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Medical Policy

Review Due: November 2026

Introduction

Christ the King and St Cuthbert's Catholic Academy will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for pupils, staff, parents and visitors. We will also ensure that procedures are in place to meet that responsibility. This policy complies with the Director's Health and Safety policy and is reviewed annually.

Medicines

- Parents needing medicines during the day must complete a medication administration form **[see appendix one]** with the correct dosage of medication and give it with the office staff
- There is a separate protocol for each student who is at risk of anaphylaxis for example; this is agreed between the school, the School Nurse and the parents. Copies are held with the pupil's GP and the Authority Medical Care Plan.
- Medication must be in packaging that is written in English; we cannot administer medicine from other countries.

AIMS & OBJECTIVES

- To ensure that first aid provision is available at all times while people are on the school premises, and also off the premises whilst on school visits.
- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the academies and to maintain a record of that training and review annually.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To provide awareness of Health and Safety issues within the academies and on class trips, to prevent, where possible, potential dangers or accidents.
- To inform staff and parents of the academies First Aid arrangements.
- To report, record and where appropriate investigate all accidents.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995 (RIDDOR).

FIRST AID PROVISION	
St Cuthbert's Catholic Academy	**Christ the King Catholic Academy**
First Aid kits are available at the following destinations:- 1) The School Office 2) 1 Portable First Aid Kit for general outing use 3) 1 Portable First Aid Kit for sports outing use 4) All school classroom 5) Children center reception 6) Administration of Medication situated in SLT room	First Aid kits are available at the following destinations:- 1) The School Office 2) The First Aid room 3) 1 Portable First Aid Kit for general outing use 4) 1 Portable First Aid Kit for sports outing use 5) All school classroom 6) Baking area 7) The Meadow portacabin

Replenishing
It is the responsibility of first aiders administering First Aid, to check the contents every time it is used and request re-stock from Mr Flannigan-Salmon's first aid team.

Support Assistants will be responsible for checking their class's medication stored in the medical room/ refrigerator for: correct labels, expiry dates, adequate supply of medication

Staff Knowledge
All staff, including supply teachers and Student teachers will be informed of First Aid arrangements and made aware of this policy as part of their induction.

FIRST AID TRAINING
Mr Daniel Flannigan-Salmon will be accountable for the logistical arrangements including systems and processes for all medical and first procedures. Mrs Sarah Smith has overall responsibility for ensuring these are adhered to and that there is an adequate number of qualified First Aiders/Appointed Persons.

A large proportion of teaching assistants, teachers and welfare staff have completed Certificate for Emergency First Aid at Work. Mrs Smith's PA supports all courses are renewed on a regular basis.

HYGIENE/INFECTION CONTROL
- Hands must be washed before and after giving First Aid.
- Single-use disposable gloves must be worn when treatment involves blood or other body fluids.
- Any soiled dressings etc must be put in a sanitary bins

- Any body fluids on the floor should have absorbent granules sprinkled on to them, then collected. This should be an placed in external bin, then the area disinfected.
- Body fluid spillages on hard surfaces should be cleaned up then the area disinfected.
- Exposed cuts and abrasions should always be covered with plasters and dressings placed sensitively

ACCIDENT PROCEDURE

During playtimes and lunchtimes injuries that require minor first aid treatment should be dealt with in the first instance by the first aider on duty. Persons administering first aid should wear disposable gloves where bodily fluids are involved. For injuries that require closer attention children should be sent to the medical room where a trained first aider is called for to deal with the incident.

Minor incidents and accidents should be dealt with, wounds cleaned etc and the child returned to the playground when possible and practical. An adult witness should be present if tending an intimate part of the body. Any dressings or materials which have been in contact with body fluids (e.g. blood, vomit etc) must be disposed appropriately and safely.

INCIDENT REPORTING

All incidents/injuries/head injuries/ailments and treatment are recorded in the child's class First Aid Book situated in their class rooms or electronic logs on staff drive. Parents are informed by letter and text of any head injury; children will also wear a 'bumped head' writ band. The nominated First Aider will alert Senior Leader and then contact the parents if they have any concerns about the injury, or need to send a child home through illness.

For any significant injury an Accident/Incident/Near Miss Report Form needs to be filled out and given to Mrs. Sarah Smith for investigation. Mrs. Smith's PA is then responsible for this to be sent to the Occupational Health and Safety Team. This needs to be completed by the person administering First Aid and by the person who has had the accident. It is recommended that these records are kept for 7 years.

Directors Responsibilities

The Board of Directors will implement the Local Authority's procedures for reporting:

- all accidents to employees
- all incidents of violence and aggression.

The Board of Directors are aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety Executive as it applies to employees. All significant accidents are reported to the Health and Safety Committee on a termly basis.

- An accident that involves an employee being incapacitated from work for more than three consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;

- It is an accident in school which requires immediate emergency treatment at the hospital.

For each instance where the Executive Head teacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought. Where a pupil has an accident it will be reported to the Local Authority. All accidents to non-employees (e.g.) visitors which result in injury will be reported to the authority.

HEAD INJURIES

Accidents involving a pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time. If the injury is minor, the head injury should be monitored closely and a band applied to the child's wrist. A 'Head Information Leaflet' will be sent home to the parents and a text sent home. The injury will be recorded in the first aid log in a timely manner and any serious head injury will be referred for Hospital treatment (please follow the section for Emergency Arrangements).

EMERGENCY ARRANGEMENTS

Where the injury or incident is an emergency, an ambulance will be called following which the parents will be contacted. Where hospital treatment is required but it is not an emergency, then Mrs Smith will ensure that contact with parents is made and for them to take over the responsibility of the child.

In the event that the parents cannot be contacted, the Executive Head teacher, senior leader or appointed person will accompany the child to hospital and remain with them until the parents can be contacted.

Off-site Visits/activities

At least one first aid kit will be taken on all off site activities, along with individual pupil's medication such as inhalers, Epi-pens etc. The member of staff leading the visit should familiarise themselves with first aid provision and procedures at the visit location and ensure they are identified during risk assessment.

It is an expectation that the provision of quality first aid will be a central part to the risk assessment of any off site school visits. On most class visits this will involve a staff member fully trained in First Aid at school or Paediatric First Aid and fully aware of their responsibilities in that role.

On local visits (those identified on EVOLVE as local and non adventurous) however, where a first aider will be available at the venue of the visit, as part of the experience, this rule can be relaxed. The relaxation is purely for the journey to and from the venue.

Once the matter is risk assessed and clarity made on who the nominated first aider is at the venue and how staff can seek support from that qualified staff member in an emergency a school trip can go ahead without a first aider accompanying the children directly.

In the same regard should a child with high medical needs be attending a school visit (local or extended) then the staff member responsible for assessing the risk may choose to seek a second trained first aider.

Should staff have concerns over these matters they are asked to discuss them with their line manager, EVC or Executive Headteacher.

Managing Illness/Medical Conditions

Sharing Medical Information

At the start of the academic year, the school office will contact all parents and use the information they provide to update the BROMCOM records. As a consequence overview documents are updated. Health care plans are held on google drive [Medical Drive] and reviewed annually.

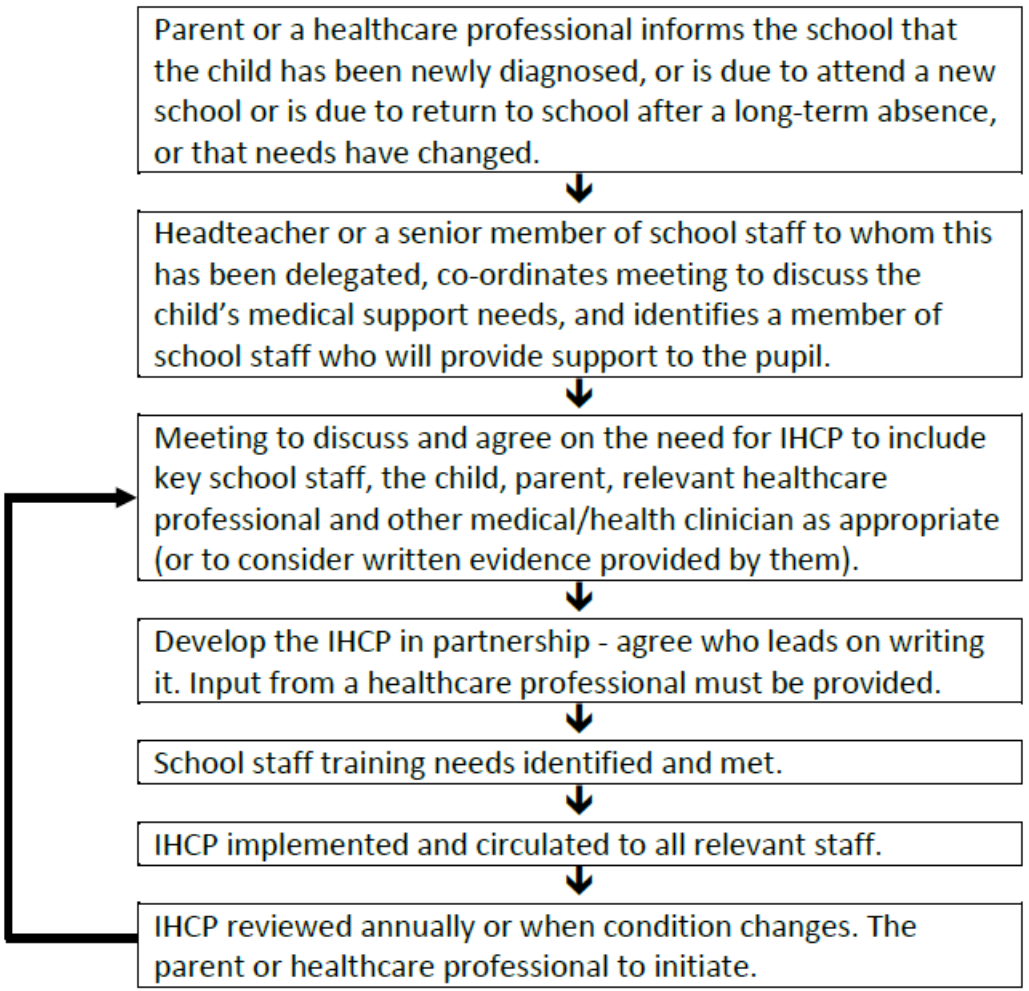
Advice is sought from other professionals when writing a health plan if the child is deemed to have a more serious or complicated medical condition e.g. diabetes. All teaching staff will be provided with a list of pupils in their class who are known to have medical conditions.

Individual Health Care Plans [IHCP] - These are put in place when a **child needs additional care** that is considered to be above and beyond the normal care procedures all children receive in the school setting.

When developing an individual health care plan the following should be considered:

- The medical condition, signs, symptoms and treatments.
- The child's resulting needs, including medication.
- The level of support needed. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support and their training needs.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Arrangements for school trips or other school activities.
- What to do in an emergency, including who to contact, and contingency arrangements.

To complete an Individual Health Care plan school will follow these steps:



Illness

Children who feel unwell should go to the school office with a staff member. The decision to send an unwell child home will be made by the senior leader.

- **Vomiting and diarrhoea**

There are sick bowls in the first aid room for pupils who feel sick. Absorbent granules, mops and buckets may all be found in the caretaker's cupboard. Vomit must be treated as a biohazard and the area must be thoroughly disinfected. If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

- **Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, a member of staff will look at their arms or legs. A child's back or chest would only be examined if the school were concerned about infection to other children. In this case another adult would be present and would not be completed without the child's consent. If a child has any of these infections they will need to stay off school for a prescribed period of time as advised by the GP.

- **Head lice**

If head lice are suspected, school will inform parents, ask them to examine their child and treat if necessary. If live head lice are observed on a child, parents will be contacted immediately and asked to take their child home to treat before returning to school.

Pastoral care:

There may be occasions that children state that they are unwell or require First Aid but actually require 'pastoral care'. Such incidents if regular or significant are reported on 'My Concern' and class teachers informed.

Administering Medication in school

No medication (except for Asthma inhalers,) will be administered to children without the express permission of parents or guardians. The school will make clear to parents, either through the school prospectus or some other form of written communication that prescribed medication and drugs will only be administered during the school day or on residential school trips, if the following conditions are met.

- Parents will provide the medication in the prescribed box/packet with clear printed administration details on, directed by the doctor/pharmacy.
    - School will only accept prescribed medicines if they are in-date, labelled, and in the original packaging, including instructions for administration, dosage and storage. Medication must be in packaging that is written in English; we cannot administer medicine from other countries.
    - Insulin must still be in-date but may be provided to schools in pens or pumps for administration. These should still be appropriately labelled.
    - Non-prescription medicines should be in their original packaging with written consent and information for administration
    - Written consent is required for medication to be administered. **[see appendix 3]** Consent forms should include:
        - the child's name and date of birth
        - contact details of parent/carer and GP
        - medical information such as allergies
        - clear instructions for administration
        - signature of parent and health professional where relevant.
    - Parents have a responsibility to inform the school of any changes to their child's medication and a new consent form should be completed.
    - Schools should keep a record of all medicines administered [see appendix two] to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.
- A record of any emergency medications kept in school should be maintained and regularly updated.
- The responsible parent will give the school sufficient information about the medical condition. This is particularly important where there is a long-term medical condition. Some medicines may, for example, affect cognitive or physical abilities, or the pupils' behaviour or emotional state.

- The responsible parent will provide the medicine in its original container with the dosage instructions clearly displayed.
- The responsible parent will provide only sufficient medicine for the dosage to be given in school. Where a medicine is to be used both in the home and at school, it is good practice to get the prescribing doctor or pharmacist to provide two original containers, one for use at home and one for use in school.
- School will inform parents of medication that is out of date or in low supply

Storage/Administration Procedures for Prescribed Medicines

All medicines may be harmful to anyone for whom they are not appropriate therefore they will always be stored in a medication safe or locked cabinet. All asthma inhalers/spacer devices, Epi-pens will be stored separately for emergency access in the child's classroom. Access will be available only to the nominated support staff.

All medication including asthma inhalers/spacers will be clearly labelled with:

- the name and year group of the intended recipient
- the correct dosage
- the frequency of administration (as outlined on their Health Care Plan)

Where medicines need to be refrigerated, they will be kept in a refrigerator in the staff room fridge. They will be kept in an airtight container that is clearly labelled. Access to any refrigerator holding medicines will be restricted.

Support Assistants will be responsible for checking their class's medication stored in the medical room/ refrigerator for: correct labels, expiry dates, adequate supply of medication

Appendix One

Individual Health Care Plan [IHCP]

To be used in conjunction with Additional Information attached: YES ☐ NO ☐

Name of school/setting:		**Year group:**
Child's Name:		**Date of Birth:**
Hospital/NHS number:		Photograph
Child's Address:		
Medical Condition/Allergies:		
Plan written [date]:	**Annual Review [date]:**	

Family contact information

Name:	Relationship:	
Phone [work]	[Home]	[Mobile]
Name:	Relationship:Dad	
Phone [work]	[Home]	[Mobile]
Name:	Relationship:	
Phone [work]	[Home]	[Mobile]

Medical Contacts:

Consultant Pediatrician:	Phone:
G.P.:	Phone:
Health visitor/School Nurse:	Phone:
Therapist:	Phone:
Other:	Phone:

Health needs and details of child's symptoms:

Medication:

Daily care requirements:

Staff training:

Emergency needs and action to be taken:

Person responsible in an emergency: Class teacher.
Onsite:First aider **Off-site: First aider**

Parent/Guardian Signed Consent:

I consent to staff named above administering the medical procedures as laid out in the Healthcare plan to my child, and to the information in the Healthcare Plan being shared with non-parent carers.

I agree to provide school with up to date medical information, current contact numbers and prescribed medications (within the expiry date)

Signed: **Name:** **Date:**

Form completed by:

Copies held by: Health and school

Name of Child: _____

Appendix Two

Administration of Medication in School:

1. Requires parent/guardian to complete and sign this *Medication Administration Form;* form shall be kept in the child's record with all supportive documentation.
2. Medication must be in original, child-proof container and labelled with child's name.
3. All medication containers and dispensers will be stored out of the reach of children and in a locked cabinet, or refrigerator if necessary, and will be returned to parent/guardian when completed.
4. Requires a written plan to record the administration of all medications and to inform school when such medications have been given.
5. When no longer needed by the child, or when the child withdraws from the program, all medications should be returned to the child's parent/guardian or disposed of after an attempt to reach parent/guardian.

Prescription Medications:

- Medication is administered in accordance with the pharmacy label directions as prescribed by the child's health care provider.
- The instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.

Non-Prescription (Over-the-Counter) Medications:

- May be administered without approval or instructions from the child's health care provider.
- Shall be administered in accordance with the product label directions on the container.
- The instructions from the child's parent/guardian shall not conflict with the product label directions on the container.

AUTHORISATION FOR MEDICATION ADMINISTRATION

I hereby authorise **Christ the King Academy/St Cuthbert's Catholic Academy [please circle]** to administer the following medication to my child_____

Parent/Guardian Name: _____ Telephone: _____

My child's health care provider or GP is: _____ Telephone: _____

My child's condition is: _____

Purpose of medication is: _____

Name of Medication: _____ Time of administration: _____

Dosage amount: _____ _____ Is the Dosage amount the same as the prescription label/packaging: _____

Method of administration: _____ _Possible side effects:

_____

In case of emergency, contact: _____ Telephone: _____

Parent/Guardian signature _____ Today's Date: _____

Name of Medication Received in school: _____

PLEASE TICK: Prescribed Medication • Non Prescribed Medication • Product labeled in accordance with guidance •

Amount Received: _____ tablets
Amount Returned Home: _____ tablets

or

Amount Received: _____ bottle
Amount Returned Home: _____ bottle
[Colour bottles]

I have read & understood medication guidance on the administration form [yes/no]	Date Medicine administered	Time Medicine administered	Dosage Amount	Staff Member administering medicine [Print & sign]	Staff member witnessed administration [print & sign]	Any other comments

Appendix Three

Christ the King Catholic Academy

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Tel: 01253 395985

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Request for Medication Note

Date……

Name of Child……...Year Group……

Your child's medication …….. is out of date/ in low supply. Could you please ensure that you provide school with ……as soon as possible.

Many thanks,

Class Teacher