

A nurturing inclusive learning community that enables everyone to be their best



CALTON
PRIMARY SCHOOL



CALTON
PLAYGROUP

CALTON PRIMARY SCHOOL AND PLAYGROUP **Medical, Health and Wellbeing Policy**

Approved by Behaviour, Safety and Welfare Committee
11/01/22

Next renewal date: 24/25

Attendance Policy Educational Visits Policy RSE and PHSE Policy Child Protection and Safeguarding Policy

Introduction

At Calton Primary and Calton Playgroup we have a responsibility for the care, welfare and safety of all our children whilst they are at school. We recognise that parents have the prime responsibility for their child's health and that it is their responsibility to provide school with information about their child's medical and health conditions. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information about specific conditions.

Procedures for managing prescription medicines which need to be taken during the school day, including school trips/outings/residentials

- A clear statement on the roles and responsibilities of staff managing and or administering medicines, first aid and or additional care provision
- A clear statement on parental responsibilities in respect of their child's medical, health and well-being needs
- The need for prior written agreement from parents for any medicines to be given to a child
- The circumstances in which children may take any non-prescription medicines
- A policy on assisting children with long-term or complex medical needs
- Procedures for the safe storage of all medicines and first aid equipment
- Access to the school's emergency procedures
- Details of record keeping
- Fully trained staff
- Risk assessment/additional care plans (if needed)
- Educate children around being safe
- Keep parents up to date on medical needs which may affect the Wellbeing of their child. [See infectious control in schools](#)

Helpful advice for parents about attending medical appointments

We try and encourage parents to book medical appointments outside of school hours. If a medical appointment is made during school time parents must:

- Provide the hospital letter, dental appointment card or Dr's appointment

If a Dr's appointment has been booked over the telephone, the surgery will be able to provide an appointment card on arrival at the surgery. This card is to be brought to school the following day so we can keep it for our records.

Any other circumstances for removing your child early from school must be prearranged and authorised by the Head Teacher.

Administering Medicine:

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that

where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

However, where staff are willing, they will follow the following guidelines:

- No child will be given medicines without their parent's consent. However, we may administer first aid by trained adults in the first instance if the child is deemed unwell

and or has an injury to: preserve life, limit worsening of a condition and promote recovery.

Any trained member of staff giving medicines and or first aid will check:

- Child's name
- Allergies
- Prescribed dose
- Written instruction provided by the prescriber on the label
- Record first aid incident using accident book
- Follow procedure as per appropriate care plan
- Parents should provide full information about their child's medical and health needs, including details of medicines their child needs
- Medicines should only be brought to school when essential; that is where it should be detrimental to a child's health if not administered during the school day
School will only accept medicines that have been prescribed by a doctor, dentist and or nurse prescriber. In many cases it is possible for children's GPs to prescribe medication that can be taken at home in the morning and evening. However, a child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor
- As part of our 'loco parentis' we may also administer mild analgesics such as Calpol. Over the counter medicines such as throat sweets, lip balms and vapour rubs will be as prescribed medicines and administered only after parents have completed the Administration of Medications form
- Medicines and first aid should always be provided in the original container as dispensed and include the instruction for administration
- School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parental instructions. This is the case for administering medicines for long-term medical conditions
- If in doubt about any procedure, staff will not administer the medicine and or first aid but check with the parents or a health professional before taking further action. If staff have any other concerns relating to administering medicines and or first aid to a child; the issue to be discussed with the parent, if appropriate, or with a health professional attached to the school or the child's Care Plan
We will arrange for trained staff to keep records of all incidents. Good records help demonstrate that staff have exercised a duty of care
- At our playgroup setting medication is administered by a trained member of staff and witnessed before being written in the medical records book and signed.
Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medication. Medication is then handed back to the parent at the end of the day. The medication record book is monitored on a regular basis for frequency of medication administered
- If a child refuses to take medicines, staff will not force them to do so
- Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, we will use our emergency procedures
- All medication in both settings goes home at the end of each term for parents/carers to check dosage, whether in date and clean the asthma chamber used for administering asthmatic medication.

Helpful advice for parents about prescribed medicine

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. It is appropriate that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. As a school we follow the [Medicines Standard of the National Service Framework \(NSF\) for children](#)

Educational visits/school trips

We will encourage children with medical needs to participate in safely managed visits. If needed, we will do a risk assessment to consider reasonable adjustments that might enable children with medical conditions to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also be taken into consideration. Staff supervising excursions will always be aware of any medical needs, and relevant emergency procedures. A copy of any Health Care plans will be taken on visits in the event of the information being needed in an emergency. There will always be a trained member of staff who is able to administer medicines and or first aider on a visit. First aid kits will be taken on all school visits.

Medication taken on school trips/visits will be kept with the assigned member of staff of the child with full instructions of administration and procedures to be taken. On return to school these will be transferred to the school records.

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Travel sickness medication is administered in the same way as other medication at Calton Primary School - parents should fill in a form; medication should be in the original packaging; the adult administering will make a record of the administration.

If a child requires emergency first aid and taken to hospital all medication will accompany them along with details of their condition. Parent/carers will be informed immediately, if staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP. See DfE guidance on planning educational visits.

Sporting Activities and Physical Education (P.E)

Most children with medical needs can participate in PE and extra-curricular activities. For many, PE activity can benefit their overall social, mental, and physical wellbeing. Any instruction on a child's ability to participate in PE will be recorded in their individual health care plan if appropriate. All adults will be aware of issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. All necessary medicines will be at hand during all PE activity. All staff supervising PE and or sporting activities will consider whether risk assessments are necessary for some children; be aware of medical conditions and any preventative medicine that they may need to be taken and emergency procedures.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.

- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids.

Hygiene precautions for dealing with body fluids are the same for all children and adults.

We:

- Wear single-use vinyl gloves when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit
- Bag soiled clothing for parents to take home for cleaning
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant

Procedures for children with allergies

- When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc)
- The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc)
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen)
- Control measures - such as how the child can be prevented from contact with the allergen
- Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it
- Generally, no nuts or nut products are used within the setting
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but
- certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Life-saving medication and invasive treatments
- These include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy)

We must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
- written consent from the parent or guardian allowing our staff to administer medication; and

- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse
- Key person for special needs children requiring assistance with tubes to help them
- with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.
- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP
- The key person/manager must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians
- If we are unsure about any aspect, we contact the local authority for advice

Short term medical needs

- Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow staff to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to adhere the attendance policy regarding sickness and absence
- After diarrhoea, we ask parents to adhere the attendance policy regarding sickness and absence
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

Long term medical needs as per NHS choices website: asthma, diabetes, epilepsy, coeliac allergies.

This list is not exhaustive and all information for allergies can be found on the NHS choices website.

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experience and the way they function in school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. [The Special Educational Needs \(SEN\) Code of Practice](#) advises that a medical diagnosis or a disability does not necessarily imply SEND. It is the child's educational needs rather than a medical diagnosis that must be considered.

We will need to know about any particular needs before a child is admitted. It will be the parent's responsibility to complete the relevant sections on the admission form, prior to their child starting school. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. In these cases, Health Care Plans (intimate care, pastoral care) would be written involving the parents and relevant health professionals. This can include:

- Details of a child's condition
- What constitutes an emergency
- What action to take in an emergency

- What not to do in the event of an emergency who to contact in an emergency
- The role school staff play

Oral medication:

Asthma inhalers are now regarded as 'oral medication' by insurers. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them which must be provided with the inhaler and a written consent form filled in.

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child
- For some medical conditions, key staff/Manager will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff/Manager form part of the risk assessment
The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs
The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns
- An individual health plan for the child is drawn up with the parent; outlining the key person's/manager's role and what information must be shared with other adults who care for the child
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently if necessary.
- This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.
- Medicines such as Calpol will be administered on a case by case basis at Calton
- Primary and Calton Playgroup. These must be in its original labelled container. Parents are requested to complete the appropriate medicine form for administration.

Controlled drugs:

The definition of drugs used in this policy is based on the DFE drugs guidance and advice for schools. We will keep controlled drugs in a locked non-portable cupboard and only trained staff will have access. A record will be kept. A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (returning the unwanted supply to the local pharmacy). We will NOT use any controlled drug for use with another child. Calton Primary will use its PHSE 'Jigsaw' curriculum to support the drug education teaching programme. This scheme is age-appropriate for each key stage.

Unauthorised drugs:

Unauthorised drugs should not be on school premises. All situations involving unauthorised drugs will be investigated fully, although Child Protection procedures always take precedence. We will follow advice for schools using the DFE drugs guidance where appropriate. The needs of the child always come first. Parents/carers will be involved at an early stage and throughout any investigation. Support agencies will be involved if appropriate. Support for pupils will be maintained and counselling arranged if appropriate.

Storing medicines and First aid equipment:

Large volumes of medicines will not be stored. We will only store, supervise and administer medicines that have been prescribed and appropriate parental consent

given. Medicines will be stored strictly in accordance with product instructions (e.g. temperature) and in the original container in which dispensed. Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container. The head teacher is responsible for making sure that medicines are stored safely.

All designated first aiders (trained in paediatric first aid) will ensure the maintenance of the contents of the first aid stations: plasters, non-adhesive dressings, micro tape, scissors, ice packs, triangular bandages, wound bandages in various sizes, gloves, a blanket and accident book. It is the responsibility of the designated first aiders to keep these maintained.

EpiPens:

As a school we may need to administer an adrenaline auto-injector in an emergency only to a pupil at risk of anaphylaxis, where written parental consent has been given. These emergency pens will be kept securely in the school staffroom, clearly labelled with a copy of staff that hold anaphylaxis training. Guidance has been taken from the DFE website: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Inhalers:

As a school we hold emergency reliever inhalers to use in the event of a potentially life-threatening asthma attack, which can be used when the pupil's own inhaler is not available e.g. out of date, not in school. These will only be used where written parental consent has been given.

These inhalers will be kept securely in the school staffroom, clearly labelled with a copy of staff that hold Paediatric training. Guidance has been taken from the DFE website. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Emergency procedures:

As part of general risk management, we will make the following arrangements when dealing with emergency situations:

- In the event of a serious incident (the child will not be moved) an ambulance is called and a member of staff will accompany the child, if the parent is not on site quickly. The parent is asked to go immediately to the hospital. At no point will the child be moved.

First aid procedures:

- Any pupil who has been injured is sent to the first aider on duty for the first aider to assess and where appropriate, treat. All first aiders are paediatric first aid trained.
- Fully stocked First Aid Kits are kept about the school for easy access.
- A named person in the setting is responsible to order supplies for first aid boxes/bags and to regularly check the main store.
- If a child is deemed unwell, the parent will be contacted to collect and take home/or take them to their own GP or A&E.
- Head injuries: A sticker is given to the child with date of head injury and a text home is made. It may be appropriate for the parent to collect the child and take to hospital for a check dependant on the severity of the head injury. All incidents, injuries, head injuries, ailments and treatment are reported in our accident book with a text sent to the family. At Playgroup, parents are requested to sign on receipt of the reported accident/injury. Parents are contacted by phone.
- If an injury is deemed serious and an ambulance is called. The parent/carer of

- the child will be called immediately and informed of the procedures being taken. Information about the child will be taken from the consent form which was filled in upon registration of the child held at the school

The office or Playgroup Manager (if at Playgroup) will contact parents if they have any concerns about an injury.

- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers. A list of staff and volunteers who have current PFA (Paediatric First Aid) certificates is held by the School Business Manager.

HEALTH

Intimate Care - read in conjunction with Safeguarding and Child Protection Policy

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent and the child. No child would be excluded from participating in our setting who may for any reason not yet be toilet trained and who may still be wearing nappies or equivalent. In school this may occur on a regular basis or during a one-off incident. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a trained member of staff should undertake the procedure. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes them distress or pain. Each child's right to privacy will be respected.

Procedure for children in our Playgroup Setting:

- We have a list of children in our care who are in nappies or 'pull-ups'; and change nappies according to their need, or more frequently where necessary
Intimate care plans will be written in consultation with parents
We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree
- All playgroup staff undertake changing children
- Young children are changed within sight of other staff whilst always maintaining their dignity and privacy
- Each child has their own backpack to hand with their nappies or pull ups, nappy sacks, changing wipes and a change of clothes
- All playgroup staff are familiar with the hygiene procedures and carry these out when changing nappies
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'
- We do not make inappropriate comments about children's genitals when changing their nappies
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet
- We encourage children to wash their hands
- Older children access the toilet when they have the need to and are encouraged to be independent
- Ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home
- We have a 'duty of care' towards children's' personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect [and will be a disciplinary matter]. Parents have a role to play if their child is still wearing nappies. It is the parent's responsibility to provide nappies, disposal bags, wipes, changing mat

etc. If a child requires changing and no nappy and equipment has been provided, the parent will be called and asked to bring in the necessary equipment. At all times, staff should wear gloves and aprons when changing nappies.

Intimate care arrangements will be discussed with parents on a regular basis. If intimate care is needed long term, then an appropriate Intimate Care Plan will be written and reviewed with the parent. The needs and wishes of children and parents will be taken into consideration wherever possible within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises etc. they will follow the Safeguarding and Child Protection Policy.

FOOD:

Proper nutrition is essential for good health and effective learning. As a school setting, we will:

- Work in partnership with catering staff to ensure that meals are healthy
- Educate children about healthy eating - The eat well guide
- Promote healthy alternatives
- Encourage children to drink plenty of water throughout the school day
- Support parents of what constitutes healthy feed – healthy lunch box

Children should bring to school a healthy snack for breaktime. Healthy snacks are foods which are low in fat and sugars e.g. fruit, vegetables, yogurt, oat cakes, rice cakes, cheese. We are a NUT FREE school; this means NO foods that contain nuts or nut traces should come into school.

Healthy lunch box

We promote healthy food choices and life styles and we encourage packed lunches to reflect too. This includes choosing healthy options and be mindful of portion size. A healthy lunch box may include:

- A small sandwich, wrap or roll (ideally on whole meal bread, filled with: Protein (cheese or ham) or a pasta salad
- A protein snack (yogurt/cheese slices)
- Two portions of fruit or vegetables.
- An additional sweet or savoury snack
- A drink (water or sugar free squash)
- Please refrain from sending children with chocolate bars, sweets and fizzy sugary drinks. We are a NUT FREE school, so please NO foods that contain nuts or nut traces e.g. Nutella chocolate spread or similar varieties.

WELLBEING:

Sun protection

At Calton Primary and Calton Playgroup we want staff and pupils to enjoy the sun safely. As a setting the following measures are in place:

Education

- We will discuss with children how to stay safe in the sun
- Parents will be sent reminders about sun protection as necessary

Protection

- Parents will be encouraged to send their child to school in suitable sun hats
- Parents will be encouraged to apply 8-hour sunscreen before school starts

Parents will be encouraged to send their child in with sun screen to apply themselves however, if parents are unable to, we ask that parents give permission, to use a school sun cream. This is to be applied by the child under supervision of a member of staff

- We will provide appropriate sun canopies during sports day
- We will try to ensure that children are not exposed to sun (strong UV) during lunchtimes and afternoon PE sessions for more than 20 minutes without shade breaks
- At Calton Playgroup, sun cream is only applied to children attending a full day by an adult at lunchtime (this is their own sun cream marked with their name).

Head lice:

More guidance on head lice can be found on the Gov.uk website. Head lice are parasitic insects and only live on the heads of people. There are 3 forms of head lice: **nits, nymphs and adults.**

Head lice move from one person to another by head-to-head (hair-to-hair) contact. They cannot jump. Head lice lay eggs which hatch after 7-10 days. It takes about 10 days for a recently hatched louse to grow into an adult and start to lay eggs.

As a school we will notify parents of active head lice infestations in their child's year group, referring to this policy and links to Gov.uk for treatment and prevention.

Parents are responsible for:

- knowing head lice signs and systems
- routinely checking their child's head for head lice ☐ telling school that their child has head lice
- ensuring that full, proper treatment has been completed before returning to school.

Having head lice is not a reason for school absence as treatment can be administered quickly. However, should head lice be noticed, our family support worker will speak with the parent. In exceptional cases we may ask the parent to eradicate the infestation before their child returns to the school setting. A member of school staff will discuss what is being done to eradicate the head lice and if necessary, will make a referral to the school nurse.