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## Healthcare, Medicines & First Aid Policy

This policy should be read in conjunction with the document titled *Administering Medicines in School* - in line with Government guidelines, last updated June 2019.

### INTRODUCTION

There is no legal duty that requires schools to administer medicines; however, we have a duty to make arrangements to support pupils with medical conditions and/or specific dietary needs and will administer prescription medication to assist that process.

Members of staff administering medication do so voluntarily, supported by the school with appropriate training as and when required. Those doing so will be indemnified by the local authority's liability insurance for any claims made against them provided that they have received training, undertaken any necessary refresher training, followed the guidelines within the Health Care Plan (if applicable) and used the correct protective and administrative equipment.

The school will work with the local authority, other health professionals and support services to ensure that children with medical conditions, specific dietary needs or known allergies receive a full education.

The school will aim to ensure that any social or emotional implications associated with a child's condition are considered and an appropriate level support provided when necessary.

Our policy is not to care for sick children, who should be at home until well enough to return to the school, but to maintain their health and well-being whilst they recover from an illness or are in the process of managing an ongoing condition.

### ROLES AND RESPONSIBILITIES

The **Headteacher** is responsible for putting the school's policy into practice and for initiating procedures, as well as ensuring that sufficient numbers of staff are appropriately trained to manage medicines and deliver first aid as part of their duties. This duty also extends to staff leading activities that take place off-site during the school day, in addition to trips and visits.

He/she is also responsible for ensuring that parents/carers are aware of said policy and procedures and that all relevant members of staff are aware of the child's condition.

**All members of staff** have a personal responsibility for ensuring that they understand this policy, which should be discussed annually during whole school development and update meetings.

Teachers and support staff have a duty of care to act as any reasonable prudent parent would in order to ensure that children within the setting are healthy and safe.

Should a member of staff be unwilling to administer medication, they should notify the Headteacher directly to request that they not be asked to do so and for that request to be noted in their personal file.

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Volunteers or helpers will never be asked to administer medication.

The **school nursing service** will deliver the necessary training and advice to members of staff who have agreed to administer specialist medication to children with medical conditions, specific dietary needs or to those with known allergies and support the school in its efforts to provide an inclusive provision for all pupils. This applies to all medication that is delivered in anything other than liquid or tablet form.

The following excerpt (in *italics*) is communicated via newsletter to the whole school parent body, each September:

*“It is the responsibility of the **parent/carer** to provide sufficient and up to date information relating to their child’s medical condition and complete an Individual Healthcare Plan for their child, in conjunction with the designated named person within school, notifying him/her of any changes to the child’s healthcare needs as soon as they become aware of them. This includes day to day symptoms and associated factors.*

*At the point of admission, parents/carers are asked to disclose on the admission form the details of any pre-existing medical condition, illness or dietary complaint which requires ongoing prescribed medication and/or day to day management.*

*Should a child develop such a condition following admission to the school, parents/carers should notify the relevant front of house at the earliest opportunity.*

*The school cannot take responsibility for a child’s healthcare or medical needs if they have not been communicated via these channels.*

*Such information will be passed to the member of staff responsible for coordinating healthcare, who will invite the parent/carer into school to complete an Individual Healthcare Plan for the child.*

*Individual Healthcare Plans - not to be confused with (SEND) Educational Health Care Plans - are updated annually and will accompany the child as they move up through the school, with changes applied during the academic year upon receipt of updates from parents/carers.*

*Upon completion of the plan, details are logged in a secure format, with the information necessary to ensure the child’s day to day safety and well-being then being communicated to teaching, support, and front-of-house staff who are provided with one page summaries with a photograph of the child. Where appropriate, kitchen staff are provided with an at-a-glance overview of any allergy or dietary need. “*

## **SAFE STORAGE OF MEDICINES**

Once accepted and on-site, a child’s prescribed medication will be stored in a **named box** in their teacher’s cupboard (long term) or school office (short term), unless they are controlled drugs.

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The 'named box' may refer to the original prescription packaging (with the accompanying consent) in respect of short term (ad-hoc) medication, or a managed pupil healthcare box for longer term medication.

If a child goes on a school trip, an accompanying member of staff will ensure that all named medication boxes accompany the group. The boxes will remain in the direct control of the staff member until their return.

**Controlled drugs** such as Ritalin, Rectal Diazepam and Midazolam are classified by the *Misuse of Drugs Act, DfE and ACPO Drug Advice for Schools*) and it is imperative that they are strictly managed. Parents/carers must hand these drugs to a named member of staff. No more than a week's supply of controlled drugs can be kept in school at any one time and the amount handed over to the school should always be recorded. Controlled drugs will be stored in a locked, non-portable container, to be accessed only by named staff. Misuse of a controlled drug, such as passing it to another child for use, is an offence.

## **ADMINISTRATION OF MEDICINES**

If a child has not had a particular medicine before, the school advises that they stay at home for the first 48hrs to ensure that there are no adverse reactions as well as allowing sufficient time for the medication to take effect.

### ***Prescribed medication for a long term condition:***

Parents/carers remain responsible at all times for ensuring that there is a sufficient amount of (in date) prescribed medication in school for their child, which should be supplied in its original packaging and be clearly labelled with the name of the child and dosage instructions. The exception to this is insulin, which may be provided in a secondary pen or pump.

The named box in the teacher's cupboard in which the medicine is stored will contain a dispensing log, which the relevant first aider is required to complete upon the administration of any medicine.

Controlled drugs can be administered only by named staff. The person(s) administering the drug must receive appropriate training from the school nursing service or another suitably qualified health professional. Each time the drug is administered it must be recorded, even if the child refuses to take it.

### ***Short term prescribed medication:***

Short term prescribed medication such as antibiotics can be administered by the school but only upon completion of the appropriate consent form, available in both the KS1 and KS2 offices upon request. The school cannot accept any medication that has not been prescribed by a doctor. In all cases, medication must be brought into the school by the parent/carer, not the child, and should be handed to the relevant front of house.

## **DISPOSAL OF MEDICINES**

The school will not dispose of medicines. Parents/carers are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal.

## **FIRST AID PROVISION**

A number of named, independently trained first aiders are deployed across both the KS1 and KS2 buildings. The names and qualification periods of all designated first aiders are displayed prominently in all communal areas around the school.

We have over and above the required number of school staff in our EYFS (Early Years Foundation Stage) setting who are Paediatric First Aid trained.

<b>NAMED FIRST AIDERS at BARNES PRIMARY SCHOOL</b>				
<b>Surname</b>	<b>First Name</b>	<b>Qualification</b>	<b>Expiry Date</b>	<b>Provider</b>
VALLADE (FT)	Natalie	Paediatric	13-Nov-21	AFC
BEARD (FT)	Ray	Paediatric	16-Jul-23	SJA
MARTIROSSIAN (FT)	Lily	Paediatric	27-Aug-23	SJA
BYRNE (FT)	Sara	Paediatric	27-Aug-23	SJA
KEANE (FT)	Joshua	Paediatric	27-Aug-23	SJA
MALES (FT)	Shannon	Paediatric	27-Aug-23	SJA
ENJARIE (FT)	Lama	Paediatric	09-Oct-22	AFC
TABOAS (FT)	Sol	Paediatric	21-Apr-24	HST
MOSS (FT)	Christine	Paediatric	13-Nov-21	AFC
MOSS (FT)	Christine	Paediatric	13-Nov-21	AFC
BLAIR (PT)	Lucy	Paediatric	28-Sep-22	FAIB
PASHLEY (FT)	Tom	Paediatric	08-Oct-22	SJA
CHILDS (FT)	Hannah	Paediatric	02-Jul-22	AFC
DOVE (FT)	Joolia	Paediatric	02-Jul-22	AFC
	EYFS		Achieving for Children	AFC
	KS1		St John Ambulance	SJA
	KS2		High Speed Training	HST
Last reviewed 22/04/2021			First Aid Industry Body	FAIB

In addition, all members of staff undertake regular basic emergency first aid training via a classroom based session, led by a professionally qualified practitioner. This forms part of the school's INSET training in September.

With all members of staff trained to at least a minimum level, a first aider is always on hand to accompany a child in the event of an emergency during off site activities. One member of staff will remain responsible for the pupil medication needs, and ensure that all named medication boxes accompany the group.

Members of staff actively supervising trips, visits or sporting events should be aware of any medical needs and relevant emergency procedures - with individual risk assessments conducted if and when deemed necessary.