

The Heights Primary School Policy for First Aid and The Management and Administration of Medicines

Version 1.5

Responsible officer: Staff and Pupil Welfare Committee
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This policy is divided into five parts:

- 1. Responsibilities**
- 2. Risk Assessment**
- 3. Staff Training, Reporting and Provision of Materials**
- 4. First Aid Practice**
- 5. The Management of Medicines in School**

Introduction

The Governing Body is responsible under the Health and Safety at Work Act 1974 for making sure the school has a Health and Safety Policy. This should include arrangements for first aid and supporting pupils with medical conditions. This policy therefore should be read in conjunction with the schools Health and Safety Policy

We are a nut free school

1. Responsibilities

The Governing Body

The Governing body has responsibility for Health and Safety matters as do the leadership team and staff. The Governing Body are required to develop policies to cover their own school. In practice most of the day to day functions of managing health and safety are delegated to the head teacher.

The Head Teacher

The head teacher is responsible for putting the governing policy into practice and for developing detailed procedures. The head teacher should also make sure that the parents are aware of the school's health and safety policy, including arrangements for first aid and the management and administration of medicines.

In addition, the Headteacher must arrange for there to be adequate and appropriate equipment and facilities.

Teachers and other School Staff

Teacher's conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks and relevant training. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act toward their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headteacher must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders / appointed persons. The Headteacher must make sure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual / sick leave or off site.

This training should include the legislative requirements for paediatric first aid trained staff for the Foundation Stage.

The First Aider's

The first aider's duties are to:

- Give immediate help to casualties with common injuries or illness and those arising from specific hazards at school
 - When necessary, ensure that an ambulance or other professional medical help is called
- First aiders should have completed a First Aid at Work training course.

The Appointed Person / People

They are someone who:

- Takes charge when someone is injured or becomes ill
- Looks after the first aid equipment e.g. restocking the first aid bags and kits
- Ensures that an ambulance or other professional medical help is summoned when appropriate

Appointed persons can be trained first aiders but this is not necessary. They should not give first aid or treatment for which they have not been trained.

Emergency first aid training should help an appointed person cope with an emergency and improve their competence and confidence.

2. Risk Assessment

There are procedures that check on the safety and systems that are in place in this policy. The school takes part in Annual Health and Safety checks and implement the Health and Safety Action Plan based on the findings.

A risk assessment will take place annually, covering the following areas. The results of the assessment will lead to a revision of policy and procedure by the Leadership Team of the school where appropriate. The revised / updated policy will then be agreed by Governors.

The risk assessment should cover:

The size of the school:

- The numbers of first aiders / appointed people needed to provide adequate cover is clear, including consideration for sickness absence and off site trips / activities

The location of the school

- The entrances to be used for access should be clearly identifiable by the services.

Specific Hazards:

- Any specific hazards or risks on the site that should be considered by the services.
- Any measures that should be put in place to reduce the risks

Specific Needs

- Any staff or pupils with specific health needs or disabilities.
- First aid procedures for foundation stage children which are different from those for the other pupils in the school. The school should have a Paediatric First Aid appointed person on site at all times.

Accident statistics

- Statistics can provide useful information indicating the most common injuries, times, locations and activities. This information should be used to concentrate and tailor first aid provision.

How many trained first aiders are required?

- Schools are generally considered lower risk
- Consideration should be given to how many people are required for :
 - Lunchtimes and breaks (it is good practice for supervisors to have first aid training)
 - To cover leave in case of absence
 - Off site activities (both presence on the trip and left back at the school)
 - Adequate provision for practical tasks
- Retraining should be organised three months prior to expiry to ensure continuity

3. Staff Training, Reporting and Provision of Materials

Numbers and Training

- The school aims for at least one member of staff working in each classroom to be first aid trained.
- Two members of staff working in Foundation Stage have Paediatric First Aid training.
- All names of first aid trained staff are clearly listed in the school office and key areas around the school.
- Appointed persons are responsible for ensuring that first aid kits and class medical rucksacks are fully stocked and ensuring that any items missing are purchased through the usual school purchasing system.
- All staff who complete break and lunch time duties are responsible for taking medical coolie bags for relevant classes to the area they are supervising.

Hygiene and Infection Control

- All staff should take precautions to avoid infection and must follow basic hygiene procedures including wearing gloves.
- Access is made available for all staff to single use disposable gloves and hand washing facilities, and should take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

Procedures for contacting a first aider

- In the case of an untrained staff member being first on the scene requiring a first aider they should first assess the situation and decide whether or not the individual is safe to be left whilst help is sought.
- Help should then be sought by the individual or a responsible other by notifying the school office. The school office is then responsible for ensuring a trained first aider attends the incident.
- In every area used outside of the school buildings or boundary, supervising staff must use a school walkie-talkie.

Reporting Accidents and Record Keeping

- **To HSE** - Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE. The latest guidelines for reportable serious/significant incidents are attached to this policy.
- **To parents** - In an emergency the child's parents should be contacted using the details in the emergency contacts folder in the school office. The school will however report all serious or significant incidents to the parents.
- The school must keep a record of any reportable injury, disease or dangerous occurrence – including (the date, method of reporting, time, place of event, personal details of those involved, description of the nature of the event / disease). This record can be combined with other accident records.
- The school will keep a record of any first aid treatment given by first aiders or appointed persons by completing the school's accident record sheet. A copy of this should be sent home and a copy kept on the injured person's file for a minimum of three years. The school will use this information in the risk assessment to try and reduce risk, for investigatory purposes where necessary.

Arrangements of off-site activities

Staff members organising off site activities are responsible for ensuring they have a portable first aid kit and the class First Aid Coolie Bag with them with all the relevant medication for the children in their class in it. They are responsible for following the process of getting the Headteacher or Deputy Headteacher to sign the 'offsite visit medical checklist' form which is a record of medication being signed both out and back into school after any trip. They are also responsible for reporting any use of the kit and consequent shortage of supplies to the person who is in charge of restocking first aid supplies.

First Aid Materials Equipment and First Aid Facilities:

There are sufficient full first aid kits in school to cover every supervised area at break and lunch times and portable first aid kits for use off site.

- The full first aid kits are located in the School Office, the two staff rooms and the classrooms.
- Portable first aid kits are kept in the School Office for staff to take on off site visits and activities.

All First Aiders are responsible for informing the office if equipment is missing so replacements can be ordered.

Vehicles

Any vehicle used by the school to transport children must have a portable First Aid kit. Staff are responsible for ensuring they take a portable kit whenever they transport children in vehicles.

First Aid Room

The named rooms for first aid will be the Nurture Room and main staffroom. There is a medical bed in the cupboard in the staffroom.

Out of school arrangements e.g. after school clubs, parents' evenings

All persons using the school outside normal school hours should be informed of the location of the first aid kits and should ensure that they have a first aid trained individual to deal with any incident. The club provider is responsible for informing the school office staff of any accidents that occur and of any first aid equipment that is used, and must have up-to-date information about the medical needs of the children attending the session and have medical equipment as necessary to hand (Epipen/Inhaler).

4. First Aid Practice – Guidelines to First Aid in School

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend from emergency first aid provision, the administration of medicines to dealing with Epilepsy, Asthma and **minor injuries**.

Purpose

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

Staff new to the school are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority.

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a medi wipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file.

ANYONE TREATING AN OPEN CUT SHOULD USE GLOVES. All blood waste is disposed of in the yellow bin, located in the disabled toilet.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed **BY TELEPHONE/TEXT MESSAGE**. Children are given a 'Head bump' sticker to wear for the rest of the day which is visible to staff. The child's teacher should be informed and keep a close eye on the progress of the child. **ALL** bumped head incidents **must** be recorded in the Minor Injury Log.

Accident/Injury Reporting

The accident **files are located in the Staff Workroom.** For major accidents, where someone needs to be taken to **hospital** an online report (RIDDOR), must be completed within 24 hours of the accident. This report needs to be signed by the Headteacher, and a copy placed in the child's file. The information should then be sent to the HSE.

Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the **access road to the school, from Upper Woodcote Road** and guide the emergency vehicle into the school. Children should be kept in their classrooms where possible or on the playground so they are not aware of the vehicle arriving.

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children are in the Emergency Contacts File and all staff contact details are clearly located in the school office. All staff and pupil contacts are also on the School's Management Information System (Integris).

5. The Management of Medicines in School

This section of the policy takes account of the statutory guidance contained in:

- Supporting Pupils at School with Medical Conditions – 2015
- **The Equality Act - 2010**
- Statutory Framework for The Early Years Foundation Stage - 2017
- The National Curriculum in England guidance on Inclusion – 2017 pt4
- Handbooks for primary and secondary teachers
- The Special Educational Needs and Disability Act - 2001
- Special Educational Needs and Disability Code of Practice 0 to 25 years - 2015

This document is a statement of the aims, principles and strategies for dealing with children with medical needs who require medication to be administered while at school or for children who require medication for short periods of time. It is not a policy to be taken in isolation and should be read in conjunction with other related school policies including the Health and Safety policy.

General Statement

The Heights is committed to reducing the barriers to sharing in school life and learning for all its pupils. It is welcoming and supportive of pupils with medical conditions and provides them with the same opportunities and access to activities (both school based and out of school) as other pupils. Staff understand the medical conditions of pupils at The Heights and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence. All staff understand their duty of care to children and know what to do in the event of an emergency.

Medication

Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be affected by the parent visiting the establishment. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at the school. The parent must complete the consent form before medicines can be administered.

Legal Obligation to Administer Medicines

There is no legal obligation that requires school staff to administer medicines.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary. Where the school agrees to administer medicines or carry out other medical procedures, staff will receive appropriate training and support from health professionals. **They will be made aware of the correct procedures to follow in administering medicines, and in procedures in the event of a child not reacting in the expected way. This will include them following the 'protocol for the administration of medicines' (Appendix 2)**

Prescribed medicines

If unavoidable and medication needs to be administered at set times during the school day, the following arrangements will be made by the school with the parent or carer to allow the school to take on the responsibility:-

- i. The parent or carer will be asked to complete and return the attached form (Appendix 1) giving all the relevant details in full. In so doing, the parent/carer consents to the school administering medication to his/her child(ren) for the duration of the course of medication. A copy of the parental consent form will be kept in the School Office.
- ii. For pupils requiring regular doses of medicine on a long-term basis (e.g. in the case of chronic illness or specific medical conditions), the parents will be asked to discuss the implications of the illness with the Headteacher and the designated teacher, and a decision will be made as to the arrangements necessary to administer the medication and support the child. Parents will be asked to complete a consent form for the school for the administering of the medication and a Healthcare Plan may be drawn up. (See appendix 2)
- iii. Medicines should always be provided in the original container as dispensed by a pharmacist and include the name of the child and the prescriber's instructions for dosage and administration. School will not accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.
- iv. Some pupils with chronic complaints may well be taking responsibility for administering their own medicine, including inhalers. In these cases, a parental consent form, together with clear instructions, must be completed, and parents must liaise closely with the child's class-teacher. The written parental consent will be kept in a folder in the School Office and recorded on a Class list within the Class Registers, so that the information is available to any other teacher taking that class.

The Healthcare plans and medical consent forms are kept in the School Office. When medicine is administered, staff must complete the dated entry of this, on the forms. Before administering medicines, staff should read the date entry section of the form to check that the medicine has not already been administered.

Non-Prescribed Medicines

The school will not administer any medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan. No child will be given any medicines without their parent's written consent.

Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act, and therefore have to be strictly managed. The amount of medication handed over to the school will always be recorded. It will be stored in a locked non portable container, and only specific named staff will be allowed access to it. Each time the drug is administered it will be recorded, including if the child refused to take it. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

Refusing Medication

If a child refuses to take medication staff will not force them to do so. The refusal will be recorded and the parents informed. If necessary, the school will call the emergency services.

Pain Killers

Please note that staff will not be able to administer paracetamol or other pain relief medicine unless they have been prescribed and provided by the pupil's doctor.

Patient medicines

Cough/throat sweets, "Tunes" etc. or lip balm will not be brought to school by pupils. Sun screen may come in to school as long as it is clearly labelled with the pupil's name and the pupil can apply the cream for themselves. Pupils must not share sun screen.

Safe Storage of Medicines

The school will only store and administer medicine that has been prescribed for an individual child. Medicines will be stored in the School Office strictly in accordance with product instructions. Children will be informed where their own medicines are stored. Administration of medicines takes place in the intervention or staff rooms.

All emergency medicines, such as asthma inhalers and adrenaline pens (epipens), will be readily available to children and kept in the class medical coolie bags in the KS1 or KS2 workroom/staffroom. There will be a file of children with such allergies with information about the allergens and any specific treatment. Inhalers and Epipens will be sent home termly to be checked by parents. They must be returned to school for the beginning of term.

Children who have asthma **MUST** have an up to date inhaler in School (Please refer to the Asthma Policy)
Children who have Epipens **MUST** have two up to date Epipens in School (Please refer to the Epipen Policy)

Staff receive annual training on the use of Epipens. Children who require these Epipens are listed as above.

Receiving/returning medicines

Medicines will be received at the start of the school day via the school office.

Consent forms must be completed by the parent/guardian at this time.

Medicines will be returned to the parent/guardian at the end of the school day via the school office.

Medicines must not be brought in or collected by pupils themselves other than inhalers.

Emergency Medicines

If a pupil requires emergency medicines (inhalers, epi-pens etc), the parents/ carers must inform the school by letter or via the data collection sheet issued to all parents at the beginning of the academic year and the medicine must be in school, at all times. It is the responsibility of the parent/carer to ensure that the medicine is not out of date.

Pupils who require emergency medication will not be able to participate in school trips if they do not have their medication in school to take with them. Parents/ carers need to inform the school by letter or via the data collection sheet if the pupil no longer requires their emergency medication.

All children should take their inhalers/epipens with them whenever they do rigorous activity.

Please note: OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.

Training

Any specific training required by staff on the administration of medication (e.g. adrenaline via an epipen) will be provided by or through the school nurse. Staff will not administer such medicines until they have been trained to do so.

The school will keep records of all staff trained to administer medicines and carry out other medical procedures. Training will be updated as appropriate.

Offsite visits

As a school we encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs, medication to be administered and the relevant emergency procedures. Where necessary an individual risk assessment will be drawn up. It should be ensured that a member of staff who is trained to administer any specific medication accompanies the pupil and that the appropriate medication is taken on the visit.

Head lice

Staff do not touch children and examine them for head lice. If it is suspected that a child has head lice parents will be informed and be asked to examine and treat their children at home. When the school is informed of a case of headlice, all parents will be advised to check their children at home as soon as possible and treat them if necessary.

Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

Staff insurance cover

If these guidelines are followed, including the requisite to obtain parental consent, staff will be protected by the school's insurance policy against claims of negligence should a child suffer injury as a result of the giving of medicine.

Evaluating the Policy

This policy statement and the school's performance in supporting pupils requiring medication at school will be monitored and evaluated regularly by the Governing Body.

It will be formally reviewed every two years to ensure that the policy enables all children to have equal access to continuity of education.

Any new legislation or directives will be incorporated into the policy as necessary.

Appendix 1 - REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

*Please note that the school is unable to administer medicine to your child unless you complete and sign this letter and the Headteacher has agreed that the school staff can administer the medication.
Medicines must be in their original container.*

I request the administration of medicine to:

Pupil Details

Surname: First Name:

Class: Date of Birth:

Address:
.....

Condition or illness

Medication

Name of Medication:

Expiry Date of Medication:

Dosage:

Frequency:

Duration (how long must the medicine be taken) in days:

Dispensed by doctor/pharmacy: Yes: ☐ No: ☐

Parent/Carer Contact Details

Name: Relationship to pupil:

Daytime Telephone No: Mobile Telephone No:

I understand that the medicine must be delivered personally to the school and that the school will only be able to administer the medicine if it is able to make the staff time available.

I understand that I remain responsible for ensuring that my child receives medication and that I may have to make the necessary arrangements for its administration during the day if the school is unable to.

Inhalers: Ensure the use of inhalers is demonstrated by the parent before the medication is handed over to the school. Please provide detailed instructions on the correct usage.

Signed:

Date:

For Staff Use Only:

[illegible]