

Supporting pupils at school with Medical Conditions

Odessa Infant School

Medicines, Hygiene, Manual Handling and Care Plans Policy

| Policy Creation and Review | |
|----------------------------|--------------------------------------|
| Author(s) | Clare Barber and Samuel Dutch |
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The following policy deals with all aspects of care and support for children within Odessa Infant School.

It covers the basic need for good hygiene procedures and cleanliness within a school with very vulnerable children.

It covers our basic first aid procedures and emergency procedures when needed.

It covers the specific needs of children with identified medical conditions, children with high level complex needs and medical needs, children with physical needs who need support to move around and children with life limiting conditions.

The person with Lead Responsibility is :-
Clare Barber.

Within each phase this is delegated to the Curriculum Support Teacher to implement the day to day procedures and requirements of the policy.

A. Hygiene Procedures

At Odessa, we aim to ensure that we have a healthy and safe environment. We have a Hygiene and Medical Procedures Policy to cover toileting, first aid and procedures with medication. All staff are aware of the contents of this policy

All Year groups should be equipped with the following:

- Disposable gloves
- Disposable aprons
- Body wipes
- Anti bacterial spray
- Clip on hand wash
- First aid kit
- A locked cupboard

It is the responsibility of a named person to ensure that these are maintained but the

responsibility of everyone to support this person by informing them of low stocks etc.

Named People

Nursery - Tina Hayward

Early Years-Farhana Hussain

Phase 1-Charleen Opoku

Whole School-Mariam Canon

The admin team manages the central stock of supplies and the Welfare assistant ensure stock for medicine and hygiene.

1. Toileting and changing procedures

All children have access to toilets at all times.

If a child needs help with toileting the following should be considered: -

1. Whether a toileting programme is necessary as part of a child's management programme. Depending on level of need the curriculum support teacher / Inclusion teacher and/ or class teacher has a responsibility to co-ordinate this and discusses it with parents.
2. Children must only be changed or taken to the toilet by permanent or long-term temporary members of staff, wherever possible it should be someone who has a good relationship with the child.
3. Recognising our equal opportunities policy any person (after considering 2 above) can take the responsibility to change a child however, the following must be considered: -

1. **Cultural norms.**
2. **Child's own level of development.**
3. **Child's own request.**
4. **Parents' specific requests.**

The following guidelines **must** be followed when toileting children: -

1. Let someone know where you are going and who with.
2. Follow individual toileting programmes.
3. Respect the child's dignity in terms of privacy, push to, but do not lock door. Wait outside if this is appropriate.
4. Allow the child to do as much as they can themselves.

If for any reason you are unsure or feel unable to change a child then consult the Curriculum Support teacher.

It is not appropriate for children to be involved in the intimate care of each other.

Children's toileting programmes should be regularly reviewed. Help and advice can be sought from health professional (e.g. school nurse, continence advisor, and occupational therapist) as part of this review.

2. If a child needs changing

Gloves must be worn when changing children, dealing with blood, or vomit or any bodily fluids (faeces, etc)

The child should be changed as quickly as possible. The clothes rinsed and sent home at the end of the day. If a child has a toileting programme or wets regularly parents should be encouraged to send changes of clothes. If other arrangements are necessary (e.g. use of school clothes) these must be discussed with the parents.

All changing/toileting areas should be wiped down after changing the child. Nappy bins should be emptied at least twice a day.

3. If a child arrives at school in a state which affects their education or their relationships with other children

There should be a confidential discussion with the parents and action agreed. This may include the use of school facilities or the development of a hygiene programme.

If the situation does not improve the situation should be discussed with the Deputy Head or Head teacher who will make the decision whether the concern needs to be passed to the school nurse, health visitor or social services.

4. Cleaning and Hygiene

All equipment and areas of the school must be cleaned to a high standard. It must be remembered that children may mouth equipment, work on the floors or need to spend a great deal of time in the toilets. Each wing should have plans how equipment is cleaned and whose responsibility this is. Toilets should be checked at the beginning of each session.

Communal areas such as the ball pool and the library are thoroughly cleaned on a regular basis.

Staff supervising children using the ball pool and library play are responsible for leaving it in a clean and tidy state at the end of each session. Hygiene rooms and changing areas should be kept clean, tidy and stocked at all times.

B. First Aid

In accordance with the Odessa health and safety policy:

"All accidents, dangerous occurrences (including near misses) and certain serious diseases must be reported. The procedure is given in detail in the health and safety policy and procedural memorandum number 7."

A) Accident books/forms are kept in the welfare room and will be completed by the employee who was involved with the child/adult.

B) The record of more serious accidents, dangerous occurrences and ill health enquiries registers are kept in the admin office. The relevant employee will complete information.

All support staff have completed a day's basic first aid training. In addition we have qualified Paediatric First aid trained staff. The following staff completed a recognised qualification which includes paediatric training. They should be consulted if a child/adult is hurt.

| | |
|------------------|-------------|
| Office and Admin | Tina |
| Early Years | Key Stage 1 |
| Farhana | Charleen |

The following procedure should be followed: -

1. Consider whether a child should be moved - if:
There is any suspicion of a broken limb - the child should **not** be moved.
Do not move a child if this may mean a trail of blood - take steps to control the blood first.
2. Minor cuts and abrasions should be cleaned with warm water.
Antiseptic cream may be used. All minor cuts, open or weeping skin lesions and abrasions should be covered with a waterproof dressing (check with child for allergy). Use disposable gloves at all times.

3. Ice or a cold compress should be administered to knocks and bumps.
4. If necessary inform head or deputy and consult whether parents should be informed.
5. Any surface which has had blood splashed on it must be cleaned liberally with detergent and water.
6. Ensure that you wash your hands.
7. Dispose of any blood stained waste in a plastic bag and put in the covered waste bin in hygiene room.
8. Complete accident record.
9. Inform parents either by phone or accident letter, copies of which are in each Wing.

There should be a first aid kit in each phase and in school secretary's office.

There are a few key rules about first aid:

1. **All** cuts, open or weeping skin lesions and abrasions should be covered with waterproof or suitable dressing.
2. **All** medication should be locked in a safe place. If it needs to be refrigerated it should be in the staff room fridge.
3. When toileting children or dealing with injuries the child's safety and dignity is paramount.
4. Staff **must** wear disposable gloves when toileting or dealing with blood or body products.

C. If A Child Is Unwell In School

1. Talk to the child to find out what is wrong.

2. If appropriate give child space and time to recover. There should be quiet areas in each wing to enable children to lie down.
3. If child does not recover or you feel she/he needs to go home inform Phase leader and head teacher.
4. Telephone parents.
5. Make child comfortable until parents arrive: -
When parents arrive it should be made clear that the child is unwell and should return to school when she/he is better. It should be made clear that the child should **not** return to school on that school day.
6. If no-one can be contacted make the child comfortable and keep phoning.
7. **If at any time you become very concerned about a child and cannot contact parents discuss with head teacher who will then consider whether an ambulance should be called or alternative action.**

Procedures for supporting any members of the school community infected or affected by HIV

The London Borough of Newham Education Department published its policy on HIV and AIDS in March 1994. No-body living with HIV should be excluded or prevented from benefiting from all the services provided by the Education Department. The following issues apply:

- 1) HIV is not a notifiable disease and there is no obligation for anyone associated with the school, either staff or pupil, to inform the school of their HIV status;
- 2) Confidentiality concerning a person's HIV status must be safeguarded at all times and information shared only with the person's informed consent. The need for strict confidentiality to be maintained, applies to whether a person receives information about someone's HIV status directly (specifically being informed) or indirectly (finding out).
- 3) Education about HIV and AIDS is an essential part of the drugs and sex education component of any personal, social and health education (PSHE)

programme. The purpose of teaching about HIV is to foster a sense of responsibility and respect for oneself and others, and to provide young people with the self-esteem, confidence and skills they will need to maintain good health and relationships. We would also wish to promote a caring and compassionate attitude to those in the community who have become infected with HIV.

4) The school's Hygiene Policy gives details of infection control procedures.

D. Medication in school

Medication must only be taken in school when absolutely essential. Written permission must be obtained from parents before any medication can be administered.

This must state the dosage, the frequency and the expiry date of the medication.

If emergency medication has been prescribed by a doctor then a copy of the doctor's authorisation should be held on file by the school.

1. Medication other than inhalers

If a child needs medication it must always be considered whether that child is well enough to be at school.

The medication must be clearly labelled and be for the named child. It will be kept in a locked cupboard or the staff room fridge (if necessary). When it is administered this will be recorded by an adult who is happy to supervise the procedure.

When daily medicines are required

The Welfare officer will gather information regarding medication and liaise with parents about dosage and frequency.

Parents will complete a medicines consent form and clearly state name of medication, dosage and frequency.

The welfare officer will complete the individual child's record book and put the

box to go home in the child's bag at the end of the day.

Parents will inform the school of any changes and it is the responsibility of the Curriculum Support Teacher to update records and inform all staff of changes.

2. Asthma inhalers

Written permission is sought from parents.

Inhalers will be kept in a cupboard in the wing. Children will have access to inhalers at all times (provided they do not exceed agreed dosage).

Each time a child uses an inhaler, this will be recorded with date and time and signature in the medical file.

Ideally parents will be encouraged to provide a spare inhaler which can remain in school.

Children may have inhalers on their person during school time, if this has been agreed with parents and everyone feels that the child is responsible.

Staff must take a child's inhaler to all off-site activities.

E. Management of asthma

We recognise that asthma is a physical condition, not an emotional illness. It affects at least one in every ten children. A sudden narrowing of the air passages making it difficult to breathe causes an attack. These passages are almost continuously inflamed or red or sore. Asthma can be controlled by, firstly avoiding known irritants and, secondly, by inhaling specific drugs. Drugs can be self-administered by the child concerned.

As a school we:

- ◆ welcome all pupils with asthma;
- ◆ encourage and help children with asthma to participate fully in all aspects of school life;
- ◆ recognise that asthma is an important condition affecting many school children;
- ◆ recognise that immediate access to inhalers is vital;

- ◆ do all it can to make sure that the school environment is favourable to children with asthma;
- ◆ ensure that other children understand asthma so that they can support their friends; and so that children with asthma can avoid the stigma sometimes attached to this chronic condition;
- ◆ have a clear understanding of what to do in the event of a child having an asthma attack;
- ◆ Work in partnership with parents, schools, school governors, health professionals, school staff and children to ensure the successful implementations of a school policy.

F. Management of epilepsy

In service sessions are available for staff on the management of epilepsy. Clear procedures must be discussed with parents regarding management of a child's epilepsy.

There are clear written procedures for dealing with each child's individual needs; these may entail use of emergency treatments.

In the event of a child having a number of seizures or a prolonged seizure, staff should inform the Head Teacher.

Giving Emergency Medication for Prolonged Seizures

Buccal Midazolam

Some children can require buccal midazolam, before administering this is fully discussed with the school nurse and the child's parents. This will be clearly explained in the pupils care plan. While there are general guidelines each child will have their own written individual management procedures.

There is a copy in the medical file in the welfare office and in the child's individual pack of information.

Staff will not be expected to administer buccal midazolam unless they have volunteered and have received appropriate training.

G. Care Plans

Prior to admission we gather information about our children via home visits, application forms and talking to parents. At this time we gather any information about possible medical needs and decide on a course of action. This depends on the level of need and how much intervention the child may need.

For children with more complex needs and/or life threatening conditions this will involve the need for a Care Plan which is drawn up with parents and medical professionals. We try to complete this prior to admission so that everything is in place but sometimes this can be difficult.

Care Plans give clear guidance and procedures for staff to follow on a daily basis during care and support for medicines, as well as giving guidance about how to manage a child when this becomes an emergency situation.

THE DEPUTY HEAD/INCLUSION takes responsibility for managing Care Plans with support from Medical Professionals and Parents. These are reviewed ANNUALLY or more often if needs change.

At Boleyn Trust we use templates supplied by the Community Nursing Team.

When possible children will be involved in this process and encouraged to be as independent as possible with the right support when needed.

(Please see Newham Guidelines for Care Planning)

H. Manual Handling Procedures

At Boleyn Trust all staff who work with children with physical needs undertake Manual Handling training. Staff are trained at regular intervals and are also regularly updated with specific guidance for particular children. This includes aspects of self care and taking responsibility for your own well being, using aids and equipment to support children .

We have a number of staff that are able to write risk assessments in relation to specific children when required. We work in partnership with other professionals when necessary, occupational therapists, Physiotherapists and with support from CNDS when needed.

We follow Newham's *Guidance on Moving and Handling Pupils in Schools and other Educational Establishments*. (Appendix 7)

Each child that needs a *Moving and Handling Assessment* will be reviewed and a plan put into place, this includes procedures for emergency evacuation.

I. Emergency situations

Individual Care Plans outline how to proceed in an emergency situation and First Aiders are available for advice and support across the school.

If staff are concerned about any child that they believe to be of an emergency nature then they should relay that to Senior member of staff ASAP. If this is not possible in an emergency then an ambulance should always be called. It is important to remember that we are not medical professionals but are trained to deliver care, medicines and emergency procedures when needed.

J. School Trips and Residential Trips

Staff planning trips should always be aware of and plan for all children to be included. Our policy is that all children should have the opportunity to take part in all activities.

For some children this requires a very considered and risk assessed approach to enable them to take part.

Staff need to be aware of:-

- Levels of staffing needed
- Ensuring appropriately trained and confident staff are available
- Level of First Aid support
- Accessible transport
- Liaison with parents
- Liaison with medical professionals if needed

Aims for policy

1. That procedures and record keeping systems are in place and consistently used by all staff.
2. That all staff receive inset on first aid, asthma, allergies, epilepsy on a regular basis.

3. That wings should be equipped to enable policy to be carried out.
4. That policy should be reviewed annually by Deputy Head/Inclusion in liaison with School Nurse and other relevant professional.

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