Pediatric First Aid** | **01/09/2023** |

**Practical Arrangements at Buttercup Primary School**

**Location of First Aid Facilities**

* The sick room is located within the Early years area on the ground floor for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes; a bed first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
* A portable first aid kit must be obtained from the office for school visits.

**Responsibilities of the Trained First Aiders**

* Provide appropriate care for pupils or staff who are ill or sustain and injury
* Record all accidents in the accident book (to be found in the sick room). They are then passed to the school secretary who will make a copy for individual pupil files.
* In the event of any injury to the head, however minor, ensure that a note from the office is sent home to parents/guardians and a copy placed in the pupil’s file.
* In the event of any accident or administration of first aid involving a pupil in EYFS, ensure that a note from the office is sent home to parents/guardians and a copy placed in the pupil’s file.
* Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
* Inform the appointed person of all incidents where first aid has been administered.

**Responsibilities of the Appointed Person**

* Ensure that all staff and pupils are familiar with the school’s first aid and medical procedures.
* Ensure that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers).
* Blue medical boxes are kept in the office out of reach of the children, all staff are given code for the box, any medication requiring refrigeration will be kept in the kitchen fridge, kitchen is always kept locked.
* Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
* Monitor and re-stock supplies and ensure that first aid kits are replenished.
* Ensure that the school has an adequate number of appropriately trained First Aiders.
* Co-ordinate First Aiders and arrange for training to be renewed as necessary.
* Maintain adequate facilities.
* Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
* On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee
* Fulfil the school’s commitment to report to RIDDOR, as described below
* Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
* Contact emergency medical services as required.
* Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

**What to do in the case of an accident, injury or illness**

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain. Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.  The pupil or member of staff should not be left unattended.  The first aider will organise an injured pupil’s transfer to the sick room if possible and appropriate and to hospital in the case of an emergency.  Parents should be informed as necessary by telephone by the first aider or school secretary.  This will be followed up in writing and a record kept at school.  A written record of all accidents and injuries is maintained in the accident book.

**Contacting parents**

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

* Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury) Available from the appointed person
* Suspected sprain or fracture
* Following a fall from height
* Dental injury
* Anaphylaxis & following the administration of an Epi-pen
* Epileptic seizure
* Severe hypoglycemia for pupils, staff or visitors with diabetes
* Severe asthma attack
* Difficulty breathing
* Bleeding injury (uncontrolled)
* Loss of consciousness
* If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher. In EYFS, ALL incidents must be communicated to the parents in writing and a copy placed in the child’s file.  A parent should sign the school copy agreeing that they have been notified.

**Contacting the Emergency Services**

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives.  All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

**Accident reporting**

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors.  The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

**Pupils who are unwell in school**

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the appointed person, the school secretary or the head teacher.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office. Informal diagnostic report of child is made, this is kept in the office.

**First Aid equipment and materials**

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked.  The first aid boxes contain:

* A first aid guidance card
* At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
* 4 triangular bandages (slings)
* Safety pins
* Cleaning wipes
* Adhesive tape
* 2 sterile eye pads
* 6 medium sized unmedicated dressings
* 2 large sized unmedicated dressings
* Disposable gloves
* 1 resuscitator
* Yellow clinical waste bag

**First aid for school trips**

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the main office (Registrar).  This must be returned to the main office (Registrar) for replenishing on return.  Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy.  RIDDOR guidelines for reporting accidents must be adhered to.  For any major accident or injury, the appropriate health & safety procedure must be followed.

**Pupils using crutches or having limited mobility**

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a ‘class partner’ to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil’s needs.  Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school.  Parents must inform the school of any particular difficulties.

**Emergency care plans and treatment boxes**

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the staff room. A copy is also kept in the sick room.  Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents.  Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the sick room.

**Pupils with medical conditions**

A list is available in the staff room and the sick room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip.  If staff become aware of any condition not on these lists, please inform the appointed person.

**Dealing with body fluids**

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

* When dealing with any body fluids wear disposable gloves.
* Wash hands thoroughly with soap and warm water after the incident.
* Keep any abrasions covered with a plaster.
* Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

* Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the sick room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores.  If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

**Infectious diseases**

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of

infectious diseases to other pupils and staff.

|  |  |  |
| --- | --- | --- |
| **ILLNESS** | **PERIOD OF EXCLUSION** | **COMMENTS** |
| COVID 19 Chickenpox | 10 days from symptoms,14 days if in contact with someone either close friends /families or NHS track and trace 5 days from onset of rash | Symptoms: temperature 37.and above Persistent coughing, loss off taste and smell.Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox.Any children being treated for cancer or on high doses of steroids should also seek medical advice. |
| German Measles | For 5 days from onset of rash | Pregnant women should inform their midwife about contact |
| Impetigo | Until lesions are crusted or healed | Antibiotic treatment by mouth may speed healing |
| Measles | 5 days from onset of rash | Any children being treated for cancer or on high doses of steroids must seek medical advice |
| Scabies | Until treatment has been commenced | Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts |
| Scarlet Fever | 5 days after commencingantibiotics | Antibiotic treatment recommended |
| Slapped Cheek Syndrome | None | Pregnant women up to 20 weeks must inform their midwife about contact |
| Diarrhoea and vomiting | 48 hours from last episode of diarrhoea or vomiting | Exclusion from swimming may be needed |
| Hepatitis A | Exclusion may be necessary | Consult the Health Protection Agency |
| Meningococcalmeningitis | Until recovered | Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts. |
| Viral Meningitis | Until fully recovered | Milder illness |
| Threadworms | None | Treatment is recommended for the pupil and family members |
| Mumps | 5 days from onset of swollen glands |  |
| Head Lice | None once treated | Treatment is recommended for the pupil and close contacts if live lice are found |
| Conjunctivitis | None | Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better |
| Influenza | Until fully recovered |  |
| Cold sores | None | Avoid contact with the sores |
| Warts, verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms |
| Glandular fever | None |  |
| Tonsillitis | None |  |

**Linked Policies and guidance:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Health & Safety
* Child protection Policies
 | * Educational Visits
 | * Administration of Medicines
 | * Asthma
 |

Annually the effectiveness of this policy will be reviewed, or when the need arises, and the necessary recommendations for improvement will be made to the Proprietor.

Administration of Medications Policy

**Our school is:**

a safe, **supportive** stimulating learning environment;

a **team** of respectful, tolerant, open minded citizens;

a community where everyone **aspires** to be the very best, they can be;

a community of **resilient** lifelong learners;

a centre of excellence where all achieve **success**.

**PURPOSE**

This policy sets out the circumstances in which we may administer medicines within school, and the procedures that we will follow.

|  |  |
| --- | --- |
| **Summary of changes** | **Include the holding of emergency inhalers by the school.** |

**CONTENTS**

1. Introduction

2. The Role of Parents/Carers

3. Prescription Medication

4. Long Term Medical Needs

5. Controlled Drugs

6. Non-Prescription Medication

7. Administering Medicines

8. Emergency Inhalers

9. Self-Management

10. Refusing medication

11. Offsite visits

12. Disposal of Medicines

Appendix 1 - Administration of Medication Permission and Record

Appendix 2 - Administration of Medication Continuation Sheet

Appendix 3 – Example Consent Form for Residential Visit

Appendix 4 – Consent form: Use of Emergency Salbutamol Inhaler

**1.  Introduction**

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. Buttercup Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The ‘duty of care’ extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

**2.  The Role of Parents/Carers**

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by the parent/carer coming into school at lunch time to administer the medication. However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Administration of Medication Permission and Record form (Appendix 1). Medication must not be given to the class teacher or brought into school by the child themselves. If medication is for a short-term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

**3.  Prescription Medication**

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bedtime. Parents are encouraged to ask the GP to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child’s health if it were not done.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration. The exception to this is insulin which must still be in date but will generally be available to school inside an insulin pen or a pump, rather than in its original container. Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

• Name of child

• Name of medicine

• Dosage

• Written instructions provided by prescriber

• Expiry date

An Administration of Medicine Permission & Record form (Appendix 1) must be completed and signed by the parent / carer. No medication will be given without the parent’s written consent.

Prescribed medication, other than emergency medication, will be kept in the Medical Room, either in the cupboard or the refrigerator as appropriate. All emergency medicines (asthma inhalers, epi-pens etc.) should be kept in the child’s classroom and be readily available. A second Epi-pen for each child who requires one will be kept in the Medical Room, in a box clearly labelled with the child’s name and year group, if two children share the same name a photograph should be present.

**4.  Long Term Medical Needs**

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school will draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

**5.  Controlled Drugs**

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week’s supply and the amount of medication handed over to the school should always be recorded.

Controlled drugs should be stored in a locked non portable container with pin code, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child’s parents as a matter of urgency. If necessary, the school should call the emergency services.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

**6.  Non-Prescription Medication**

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child’s health if it were not

administered during the day.

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent’s instructions will be checked against the dosage information, and this will not be exceeded.

**7.  Administering Medicines**

Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. This will usually be the school office manager who is also the first aid officer, but in their absence another appropriately trained member of staff may carry it out. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by the Welfare Assistant. The SENCo will maintain a record of staff trained in specialist medication for children with Health Care Plans.

When a member of staff administers medicine, they will check the child’s Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet (Appendix 2) will be used, as necessary.

Once dosage of medication is given to the children by the First Aider on site, parents will be notified immediately on the same day and as reasonably practicable.

EYFS- parents will be informed on the same day to avoid overdose, this may be by spacing the doses.

**8.  Emergency Inhalers**

In line with “Guidance on the use of emergency salbutamol inhalers in schools” March 2015, the school will keep emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason. They will be stored in the Medical Room, along with appropriate spacers. Parents must sign a “Consent form: use of emergency salbutamol inhaler” (Appendix 4) to consent to their child being allowed to use the emergency inhaler. These will be kept in the Asthma file in the Medical Room.

**9.  Self-Management**

It is important that as children get older, they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child’s health care plan in agreement with the parents, bearing in mind the safety of other pupils.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action). Children should know where their medicines are stored.

**10. Refusing medication**

If a child refuses to take medication staff should not force them to do so but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

**11.  Offsite visits**

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma.

**Travel Sickness** - Tablets can be given with written consent from a parent but the child’s name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.

**Residential visits**– All medicines which a child needs to take should be handed to the teacher in charge of the visit. The only exception are asthma inhalers, which should be kept by the child themselves. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered – see example form in Appendix 3.

**12.  Disposal of Medicines**

The first aid officer will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

If any child requires regular injections (e.g. Insulin), they will have their own sharps box which can be taken offsite with them on trips etc. The parents will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal. Sharps boxes should always be used for the disposal of needles.

Buttercup Primary schools

Supporting Children with Medical Conditions

COVID-19 Addendum

Complied by: Shaheda Khanom Reviewed by: Rena Begum

Reviewed on: 02nd Febuary 2021 Next review date:02nd Febuary 2022

 **Introduction**

The health and safety of all our children and staff is our utmost priority. Government and scientific guidance during this COVID-19 Pandemic has specified that there are two levels of high-risk groups

* + high risk (clinically extremely vulnerable)
	+ moderate risk (clinically vulnerable)

Adults and children and young people are more susceptible to the COVID-19 disease and therefore at greater risk of becoming extremely ill and/or dying if their health conditions are categorised in these two groups and **should not** be attending school.

Parent/carers of children and young people that fall into these two groups will be strongly advised to keep their children at home and we will continue to provide remote learning and emotional support.

Children and young people who do not fit into either vulnerable groups but have a physical or mental health condition will need a risk assessment completed if their parent/carer shows a preference for their child to return to school. If after conducting the risk assessment it is decided that a child or young person cannot return to school, we will discuss this with the parents/carers and if necessary require additional advice from health professionals in order that we can safeguard the child from possible infection and that they continue to be provided with remote learning and emotional support.

**Parent/Carers are responsible for:**

* + - ensuring school is informed if a child or young person has been diagnosed with a medical condition, whether or not they are attending school during the COVID-19 Pandemic.
		- If symptoms of COVID-19 are suspected, we will ask that you follow the Home School Agreement and adhere to it.

We recognise that children or young people with long term physical or mental health issues may have stronger reactions to the COVID-19 Pandemic. They might experience more intense distress, worry or anger more easily than children and young people without these issues because they are more vulnerable to being infected with the disease or find it harder to deal with the risk and fears around it. We will support these children and their families with appropriate members of staff who will make contact remotely and will sign- post or refer to relevant organisations, if required.

**Medicine in school**

We will continue to administer medication for children diagnosed with medical conditions such as asthma, epilepsy, allergies and anaphylactic shock and will need to complete the administering of medication agreement form and will provide staff with PPE when needed.

Children should not attend school if they are taking antibiotics or steroids, as their resilience will be lowered due to infection or medication.

Do not send your child to school if they are unwell or their medical condition has deteriorated. Source medical advice first to whether or not your child should remain at home until they have improved. When we are notified of this we will carry out another (a new) risk assessment before the child or young person can return to school. (Appendix 1b individual child RA)

**Children taken ill at school**

If a child is taken ill at school, we will isolate them with a member of staff who will stay with them until their parent/carer or named person arrives. Staff that care for children who are taken ill will wear Personal Protection Equipment comprising of an apron, gloves, mask and goggles.

**Calling an ambulance and notifying parent carers**

The school will call an ambulance before contacting parents if a child becomes seriously ill or has a significant injury. We must safeguard our staff to exposure of COVID-19 and will want to eliminate travel and being asked to attend hospitals as much as possible.

Therefore, it is imperative that contact numbers are up to date and that parents/carers have a named person who will be close to the vicinity of the school, in order to travel with the child to hospital if required. If the named person does not arrive before the ambulance takes the child/young person to the hospital a member of staff will travel to the hospital in their own vehicle, so that they can travel back. They will be provided with PPE and stay with the child at the hospital until the parent/carer or named person arrives.

**Inclusion**

During this period, we will need to change what we do as a school inclusively.

The school will ensure that children with medical conditions can participate in the new ways of working as long as social distancing rules can be applied and that it is not detrimental to the child’s physical or mental wellbeing.

**Health Professionals**

We will continue to liaise with other professionals either via phone, email or video links and that all the needs of the child or young persons or young person’s, health, social, education and emotional are being addressed.

**Monitoring and review**

This addendum will be reviewed by the proprietor every 3 weeks or in light of new government guidance as and when it is published.