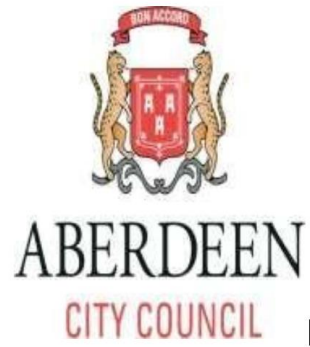


Cults Primary School

Cults Primary School



## Guidance for Illness, First Aid and Health Care

**Cults Primary School**



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## 1. Introduction

This guidance should be read in conjunction with Aberdeen City Council's Administering Medication in School, Managing Gastrointestinal Infections in School, the Scottish Government's Supporting Children and Young People with Healthcare Needs in Schools and NHS Infection Control guidance. Cults Primary School also has an Asthma Policy and Intimate Care Policy. Our Health and Safety Policy also references First Aid, illness and accidents. All policies relating to health and medicine are updated annually and can be accessed in the Staff Google Drive - All CPS Policies - Medical/Health folder and for parents/carers via our school website. COVID Risk Assessments are updated as per Scottish Government guidance and shared with all stakeholders via email. Wherever possible, there should be forward planning and resourcing agreed between all partners to meet the healthcare needs of children and young people, particularly in relation to the reasonable adjustments that disabled children and young people might need and require. School staff providing healthcare to children and young people should receive appropriate training from a health professional or other accredited source in the care they are providing and should not be expected to provide such care unless training and support is provided and is subject to appropriate clinical governance.

## 2. Pupil Wellbeing

In Cults Primary, First Aid-trained staff (usually PSAs) are responsible for the administration of First Aid, recording treatment given and informing class teachers of injuries. Pupils are given slips recording the First Aid administered to take home and share with parents/carers. Head injuries are always reported to parents/carers via the school office and advice given re further medical investigation; also notable injuries eg significant scrapes or bruising. Where relevant, emergency services are contacted as well as parents/carers eg unconsciousness, serious bleeding, anaphylaxis, serious breaks. First Aid Stations are in each Unit GP along with the record book. Teaching staff are alerted to medical needs of learners in their care through transfer of information from the previous teacher, through direct contact with the Depute Head for each department and confirmed within the first few weeks of term via email from L Dalziel, Depute Head. PSAs are informed through communication with class teachers and the relevant Depute Head. School staff may be invited to attend meetings with parents/carers and/or Health services to discuss and plan specific health care plans.

All medication held in schools is kept in locked cabinets within each Unit office with Epipens held separately in clearly marked boxes for swift access. Short-term medicine such as antibiotics will be stored as per guidance eg in nearest fridge. Hard copies of medical protocols for children within each Unit are also in each Unit office - all relevant staff are aware of these and how to access them. Learners will be supported to administer their own medication where appropriate (eg inhalers.)

(From CPS Health and Safety Policy)

Children who become ill in class should be seen by a staff member who is a qualified first aider (lists on display in each unit) and advice sought from a member of SLT before parents/carers are contacted by the school office for the child to go home. Teaching staff will be kept informed of the outcome of these assessments. Qualified first aiders are trained in very basic first aid. If they are at all concerned about the health of a child, the parents/carers will be contacted immediately and advised to seek medical advice. If parents are unavailable, a member of the leadership team should be consulted as to whether the child should be transported to the Royal Aberdeen Children's Hospital / Aberdeen Royal Infirmary.

Children who become ill or have an accident in the playground are seen by a staff member who is a first aider. Slight injuries such as a small cut or scrape are cleaned with water/appropriate wipes and covered. If the injury is more serious, the support of another qualified first aider is sought. A dated record is kept in the accident book with an accident note being sent home with the child in order to keep the parents/carers informed. Staff administering First Aid should wear appropriate PPE, available at First Aid stations. All forms required are located in each unit GP. Procedures then follow as above for in class illness/accidents with parents/carers informed of illness requiring the pupil to go home or of injuries that require further medical attention. In an emergency, **all** staff members have the responsibility to ensure that urgent care is provided. This could be ensuring the patient has adult care, calling emergency services, alerting other staff members and/or caring for other pupils once the patient is receiving individual care. With the exception of minor playground injuries, incidents and accidents are reported through Sharepoint as an incident, accident or near miss.

## 3. Working in Partnership with Parents

Parents/carers have prime responsibility for their child's health and so the school needs to know about any health needs before a child starts school or when a pupil develops a condition requiring the administration of medication during the school day. Parents/carers should keep children at home when they are unwell. Children who have vomited or had diarrhoea must remain at home for 48 hours from their last episode before returning to school. Parents/carers should adhere to the latest guidance regarding Covid 19 isolation and should inform the school of their child's positive result.

At the beginning of each school session, existing medical protocols are reviewed, parents contacted by the school office and updated protocols and procedures are put in place. Hard copies of protocols are held centrally in the school office and in the relevant Unit. Relevant staff are informed of these as outlined above. For new conditions, meetings/discussions are held with parents/carers and/or Health care staff as appropriate and plans agreed. For short term conditions eg antibiotics, parents/carers complete proforma as directed by the school office, clearly indicating medicine and dosage frequencies. Staff administering medicines note frequency on a slip, sign it and give it to the child for home.

Each term, the expiry date for medicines kept in school are checked and parents/carers informed if new medication is required. Parents/carers are responsible for the collection and drop off of new medication.

### **3.1 Non-prescription Medicine**

It is recognised that pupils will at times need to have non-prescription medication in schools such as short-term painkillers and antihistamine. Parents/carers should authorise and supply appropriate painkillers/antihistamine in the original container, labelled with their child's name and with written instructions about when their child should take the medication; the school office provide parents with the relevant proforma. A member of staff (likely a Unit PSA) will supervise the pupil taking the medication and complete the relevant slip for each child administered medicine, indicating the time, medicine and dosage. This is sent home to the parent/carer. A school record of this is also kept in each Unit office (see Appendix 3.) Two members of staff should oversee the administration of medicines and sign the appropriate record accordingly. These are stored in each Unit office.

### **3.2 Record Keeping**

Parents/carers are responsible for supplying information about medicines that need to be taken in school and for letting the school know of any changes to the prescription or the support needed. Cults Primary School makes use of the form in Appendix 2 to gather this information. The instructions contained within the form are communicated with relevant staff.

When a child has longer term needs, a Health Care Plan is agreed with all parties and parents' and pupils' agreement sought before the information is passed on to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil. Parents' and pupils' cultural and religious views are always respected.

The standard health care plan template used is available in Appendix 4 and should be completed as soon as reasonably possible and prior to admission where possible.

## **4. School Responsibility**

Many pupils will need to take medication (or be given it) at school at some time in their school life. Pupil Support Assistants support the administration of medication in Aberdeen City schools. Mostly this will be for a short

period only, e.g. to finish a course of antibiotics. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential and after discussion with a member of SLT and protocols completed by parents/carers.

#### **4.1 Managing Staff**

Those supporting health needs will receive proper support and training where necessary and feedback sought by SLT to ensure staff have sufficient understanding, confidence and expertise to support the child/young person. Those administering medication/supporting health care needs will be undertaking this task in the course of their employment which means that, in the event of legal action over an allegation of negligence by the member of staff, the employer is likely to be held responsible if that negligence is proved. In Cults Primary, a Google Form is completed after relevant training and kept as a record of training undertaken. Systems are in place for the appropriate recording and witnessing of the administration of medication in keeping with this guidance. Appendix 3 is used to record medicines administered and slips home provided in each Unit office.

All staff who provide support for pupils with health care needs, or administer medication, will receive support from SLT, health service professionals and parents/carers, access to information and training and reassurance about their legal liability.

#### **Any member of staff giving medication to a pupil should check:**

- The pupil's name
- Written instructions provided by the parents or doctor
- The prescribed dose
- Expiry date
- Dose frequency
- Any additional or cautionary labels

Pupils will be supported and encouraged to manage their own medications from a relatively early age as appropriate. If pupils can take their medication themselves, staff may only need to supervise and record this. Consideration will be given to facilities to afford the child privacy. Parents/carers should complete the form in Appendix 1 when pupils are managing their own medication. The information on this form should be reviewed every 28 days. Cults Primary Asthma Policy can be found at the link below.

<https://docs.google.com/document/d/1kQoGMSzpfWHXv-2AtV8y-2SHOp1Fh4rR/edit>

Staff who may need to deal with an emergency will be informed of a pupil's health care needs and of specific procedures in place. SLT will make sure that supply/visiting teachers are also fully informed. Class teachers will ensure student teachers are aware of pupils' health needs.

#### **4.2 Hygiene/Infection Control**

All staff are familiar with precautions for avoiding infection and follow basic hygiene procedures. Covid 19 Risk Assessments are regularly updated in line with latest guidance and all staff adhere to these. Staff have access to protective disposable gloves and separate PPE bins are provided in all Units. Care is taken when dealing with spillage of blood or other body fluids and the disposal of dressings or equipment; specific yellow 'hazard' bags are provided at First Aid Stations for this purpose. The janitor is alerted to incidents of spilled body fluids and the area/s cleaned as per ACC policy. Pupils are removed from any affected area or the area is closed off until deemed safe for their return.

Further guidance can be found in '*Management of outbreaks of gastrointestinal infection in schools*'.

<https://drive.google.com/drive/folders/14H5DY2DjUryPxxeY2nJASoecQOsKrRnP>

#### **4.3 School Trips**

Class teachers are responsible for the risk assessment and planning of school trips, in discussion with their line manager. Consideration should be given to the appropriate lines of communication in an emergency and the arrangements for taking any necessary medication. Staff supervising excursions should always be aware of any

medical needs and the relevant emergency procedures. Sometimes an additional member of staff or parent might accompany a particular pupil. It is expected that the good practice contained within this guidance will be followed at all times including during school trips. The Aberdeen City Educational Visits Policy forms should be used to gather information on medical needs. Parents who have failed to return the medical forms should be supported to complete them as incomplete forms would result in the pupil not being able to participate. The administration and recording of medicines administered on school trips should be in accordance with this guidance.

#### **4.4 Emergency Procedures**

All staff know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Wherever possible, a pupil taken to hospital by ambulance will be accompanied by a member of staff who will remain until the pupil's parent/carer arrives. The member of staff should have details of any health care needs and medication the pupil has. Generally staff will not take pupils to hospital in their own car, however, in an emergency it may be the best course of action. Wherever possible the member of staff should be accompanied by another adult and have public liability vehicle insurance.

#### **4.5 Communicating with others / Confidentiality**

The Headteacher may give a member of staff specific responsibility for coordinating and disseminating information on an individual pupil with health care needs, likely the pupil's Deputy Headteacher. This person can be a first contact for parents and staff, liaise with external agencies and should keep relevant information updated.

Medical information is treated confidentially. Information on a pupil's health care needs is likely to be sensitive data covered by the Data Protection Act 1998. Care is taken to ensure that consent is obtained before passing information to another party. By virtue of the Age of Legal Capacity (Scotland) Act 1991, a person under the age of 16 has legal capacity to consent to any surgical, medical or dental procedure if, in the opinion of a health professional, that person is capable of understanding the nature of the treatment. Any exchange of information should be with the consent of the child/young person (if he/she has the necessary capacity to understand why) or otherwise the parent or guardian. Once consent has been obtained sensitive information about a pupil should be shared only with those who need to know. Escorts and others should only be told what is necessary for them to know to keep the child safe.

The Pupils' Educational Records (Scotland) Regulations 2003/581 require authorities to keep pupil's progress records including health records for 5 years after the pupils' final attendance at school. Cults Primary School retains completed forms (as appended to this guidance) and a copy of First Aid administered in a First Aid Record Book (one per Unit.) Records offer protection to staff and proof that they have followed agreed procedures. Completed records of administering medication are kept on file in case the administration of medication is ever questioned.

This policy is shared with parents/carers via the school website. The school office inform parents/carers of and issue the proforma needed to be completed and returned to the school. Further discussions regarding what support the school can provide for a child with health care needs will take place with parents/carers and relevant staff (including the appropriate Depute Head) and any relevant health care professionals; needs and procedures will be agreed and recorded and reviewed timely. SLT are responsible for ensuring the school policy is implemented in practice and for developing detailed administrative procedures for meeting the health care needs of pupils. Where there is concern about whether the school can meet a pupil's needs, or where the parents' expectations appear unreasonable, advice can be sought from the school nurse or doctor, or other medical advisers and, if appropriate, Officers from the Authority.

#### **4.6 Further Information**

In Cults Primary School, medicines for specific, individual pupils are stored in the unit the pupils are based in for that year; e.g. P1 – P3 Green Unit, P4 – P5 Blue Unit and P6 – P7 Red Unit. No medicines are stored in the Purple Unit, these pupils' medicines are stored along with the Green Unit. Medicines are contained in zip lock bags along with the pupils' photos and information.

When age appropriate, pupils may carry their own inhalers in school and when outside in the playground. This may be introduced from Primary 5; each individual case is considered and an assessment made of the potential risk to others. Parents/carers would still complete the relevant proforma and class teachers are informed of the pupil administering their own inhaler. A spare inhaler can be provided by parents/carers and stored with other medicines in the locked cupboard.

## **5 Staff**

Staff administering prescribed medication to a pupil should have appropriate training and guidance. They should also be made aware by a health professional of possible side effects of the medication, how staff can recognise these side effects and what to do if they occur.

School staff should not administer medication without appropriate training from health professionals. Different levels of training will be required for different medications. Some medications, such as administering medication in tablet form, a discussion with a manager around who will administer and witness may be appropriate. In other cases training should be organised in conjunction with the NHS Board, who will be able to advise on further training needs.

School staff should not dispose of medicines. Date expired medicines or those no longer required for treatment should either:

- with the parent's consent be removed by a community pharmacist, or
- returned to the parent/carer for transfer to a community pharmacist for safe disposal.

Medicines which are in use and in date should be collected by the parent/carer at the end of each term/session depending upon the expiry dates. PSAs check the medicines cabinets in each unit every term and inform parents of expiry dates etc.

Staff noticing an apparent deterioration in a pupil's health should discuss with a member of SLT.

### **5.1 General Awareness**

The most common medical conditions in school age children which require support are asthma, diabetes, epilepsy, eczema, allergic reactions (anaphylaxis if severe) and cystic fibrosis. Irrespective of whether staff in schools support pupils with health care needs and administer medication to these pupils they all may come into contact with such pupils during the course of a school day. NHS Boards, NHS Trusts or other health professionals provide basic awareness training for education staff and specific training for those administering regular or emergency medication. Voluntary agencies which focus on particular concerns also provide an invaluable source of information and awareness training for education staff. All PSAs undertake basic First Aid training every three years and any further training relevant to the support of specific pupils eg epipen training. This training is also available to teaching and other support staff.

It is best practice for staff to complete and sign Appendix 3 each time they give medication to a pupil. Wherever practical the dosage and administration should be witnessed by a second adult.

### **5.2 Refusal and Storage of Medication**

If pupils refuse to take medication, school staff do not force them to do so. The school will inform the child's parents/carers as a matter of urgency if the child is below the age of legal capacity. If necessary, the school will call the emergency services for an ambulance.

#### **Storing Medication**

Schools should not store large volumes of medication. Parents/carers are asked to supply weekly or monthly supplies of the doses to be taken at school, in their original container with the name of the pupil, the name of the drug, the dosage frequency and expiry date. This may require parents to obtain a separate prescription for the medication to be taken at school. Particular care is taken where controlled drugs such as methylphenidate are stored. All controlled drugs are stored safely and securely in a locked cupboard in the front office and our

Administrator and School Support administer these or other staff who are available.

Where a pupil needs two or more prescribed medicines, each should be in a separate container. Only appropriate health professionals should ever transfer medicines from their original containers. The Depute Head and PSAs for each Unit are responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. Other medicines are kept in locked cupboards in each Unit office not accessible to pupils; medicines that need to be refrigerated are kept in Unit fridges which are not accessed by pupils. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If the school has to store large quantities of medicines then a lockable medical refrigerator would be considered.

Pupils have access to their medicine when required. Emergency medication such as epipens are kept in clear, accessible boxes both in the pupil's classroom and the relevant Unit office. Class teachers may also store a pupil's inhaler in class. Keys to the locked cupboards are quickly and easily accessed at all times of the day by all staff. Medicines are only accessible to those for whom they are prescribed.

## 6. Healthcare Plan

The main purpose of an individual school health care plan for a pupil with health care needs is to identify the level and type of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. It is agreed with parents and medical practitioners how often health care plans are reviewed, depending on the health care needs.

In some instances the necessary details contained in a health care plan may be contained in other plans such as a Child's Plan. Where this is the case, a separate health care plan will not be necessary. Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. The need for a health care plan and the medical detail of such a plan should only be assessed by a health professional. It is not anticipated that detailed plans will be required for short term needs where a child, for example, is taking a course of antibiotics. In such cases it would be sufficient to record details of the medication, time of administration and any possible side effects. More detailed plans will be required for those with long term needs.

Those who will need to contribute to a detailed health care plan are:

- the School Health Service, the child's GP or other health care professionals (depending on the level of support the child needs)
- Relevant member of SLT
- the parent/carer
- the child (if sufficiently mature and capable of understanding)
- class teacher
- support staff (if applicable)
- school staff who have agreed to administer medication or be trained in emergency procedures.

Others who may be able to offer a contribution are:

- social worker
- voluntary organisations specialising in a particular medical condition.

The plan should be tailored to the individual needs of the pupil but could include:

- details of a pupil's condition
- special requirements e.g. dietary needs, pre-activity precautions
- medication and any side effects
- what to do, and who to contact in an emergency
- where medication is stored
- the role the school can play
- 

## 8. Aberdeen City Council



Aberdeen City Council as the employer is responsible under the Health and Safety at Work etc Act 1974, for all health and safety matters relating to both employees and others who may be affected by their activities. This will include making sure that a school has a health and safety policy. This should include procedures for supporting pupils with health care needs, including managing medication. The Health and Safety Website provides advice on health and safety law.

This guidance should be reflected in individual school policies and practises. A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that children with health care needs receive proper care and support at school. As far as possible, policies should enable regular school attendance. Formal systems and procedures, drawn up in partnership with parents and staff should back up the policy.

## **9. NHS Grampian**

### **9.1 The School Health Service**

The School Health Service can provide advice on health issues to children, parents, teachers and local authorities. The main contact for schools is likely to be the school nurse. The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with health care needs.

NHS Grampian has a statutory duty to commission services to meet the health needs of their local population. NHS Grampian also has the responsibility for securing the medical inspection, medical supervision and treatment of pupils in schools, including the administration of medicine and education authorities will help them to discharge this responsibility. NHS Grampian, Aberdeen City Council, and schools should work in co-operation to determine need and plan and co-ordinate effective local provision within the resources available.

### **9.2 The School Nurse/Doctor**

Most schools will have contact with the health service through the School Health Team. The Community Paediatrician is a specialist doctor within the School Health Team with an interest in disability, chronic illness and the impact of ill health on children and is responsible for health services within schools. At individual school level the services will be provided by the school nurse and school doctor who make up the School Health Team.

The School Health Team nurse or doctor will help schools draw up individual health care plans for pupils with health care needs and may be able to supplement information already provided by parents and the child's GP. The nurse or doctor may also be able to advise on training for school staff or take responsibility for other aspects of support.

Some pupils with health care needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of a NHS Acute or Community Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual pupil, particularly when a medical condition has just been diagnosed and the pupil is adjusting to new routines.

### **9.3 The General Practitioner (GP)**

GPs are part of primary health care teams. Parents/carers are encouraged to register their child with a GP as soon as possible. In most circumstances it will be more practical for schools to seek information and advice from the School Health Service rather than the GP.

### **9.4 Other Health Professionals**

Other health professionals may also be involved in the care of pupils with health care needs in schools.

Pharmacists employed by Primary Care Trusts provide pharmaceutical advice to School Health Services. Some

Community Service pharmacists also work closely with local authority education departments and give advice on the management of medicines within schools. This can involve helping to prepare policies related to medicines in schools and training school staff. In particular, they can advise on the storage, handling, dispensing and disposal of medicines.

Therapy services, including speech therapy, physiotherapy, occupational therapy, psychological services and the advice of the dietician may be particularly relevant to children with major illness, those affected by serious injury or children with health care needs. Positive approaches to partnership and involvement in planning and monitoring progress are crucial.

Many voluntary organisations specialising in particular medical conditions provide advice on good practice or produce school packs advising teachers on how to support pupils.

The Consultant In Public Health Medicine, Communicable Disease and Environmental Health or the Community Paediatric Service can advise the Headteacher on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

## **10. Appendix 1**

**Form for parents to complete if they wish their child to carry his/her medication.**

**\*\* This form must be completed by parents/guardians**

Pupil's Name	
Class	
Address	
Condition or illness	
Name of Medication	
Procedure to be taken in emergency	

**CONTACT INFORMATION**

Name	
Daytime telephone number	
Relationship to child	

**I would like my son/daughter to keep his/her medication on him/her for use as necessary and have discussed the importance of adhering to the guidance for this medication.**

Signed ..... Date / /

Relationship to child .....

**The information on this form should be reviewed every 28 days.**

**11. Appendix 2**

**Form for parents to complete if they wish the school to administer medicine**

The school will not give your child medicine unless you complete and sign this form, and the Headteacher

has agreed that school staff can administer the medicine.

### Details of Pupil

Surname		Forenames			
Signature of Parent					
Address					
Date of Birth		M	<input type="checkbox"/>	F	<input type="checkbox"/>
Class					
Condition or illness					

### Medication

Name/Type of Medication <i>(As described on the container)</i>			
For how long will your child take this medication?		Date dispensed	/ /
Full Directions for use			
Dosage and method			
Timing			
Special precautions			
Side effects			

**The information on this form should be reviewed every 28 days.**

**12. Appendix 3**

Form for schools to record details of medication given to pupils

Date	Pupil's name	Time	Name of Medication	Dose given	Reason dose missed	Any reactions	Signature of staff (x2)	Print Name	Witnessed by

**13. Appendix 4****Medication in Schools for Pupils**

Health Care Plan for a Pupil with Medical Needs

Date

/ /

Name of Pupil	
Date of Birth	
Condition	
Class	

**Contact Information**

Family contact 1

Name				
Phone Number:	(home)		(work)	
Relationship				

Family contact 2

Name				
Phone Number:	(home)		(work)	
Relationship				

GP

Name	
Phone Number	

Clinic / Hospital Contact

Name	
Phone Number	

**Plan prepared by:**

Name			
Designation		Date	/ /

**Distribution**

School Doctor		School Nurse	
Parent		Other	



**15. Appendix 5**

**Form for schools to complete and send to parent if they agree to administer medicine to a named child**

I agree that <i>(name of child)</i>	
--	--

will receive <i>(quantity and name of medication)</i>	
--	--

Everyday at <i>(time medication to be administered e.g. lunchtime or afternoon break.)</i>	
---	--

This child will be given/supervised whilst he/she takes their medication by <i>(name of staff)</i>	
--	--

This arrangement will continue until <i>(Either end date of course of medicine or until instructed by parents).</i>	
---	--

**Signed..... Date / /**

*(The Headteacher / named member of staff)*