

First Aid and Medicines Policy

Policy Review Period 1 Year

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Owner Headteacher

Contents

Statement of Intent	3
Arrangements	4
The School Nurse/ Healthcare Professional	4
The First Aid Team	4
Trained Staff	4
First Aid Boxes	4
Medication	4
First Aid	4
School Visits	5
Administering Medicines in School	5
Storage/Disposal of Medicines	5
Accidents/Illnesses requiring Hospital Treatment	5
Pupils with Special Medical Needs – Individual Healthcare Plans	6
Form 2 – Medical Indemnity Form	9
Form 3 – Record of Administered Medicines	10
Form 4 – Emergency Instructions for Allergic Reaction or Seizures	11
Form 5 - Emergency Instructions for an Allergic Reaction	13
Appendix 2	16
Appendix 3	17

Statement of Intent

The Local Governing Body believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the School is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness, a staff member will accompany the pupil to the school office/medical room. In order to manage their medical condition effectively, the School will not prevent pupils from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and staff should be aware of.

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Arrangements

The School Nurse/ Healthcare Professional

The School will be allocated a school nurse or other suitably qualified healthcare professional; this person will have the lead role in ensuring that pupils with medical conditions are identified and properly supported in schools, including supporting staff on implementing a pupil's Healthcare Plan. The School healthcare professional will work with the Headteacher to determine the training needs of school staff. Suitable cover will be provided in the absence of the school nurse/healthcare professional.

The First Aid Team

The members of staff in the school who trained in First Aid are:

- Simon Castellaro
- Jane Whiting
- Louise Reynolds
- Laura Brookes
- Lauren Beckett
- Tom Killigrew
- Sophie Bowers
- Sarah Birkett
- Steph Goodridge
- Steve Revett
- Claire Ricketts
- Clare Blyth
- Maxine Hanley
- Sally Chandler
- Josh Baker
- Helen Brett-Reynolds
- Simon Matthews
- Georgia Malpas
- Nigel Ball

Trained Staff

The members of staff in the school who are able to administer medicines are:

- Simon Castellaro
- Jane Whiting
- Louise Reynolds
- Laura Brookes
- Lauren Beckett
- Tom Killigrew
- Sophie Bowers
- Sarah Birkett
- Steph Goodridge
- Steve Revett
- Claire Ricketts
- Clare Blyth
- Maxine Hanley
- Sally Chandler
- Josh Baker
- Helen Brett-Reynolds
- Simon Matthews

- Georgia Malpas
- Nigel Ball

First Aid Boxes

The first aid posts are located in:

- The School Office
- Medical Rooms
- Staffroom
- Classrooms (Small Medical Bags)

Medication

Pupils' medication is stored in:

- Locked Storage Containers
 - Reception

First Aid

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note, and parents/carers are called.
- Full details of the accident are recorded in our accident book
- If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Local Governing Body.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then as according to the Health & Safety policy the Local Governing Body will arrange for this to be done.

School Visits

In the case of a residential visit, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of day visits a trained First Aider will carry a travel kit in case of need.

Administering Medicines in School

Prescribed medicines may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.

Staff will ensure that records are kept of any medication given.

Non-prescribed medicines may not be taken in school.

Storage/Disposal of Medicines

Medication will be locked and controlled by staff members appropriately trained. With an exception to Asthma Inhalers and Epi-pens which may be held in the classroom, further details will be included in the child's Healthcare Plan.

It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.

Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The School appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The school nurse may also provide additional background information and practical training for school staff.

Procedure that will be followed when the School is first notified of a pupil's medical condition.

1. Ensure that all necessary health care forms have been completed and stored centrally.
2. Ensure that all necessary briefing/training has been conducted with appropriate staff.

This will be in place in time for the start of the relevant school term for a new pupil starting at the School or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the School mid-term.

Health Care Plan

Form 1 – Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical diagnosis or condition	
Date	
Date of Review	

Family Contact Information	
Name	
Contact Number (1)	
Contact Number (2)	
Contact Number (3)	

Clinic/Hospital Contact	
Name	
Contact Number	
GP	
Name	
Contact Number	

Describe medical needs and give details of child's symptoms

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copied to

Medical Indemnity Form

Form 2 – Medical Indemnity Form

This form is a parental/carer agreement for the School to administer medicine.
The school will not give your child medicine unless you complete and sign this form.

Child's Name	
Class	
Date of Birth	
Medical condition or illness	

Medicine: To be in original container with label as dispensed by pharmacy	
Name/type and strength of medicine <i>(as described on the container)</i>	
Date commenced	
Dosage and method	
Time to be given	
Special precautions	
Are there any side effects that the School should know about?	
Self-administration	Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures to take in an emergency	

Parent/Carer Contact Details	
Name	
Relationship	
Contact Number (1)	
Contact Number (2)	

I understand that I must deliver the medicine safely to school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer signature

Print Name

Date

Record of Administered Medicines

Form 3 – Record of Administered Medicines

Child's Name	
Class	
Date of Birth	
Name/type and strength of medicine	

	Date	Time Given	Dose Given	Staff Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Emergency Instructions

Form 4 – Emergency Instructions for Allergic Reaction or Seizures

Child's Name	
Class	
Date of Birth	
Route to be given	
Usual presentation of reaction/seizure	
When to give medication	
Usual recovery from reaction/seizure	
Action to be taken if initial dose nor effective	

This criterion is agreed with parents/carers consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

The form on the reverse of this page should be completed after each application of medication for a seizure.

This form should be completed after each application of medication for a seizure.

	Date	Time	Observations/Evaluation of care	Staff Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Emergency Instructions

Classroom

Form 5 - Emergency Instructions for an Allergic Reaction



Mild Reaction

Generalised itching
Mild swelling of lips or face
Feeling unwell/Nausea
Vomiting

Action

Give _____
(Antihistamine) immediately

Monitor child until you are happy he/she
has returned to normal.

Child's Name	
Class	
Date of Birth	
Allergic to	

ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:





Severe Reaction

Difficulty breathing/choking/coughing
Pale/floppy

Severe swelling of lips/eyes/face
Collapsed/unconscious

Action

Get _____ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an **'ANAPHYLACTIC REACTION'**

Sit or lay child on floor.

Take EpiPen® and remove grey safety cap.

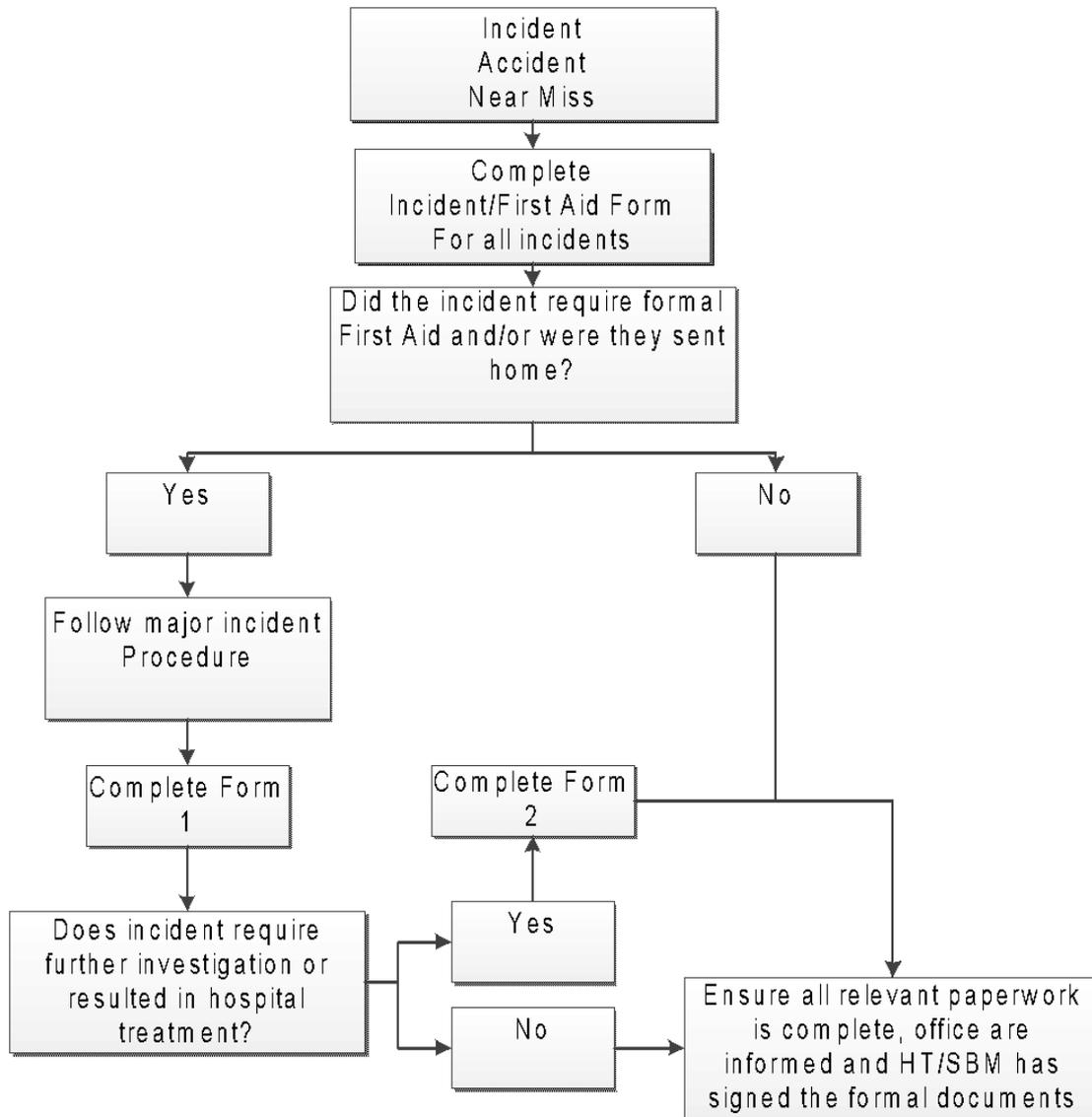
Hold EpiPen® approximately 10cm away from outer thigh.

Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**

Remain with the child until ambulance arrives

Appendix 2

Incident Flow Chart



Appendix 3 Major Incident Procedure

Use this procedure in the event of a major incident happening where the emergency services are required to attend an injured child/adult.

- 1 Depending on where the incident has happened, activate the classroom emergency call button or if in a classroom where phones are installed contact the office requesting a first aider to attend.
- 2 While first aider assesses injury, second first aider should be called to attend for back-up.
- 3 Member of office staff to arrive at the incident scene with a mobile phone to gain details of the person involved and how the incident happened so that an emergency call (999) can be made. Parents of the child should also be informed and the head teacher notified.
- 4 Office staff should then notify the first aider with an update on emergency services and parental contact. The office staff should ensure access can be made for emergency services. Office staff should also check for any records of medical history that can be passed on.
- 5 While awaiting the emergency services all other children that are present at the incident should be moved to another area supervised by a member of staff.
- 6 Apart from when paramedics and parents arrive on site there should only be two first aiders and the back-up of only one other adult.
- 7 Once paramedics arrive, first aiders should give a full account of the child's injury and what first aiders have given plus and known medical history.
- 8 When paramedic's decide what course of action they will be taking, first aiders will remain with the child and parent until the child is moved. If it should be that the parent has not to school before the ambulance is leaving then the first aider will travel in the ambulance with the child and stay until the parent arrives. Confirm which hospital to office.
- 9 Full report must be completed and given to the Headteacher/Business Manager. (Form 1 – Health & Safety Incident/Violence Reporting Form)

Addendum for use during the COVID 19 Pandemic:

First Aid & Intimate Care

Use of PPE

- The majority of staff will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.
- Gloves should be worn for all first aid.
- A fluid-resistant surgical facemask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical facemask should be worn by the supervising adult. If a risk assessment determines there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.
- PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).
- Disposable equipment should be put in the clinical waste bin. Reusable equipment must be thoroughly cleaned before use by anyone else.
- Children whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way.

Coronavirus Symptoms

- If anyone becomes unwell with a new, continuous cough or a high temperature, has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow the COVID-19: guidance for households with possible coronavirus infection guidance. While they are waiting for collection, they will sit in the school nurse's office with the door closed.
- If they need to go to the toilet while waiting to be collected, they will use the Disabled Toilet.
- The room and toilet will be cleaned and disinfected using standard cleaning products before being used by anyone else.
- In an emergency, we will call 999 if someone is seriously ill or injured or their life is at risk. We will not take them to the urgent care centre or a hospital.