



MEDICINE AND FIRST AID POLICY



Date: March 2021

Policy Review Cycle: Every two years

Review Assigned to: Kirklevington Primary School Local Governing Body

Medicines

The administration of medicine is the responsibility of parents and carers. There is no statutory duty requirement on teachers or support staff to administer medicines, but where they volunteer to do so this policy should be followed.

Where medicines are to be administered in school – with or without the direct involvement of staff – it is important that written instruction is received from the parent or health services. This should specify the name and class of the child, medication involved, circumstances under which it should be administered, frequency and level of dosage.

School Procedures

1. Parents must complete an administration of medication form.
2. Medicine should be stored in an A5 zip wallet containing the form and emergency information and record of medicine being given included.
3. The section for the class teacher should be completed and sent to the appropriate member of staff.
4. Medicine should be stored in the medicine cupboard/medicine fridge (located in the meeting room).
5. Training and guidance should be sought via the School Health Service for non-routine administrations of medicine (e.g. epipen training).

When a member of staff is administering medicine they must:

1. Refer to the Medicine Administration Consent Form before giving the medicine
2. Check the child's name on medicine
3. Check the prescribed dose and expiry date
4. Check prescribed frequency of medicine
5. Measure out the prescribed dose and check the child's name again (parents should provide measuring spoons).
6. Complete and sign the Administration of Medicine Record when the child has taken/been given the medicine
7. If uncertain, do not give, but check with the child's parents or doctor

Medicines permitted to be brought into or used at school may include:

- Prescribed medicines such as Antibiotics, antihistamines, calpol etc.
- Non-prescribed medicines for children with on-going health issues (at the discretion of the Head Teacher)
- Asthma inhalers. To be located in the child's classroom/tidy tray. Where possible the child should look after and carry his/her own inhaler marked with his/her name. Cases should be considered individually in consultation with parents, the school doctor or nurse as necessary. The medical profession has confirmed that inhalers are very safe and it is unlikely that a child using another child's inhaler will come to any harm.
- Enzyme additives - A child with cystic fibrosis may not be able to digest food without added enzymes. It is important that the child has a pancreatic supplement (normally Creon) with food. This is not a drug and many children need several capsules at one time. These are entirely safe if taken, accidentally, by another child.
- Maintenance drugs - A child may be on medication (e.g. insulin) for a condition that requires a dose during the school day.
- Epipens. Acute allergy to bee stings and nuts etc. A very small number of people are particularly sensitive to bee stings or nuts and require an immediate injection of adrenalin or an immediate inhalation of adrenalin to

Staff Awareness

Children with specific medical needs are highlighted on the medical board in the staff room.

Off-Site arrangements

During off site activities the staff accompanying the children will act as appointed persons and should always take a First Aid kit and any medicine/inhalers/epipens for identified children when leaving the school premises. The school mobile phone should also be taken and contact numbers for identified children included with any medication.

Staff should also know the postcode of their location to pass to emergency services in the event of needing to summon help. This will also be included on the risk assessment passed to the Educational Visits Coordinator prior to the trip.

If a major medical emergency or accident occurs on a school trip, the school must be informed as soon as possible and the situation managed so that the safety of the group is not compromised. Children who are known to have potential

first aid emergency needs should be identified on the risk assessment with a plan in place to accommodate their needs in the event of an emergency.

Medi-Alerts

Some children wear bracelets or necklaces which alert others to their medical condition in an emergency. As with jewellery, these items are a potential source of injury in games or certain practical activities. In appropriate circumstances they should be covered with sweatbands or removed temporarily.

Impaired Mobility

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Restrictions will be necessary on games or practical work to protect the child or others. This includes outside play. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Employees' medicines

Employees may need to bring their own medicine into school. They have clear personal responsibility to ensure their medicines are not accessible to the children.

First Aid

'First aid can save lives and prevent minor injuries becoming major ones.....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 towards 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.'

DFEE Guidance on First Aid for schools p. 4 2008

PURPOSE

- To ensure that children, staff and visitors to the school receive appropriate first aid care in the event of an accident or emergency.
- To ensure that clear procedures are in place for the safe storage of first aid equipment, administration of first aid to casualties and recording of incidents in accordance with health and safety guidelines.

FIRST AID PERSONNEL

Appointed persons: An appointed person is someone who takes charge when someone becomes ill; suffers a minor injury, looks after first aid equipment e.g. restocking after use, or who ensures that an ambulance is called when appropriate. **All members of staff are appointed persons** but not necessarily first aiders.

Most teachers and TA's are trained in Emergency first aid. Emergency first aid training meets the requirements of the Health and Safety (First Aid) Regulations 1981, and equips staff to cope with an emergency and provides them with competence and confidence for emergency situations.

During the school day, many children suffer minor bumps and scrapes in the course of their play in the playground or through other activities. It is normal practice for these to be dealt with by an appointed person in the 'first aid area' at morning play and lunch time; and by the teacher or teaching assistant during lesson time.

Major injuries need to be immediately referred to a designated school first aider for assessment and care. (A list of designated first aiders is located near each first aid station)

School First Aiders: Staff who have attended the HSE First Aid in the workplace course will be known as the school's designated first aiders. Their names will be displayed around the school to inform any school user of their role. They will attend 'refresher' courses to keep their qualification up to date and valid every 3 years. In addition, staff in Early Years attend the paediatric first aid course to meet the OFSTED requirements for Early Years.

PROVISION OF FIRST AID EQUIPMENT

First Aid equipment is located in a green box with a white cross in each key stage area. It is the responsibility of each key stage to ensure the first aid kit is appropriately stocked and a list of contents is included in the lid. It is also the

responsibility of whoever uses equipment to replace it at a convenient time after the needs of the casualty have been met. If items are missing additional supplies can be obtained from the central first aid area.

It is essential that all staff take precautions to prevent infection and must follow basic hygiene procedures. Single use hypo-allergenic gloves should always be used when dealing with any casualty, hands must be washed and care needs to be taken when dealing with body fluids or blood, and when disposing of dressings or other equipment.

Any serious injuries should be referred to a member of the SLT.

A list of trained First Aid staff is located near each first aid station.

Children should not help with first aid.

RECORDING AND REPORTING ACCIDENTS

All Key Stage areas should have a First Aid record book. Entries should be fully completed and must be clear, in ink and include the following:

- Name of child and class
- Signature of person recording the accident
- Date
- Where it occurred and what happened
- The resulting injury

Parents will be notified of any First Aid given to a child during the school day (by letter).

Any serious injuries including any head injury will require the parents to be contacted immediately.

If the accident occurred because of a Health & Safety oversight, e.g. a nail sticking out of wood, faulty door catch etc., please pass this information on to a member of the SLT or the Site Manager).

Records must be signed and will be kept for 3 years.

Procedure for summoning an ambulance in an emergency

Where there is concern over an adult or child who has had an accident or who has been taken ill a trained First Aider should check the patient before taking further action (if available).

If it is not an emergency and in the case of a child, a parent should be contacted and asked to take the child to either a local doctor or A & E as they think fit.

Where it is deemed an emergency and necessary to phone for an ambulance a member of the office staff/SLT (usually) will call. This person will need as much information as possible about the casualty and his/her condition (Name, DOB, suspected injury/illness, level of consciousness etc.) along with the school address and contact information. The child's parent should be called immediately to accompany the casualty to hospital (if an adult – next of kin). If a parent is unavailable immediately then a member of staff needs to accompany the child in the first instance. Another member of staff is to follow the ambulance by car in order to support the first member of staff and bring them back once parents or other relatives have arrived at the hospital.

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

PUPIL DETAILS Name: Address:	Date of Birth: Class: Male/Female (delete as applicable)
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CONDITION OR ILLNESS

MEDICATION Name/type of medication (as described on container): For how long will your child take this medicine: Date dispensed:
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FULL DIRECTIONS FOR USE	
Dosage and method Timing Special precautions	Side effects: Self-administration: Yes / No Procedures to take in an emergency:

CONTACT DETAILS	
Name:	Telephone Number:
Relationship to pupil:	Mobile Telephone Number:

I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake.

Signed:

Date:

Relationship to pupil:



MEDICINE AND FIRST AID POLICY



This Policy has been approved at a meeting of the Governing Body of Kirklevington Primary School

On: September 2021

Signed by Chair of Governors:

Date:

Signed by Head of School:

Date:

To be reviewed: September 2022