



St Mary Magdalene Academy

**The Courtyard**

# THE COURTYARD

## MEDICAL CONDITIONS POLICY

The Courtyard aims to offer an outstanding educational and social provision that will equip our students with the skills and experiences needed to discover and live out their potential.

## MEDICAL CONDITIONS - POLICY STATEMENT

### ST MARY MAGDALENE ACADEMY THE COURTYARD

<b>Approval Committee:</b>	<b>Full Governing Body</b>
<b>Author:</b>	<b>Head of The Courtyard</b>
<b>Last reviewed:</b>	<b>December 2021</b>
<b>Next review date:</b>	<b>December 2024</b>
<b>Required to publish on website?</b>	<b>Yes</b>
<b>Statutory?</b>	<b>No</b>

# MEDICAL CONDITIONS POLICY

## Part A: First Aid

### 1.1 Introduction

- 1.1.1 The Courtyard is under a general duty to provide a safe place of work, with suitable arrangements, including welfare, Section 2 of the Health and Safety at Work Act 1974. Provision for First Aid is a requirement under the Health and Safety (First Aid) Regulations 1981.
- 1.1.2 This policy describes what facilities are in place; however, the Appendices outline the responsibilities of relevant members of staff.
- 1.1.3 The Courtyard must ensure that there is adequate first aid provision for persons who may become ill or are injured, as part of their undertaking for the Courtyard.
- 1.1.4 The Courtyard will listen to children and parents/carers but may challenge and ask for a second opinion if there is doubt or dispute about a child's medical condition. The Deputy: SEN/Safeguarding (or delegated representative) will consult with the local authority and the NHS paediatrician based at the Northern Health Centre, Holloway Road, London N7. The local authority will also be asked to give advice if there is a dispute between the parents and the Courtyard.

### 1.2 Policy Statement

- 1.2.1 The Courtyard is committed to providing sufficient numbers of first aid members of staff to deal with accidents and injuries occurring at work.
- 1.2.2 To this end, the Courtyard will provide information and training on first aid to ensure that they meet the statutory requirements and the needs of each department are met. All Courtyard staff will receive basic First Aid training with 2 full time members of staff completing the advanced First Aid at Work training.
- 1.2.3 Should persons have concerns about the provision of first aid within the organisation, they should inform:
  - 1.2.3.1 their line manager; and/or
  - 1.2.3.2 the Headteacher; and/or

1.2.3.3 Health & Safety / Facilities Manager.

1.2.4 These concerns will be investigated and an assessment will conclude if any rectification is required.

### 1.3 Arrangements for Securing First Aid Provision

#### First Aiders

- 1.3.1 First Aiders are members of staff who have been assessed and are suitable for training and appointment as a nominated First Aider.
- 1.3.2 They have received training and passed an examination in accordance with Health and Safety Executive requirements. Incorporated into this will be refresher training at regular intervals and an examination to ensure that their skills are maintained.
- 1.3.3 The responsibilities of all First Aiders appointed by the Courtyard are to be found in a separate section below.

#### Accident Book

- 1.3.4 First Aiders or any member of staff attending an accident / incident is required to complete an accident report. There is an accident book located in the school office.

#### First Aid Boxes

- 1.3.5 First Aid boxes are provided by the Courtyard as an integral part of the building. The policing and up-keep will be the responsibility of the First Aid trained members of staff. The boxes should be checked and replenished as necessary every 6 weeks.
- 1.3.6 If a person requires the use of any provisions held within a first aid box, then they should contact their nearest First Aider.
- 1.3.7 All boxes will contain the minimum supplies which are required by law:

1-10 Persons		11-50 Persons
6	medium dressings	8
2	large dressings	4
3	extra-large dressings	4
2	eye pads	4
6	triangular bandages	6
20	plasters	40
6	safety pins	12

10	alcohol free wipes	10
2	sterile saline 500ml <sup>1</sup>	2

Only specified first aid supplies will be kept; no creams, lotions or drugs, however seemingly mild, will be kept in first aid boxes.

#### 1.4 **First Aid Box Locations**

These are to be found in the Courtyard Office.

#### **Serious Illness / Major Injury Referral**

- 1.4.1 With any injury / illness that requires urgent medical assistance, an ambulance must be called IMMEDIATELY from the Courtyard Office or the nearest available telephone. In the event of an ambulance being called from anywhere OTHER THAN THE COURTYARD OFFICE, then the person / first aider calling the ambulance must notify the school office ASAP giving the following information - nature of the accident and location of the injured party.
- 1.4.2 The full procedure for contacting an ambulance can be found in Appendix 2.
- 1.4.3 In all cases all pupils must be accompanied by a member of staff.
- 1.4.4 Details of injuries will need to be entered in the appropriate accident book for all injuries and RIDDOR procedures followed in the case of serious injury.
- 1.4.5 For Further Advice / Assistance consult Louise Norman, Deputy: SEN/Safeguarding

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<sup>1</sup> Eye irrigation where mains tap water is not available and/or there is a risk of injury to the eye.

## Responsibilities of First Aiders

1. Be readily available.
2. Follow the principles and practices as laid down by the first aid course and manuals.
3. Comply with the aims of first aid:
  - 3.1. to preserve life;
  - 3.2. to prevent the condition worsening;
  - 3.3. to promote recovery.
4. Quickly and accurately assess the situation.
5. Identify the disease or condition from which the casualty is suffering; but not to treat any illness or injury which is beyond your capability.
6. Give immediate, appropriate and adequate treatment, bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention than others.
7. Arrange, without delay, for the transfer of a casualty (should it be required) to their GP, Hospital Accident and Emergency Unit or home, according to the seriousness of the condition.
8. Stay with the casualty until they are handed over to the care of a Doctor, Paramedic, the Hospital Accident Emergency Unit or other appropriate person.
9. Not to ignore accidents or illness under any circumstances, or to refuse to give treatment and assistance if required to do so.
10. Not to undress any patient unnecessarily.
11. Safeguard the patient's clothing and possessions.
12. Maintain the highest practicable level of cleanliness whenever treating a patient.
13. Respect the patient's confidentiality at all times, and not to discuss the patient's condition with anyone other than relevant staff such as members of SLT, parents of an injured pupil, or the Emergency Services.
14. Know your own work area intimately, paying special attention to potential hazards in that area and to know the correct treatment for injuries common to your area.
15. Promote accident prevention and safe working practice.

16. Maintain and ensure a record of all patients treated (i.e. accident book) is completed appropriately, no matter how trivial, and to submit such records in line with Courtyard Policy.
17. Attend refresher courses as necessary.
18. Inform the Deputy: SEN/Safeguarding of any change in your circumstances, e.g. extension number, name, etc.
19. Readily produce your certificate of competence when requested to do so by an authorised person

## 2 **Medical Guidance**

For reference, background guidance on asthma, epilepsy, diabetes and anaphylaxis is provided either because they are frequently encountered in schools or can have serious consequences. Other medical conditions may be encountered.

Details of Courtyard pupils with these conditions are provided to all necessary staff in the form of the Care and Attention List which is maintained by the Deputy: SEN/Safeguarding and updated every term.

### 2.1 **Individual Health Care Plans**

The Deputy: SEN/Safeguarding will write individual plans in partnership with the parent and relevant health care professionals.

The plan will be shared with relevant members of staff and reviewed annually or as appropriate if there are significant changes.

The plan will include details about the pupil's condition, treatment, symptoms and warning signs.

The plans will be kept in the School Office and not put on display unless this is strictly necessary and agreed with the pupils' parents or carers.

### 2.2 **Asthma**

#### 2.2.1 **What is Asthma?**

People with asthma have airways which narrow as a reaction to a trigger. Triggers can include cold air, grass pollen, animal fur and house dust mites. Attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may become distressed and anxious. About one in seven

children have asthma diagnosed at some time and about one in twenty will require medical supervision.

## 2.2.2 Medication and Control

2.2.2.1 Most pupils with asthma will relieve their symptoms using an inhaler. It is good practice to allow children with asthma to take charge of and to use their inhaler, with which they may need help. In a few severe cases an electrically powered nebulizer is needed.

2.2.2.2 Parents/carers should provide a spare inhaler for their child's use in case the inhaler is left at home or runs out. Inhalers must be clearly identified with the pupil's name. A pupil must not use another pupil's inhaler.

2.2.2.3 Pupils must be allowed to take their inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever before any physical exertion.

2.2.2.4 If a pupil is having an asthma attack, the person in charge should prompt them to use their inhaler if they are not already doing so. The pupil should be reassured. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted then medical advice should be obtained and/or an ambulance called.

## 2.3 Epilepsy

### 2.3.1 What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. About one in 130 children has epilepsy and about 80% attend mainstream school. Not all pupils with epilepsy experience major seizures (fits). Seizures may be partial (where consciousness is not lost) or generalised (where consciousness is lost).

### 2.3.2 Medication and Control

2.3.2.1 The symptoms of epilepsy are generally well controlled by medication and seizures are unlikely during the school day. The majority of children with



epilepsy suffer fits for no known cause. Flickering lights or some computer graphics can be a trigger for some pupils. Screens and different methods of lighting can be used to enable photosensitive pupils to work safely at computers or watch TV.

- 2.3.2.2 Extra care and supervision may be needed in some activities such as swimming or work in laboratories. Offsite trips may need additional planning as part of the risk assessment. If necessary seek further advice. When drawing up a health plan parents/carers should be encouraged to tell schools about the type and duration of seizures their child may suffer. Nothing must be done to stop a seizure once it has begun except when medication is being provided by trained staff. An ambulance is to be called if a seizure lasts longer than usual or if one seizure follows another without gaining consciousness.

## 2.4 Diabetes

### 2.4.1 What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About 1 in 700 school-age children has diabetes.

### 2.4.2 Medication and Control

- 2.4.2.1 The diabetes of the majority of school age children is controlled by two injections of insulin each day. It is unlikely these will need to be given during school hours. Most children can do their own injections from a very early age. Children with diabetes need to ensure their blood sugar remains stable. They may use a testing machine at regular intervals.
- 2.4.2.2 Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks in class time or before exercise. Special arrangements may be needed if the school has staggered lunch times. If a meal or snack is missed, or after exercise, the pupil may experience a hypoglycaemia episode (a hypo), when the blood sugar falls to a too low level. If a pupil has a hypo a fast acting sugar e.g. a glucose tablet or sugary drink should be given immediately. Starchy food such as biscuits should be given when

the pupil has recovered, about 10 to 15 minutes later. If the pupil's recovery takes longer an ambulance should be called.

## **2.5 Anaphylaxis**

### **2.5.1 What is Anaphylaxis?**

Anaphylaxis is an extreme allergic reaction requiring urgent medical attention. The most common cause is food, in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reactions. In its most severe form the condition can be life threatening.

### **2.5.2 Medication and Control**

2.5.2.1 Treatments for anaphylaxis include antihistamines, adrenaline inhaler or injection depending on the severity of the reaction. In the most severe cases a device for injecting adrenaline may be used. The device looks like a fountain pen and is pre-loaded with the correct dose. The needle is not revealed and the injection is easy to administer.

2.5.2.2 Responsibility for giving the injection should be on a purely voluntary basis. Call an ambulance immediately.

2.5.2.3 Staff receive training annually on the correct use of an epipen.

2.5.2.4 A detailed health plan will be required in cases of anaphylaxis. This plan will need input from parents/carers and health care professionals.

## **3 Management of Medicines- A Summary for Parents/Carers**

3.1 The Courtyard policy is that drugs or medicines may NOT be brought to school without permission.

3.2 Permission to bring a drug to school will only be granted if it is essential that a dose is taken during school hours and following the receipt of a written and signed request by a parent/carer.

3.3 No pupils will be given medicine without parental consent unless there is a clear and dire emergency and ambulance/emergency personnel are in attendance.

- 3.4 Courtyard staff will only be able to administer a single dose of paracetamol if the pupils' parent has completed the Medical Form that is issued upon admission to the Courtyard.
- 3.5 All products must be clearly labelled with the name and the form of the pupil for whom the drug has been prescribed. Details of the drug dosage must also be clearly shown.
- 3.6 Pupils using inhalers should keep this with them at all times. The Courtyard should be provided with a spare, clearly labelled at the beginning of the school year. This should be retrieved at the end of the school year.
- 3.7 The Courtyard keeps a medicine register in the school office. It is essential that this register is kept up-to-date.
- 3.8 All communications relating to pupil welfare should be directed to the respective Guardian.

## **5. Complaints**

- 5.1 The Courtyard will work with parents to ensure that pupils with medical conditions are treated fairly and in a way that will promote good health outcomes.

All complaints should be made under the Courtyard's Complaints Policy. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## Appendix One: School Health Questionnaire

### Confidential

We want to ensure your child has a happy and successful time at the Courtyard. To help us achieve this we need to know of any medical condition which may affect your child at school. This is very important if your child may need to take medicine or receive treatment during the school day.

The information on this form is held in confidence. It will only be released to staff who need the information to deal with your child.

<b>Pupil's Name:</b>		<b>Doctor's Name:</b>	
<b>Date of Birth:</b>		<b>Doctor's Telephone:</b>	
<b>Home Address:</b>		<b>Doctor's Address:</b>	

#### Medical Conditions

*Please list any medical conditions which may affect your child at school. (e.g. Asthma, Diabetes, Severe Allergy etc.)*

#### Details of Symptoms and Severity etc.

#### Details of any medicine required or current treatment.

#### Any Special Requirements (e.g. at lunchtime, before sport)

*If you wish to discuss any health issue for your child please contact the Courtyard.*

<i>We emphasise all information is in confidence.</i>	
<b>Request for the school to supervise the self-administration of medication</b> <i>The school will not supervise your child taking his/her own medication unless you sign and complete this form.</i>	
<b>Medication:</b>	
Name/type of Medication <i>(as described on the container)</i>	
For how long will your child take this Medication?	
Date Dispensed:	
<b>Full Directions for Use:</b>	
Timing:	
Special Precautions:	
Side Effects:	
Self-Administration:	
Emergency Procedures:	
<b>Contact Details:</b>	
Name:	
Daytime Phone Number:	
Relationship to pupil:	

I understand that my son/daughter/child of whom I have legal responsibility is responsible for self-medication. The School is not obliged to undertake this service.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Appendix Two: Procedure For Calling An Ambulance**

### **STAY CALM AND IN CONTROL**

Request for an ambulance to The Courtyard. Inform the service that the easiest access is via the Holloway Road access to St Mary Magdalene Church Gardens.

Dial 999, ask for an ambulance and be ready with the following information:

1. State the condition and if relevant nature of injury to the casualty
2. Give our telephone number 0203 859 6350
3. Give our location as follows:

The Courtyard, St Mary Magdalene Church Gardens, Holloway Road, London, N7 8LT

4. Give your name.
5. Member of staff to meet ambulance crew and take them to the casualty. Ensure somebody is ready to allow an ambulance onto the site via the Holloway Road entrance.

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED.**