

# First Aid & the Management of Medicines in School Policy



ALLINGTON PRIMARY SCHOOL

## FIRST AID AND THE MANAGEMENT OF MEDICINES IN SCHOOL

The following policy is in 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

The employer 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, based on a risk assessment of the school. This policy therefore should be read in conjunction with the school's Health and Safety Policy

### 1. Responsibilities

#### The Governing Body

The Governing body has responsibility for Health and Safety matters with the leadership team and staff also having responsibilities.

The Governing Body is 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 of School.

#### The Head of School

The Head of School is responsible for putting the governing policy into practice and for developing detailed procedures. The Head of School 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 of medicines.

#### Teachers and other School Staff

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. 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 employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders / appointed persons and to manage medicines. The employer 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 new legislative requirements for paediatric first aid trained staff for the Foundation Stage.

The school office will hold a list of staff members who are first aid trained.

#### The First Aider's Main Duties

First aiders should have completed a First Aid at Work training course or equivalent.

At school their 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

## **Appointed people/ persons**

They are someone who:

- The children can approach if they feel unwell or are injured
- Takes charge when someone is injured or becomes ill
- Ensures that an ambulance or other professional medical help is summoned when appropriate

Appointed persons are not necessarily first aiders (e.g. a teacher is an appointed person, but they do not have first aid training). They should not give first aid for treatment for which they have not been trained. However it is good practice to ensure that appointed persons have first aid training / refresher training as appropriate.

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

At Allington, we have a member of staff who is named as the Medical Needs coordinator. As part of her role, she will:

- Look after the first aid equipment e.g. restocking the first aid container for each year group
- Ensure that an ambulance or other professional medical help is summoned when appropriate
- Ensure that all medication is returned to parents at the end of the academic year
- Liase with parents to ensure that children with an injury/ medical need are supported in school until they return to full health. This can include:
  - working with parents to draw up care plans when children return to school following illness (e.g with a broken arm) to ensure their return to school is smooth,
  - updating medication records, including records relating to children having specific medical requirements,
  - having responsibility for the upkeep of the AED
  - monitoring First Aid records.

## **The School's Obligations**

The school must provide adequate and appropriate equipment, facilities and qualified first aid personnel. Although regulations oblige employers to provide for their own staff, the school should include all users of the school site in their risk assessment and consider carefully risk to pupils and visitors.

### **2. Risk Assessment**

The size of the school:

- As the site is not multi floor or split site, 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

- As the school is not obvious from the road, the emergency services should be informed of the location of the school giving post code and road names and any circumstances that may restrict access.
- A member of staff will greet the emergency services at the entrance to the school.
- The entrance to be used for access should be clearly identifiable by the services.

#### Specific Hazards:

- Parking at Allington is limited. All staff will be reminded to park considerately, leaving clear access to the gates to the KS1 playground and the KS2 playground.

#### Specific Needs

The Inclusion Manager will liaise with parents to ensure that children with specific medical needs are supported to enjoy a full life at school. A care plan will be drawn up in agreement with the parents, child and school to ensure that the child is adequately supported and all roles and responsibilities are clear.

- In order to support the pupils in the Foundation Stage, the school has a Paediatric First Aid Appointed person on site at all times. The office holds a list of all staff with Paediatric First Aid relevant training.

#### How many first aid personnel are required?

- During playtime, if an accident occurs, the member of staff on duty will either send a child accompanied by a peer to the medical room, or will send a child to deliver a message with the red emergency lanyard to the office informing them that a First Aider is required urgently. During lunchtime, the same process applies however, children in need of first aid will be directed to the Rainbow Room rather than the medical room.
- During off site activities (both presence on the trip and left back at the school), the Gof form will identify the named First Aider and the Head of School will ensure that there is sufficient capacity in school to manage first aid incidents.
- The Curriculum Guidance document details the due consideration given to Health and Safety requirements, as well as documents that can support teachers in their planning and delivery of lessons where Health and Safety concerns may arise.

### **3. Staff Training, Reporting and Provision of Materials**

- All support staff are first aid trained.
- At least two members of staff have Paediatric First Aid training.
- All names of first aid trained staff are clearly listed in the school office.

The Medical Needs coordinator is responsible for ensuring that first aid kits are fully stocked. Classroom assistants will ensure they notify the Medical Needs coordinator when the kits need replenishing- any items missing will be purchased through the usual school purchasing system.

In addition to this, the Medical Needs coordinator will liaise with the office to ensure that First Aid training is current.

#### **Hygiene and Infection Control**

- All staff should take precautions to avoid infection and must follow basic hygiene procedures.
- Access is made available for all staff to single use disposable gloves and hand washing facilities. Staff should take care when dealing with blood or other bodily fluids and disposing of dressings or equipment. These must only be placed in the yellow (biological waste) bin located in the medical room.

#### **Procedures for contacting a first aider**

##### **In the event that a child needs first aid treatment in situ.**

- 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 to notify the school office (their emergency lanyard can be sent to the office indicating who needs assistance and where the incident is located). The school office is then responsible for ensuring a trained first aider attends the incident.

## **Reporting Accidents and Record Keeping**

- Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE – see below.
- Employees must also 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.
- 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.
- In the event of a medical emergency and the school being unable to contact the parents/carers, the head of school will act in locum parentis.

## **REPORTABLE EVENTS**

### **Serious/significant accidents**

The following accidents must be reported to the HSE if they injure either the school's employees during an activity connected with the work, or self-employed people while working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence)

For definitions of major injuries, dangerous occurrences and reportable diseases see HSE guidance on RIDDOR 1995.

Fatal and major injuries must be reported without delay. This must be followed up with a written report within 10 days on Form 2508.

- An accident that happens to a pupil or a visitor must be reported on Form 2508 if:
- The person is killed or taken from the site to Hospital; and
- The accident arises out of or in connection with work ( any school activity on or off the premises, resulting from the way a school activity has been organised, equipment, machinery or substances or due to the design or condition of the premises)
- Like for employees, notification must be without delay and followed up with the written report within 10 days on Form 2508.

### **Record keeping**

In addition to the above, schools should keep a record of any first aid treatment given by first aiders or appointed persons by completing the school's Accident Book. The class teacher is advised of any treatment that has been administered during playtime or lunchtime on a pink form. In addition to this, where a child has sustained a minor injury, a yellow form is completed and this is stuck into the child's contact book so that parents are made aware. If an accident is considered more serious, a phone call home will be made by a member of staff before the end of the school day.

Accident books will be archived for a period of seven years.

### **Arrangements of off site activities**

Staff members organising off site activities are responsible for ensuring they have a portable first aid kit with them. They are also responsible for reporting any use of the kit and consequent shortage of supplies to the adults in charge of restocking first aid supplies so that replacements may be made. Where possible, pre-visits should be undertaken in order for the group leader to complete the Gof form and Risk Assessment in detail.

### **First Aid Materials Equipment and First Aid Facilities:**

There are full first aid kits and portable kits provided by the school.

Full first aid kits are located in the school office, the medical room and one each year group. Portable first aid kits are provided in the office for staff to take on off site visits and activities.

An AED is also available in the medical room. There is clear signage indicating its location.

### **Vehicles**

- Any vehicle used by the school to transport children should carry on board a portable first aid kit.

The container must be maintained in good condition, ready for use and prominently marked as a first aid container.

### **First Aid Room**

The medical room and Rainbow Room are designated first aid spaces and as such should be respected as ready for this purpose when required.

### **Out of school arrangements e.g. lettings, parents evenings**

All persons using the school outside normal school hours should be informed of the location of the first aid kit and should ensure that they have a first aid trained individual to deal with any incident.

## **4. First Aid Practice**

### **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 Asthma and head lice.

### **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

### **Guidelines**

New staff 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.

### **First aid in school**

#### Cuts

At playtime and lunchtime, the adult on first aid duty deals with small cuts. All open cuts should be cleaned and covered if necessary. 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 book.

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

## 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 of the injury using the yellow form in the contact books for minor bumps. The child's teacher is always informed so that they may keep a close eye on the progress of the child. **ALL** bumped head incidents should be recorded in the accident book. Where the bump is more serious, a phone call home will be made, as well as the yellow form being completed.

## Accident book

The accident book is accessible from the medical room.

## 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. The Head of School or member of the SMT should be informed if such a decision has been made, even if the accident happened on a school trip or on school journey

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 office staff OR another member of staff, should wait by the school gate and guide the emergency vehicle into the school. Other children should be moved away from the incident if necessary, to enable emergency services to respond appropriately and without delay, and also to ensure their own safety. If the casualty is a child, their parents should be contacted immediately and given all the information available. 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.

Allington Primary School hold a defibrillator (a machine used to give an electric shock to restart a patient's heart when in cardiac arrest) on-site. The machine is stored in the medical room and there are staff trained in its use. Staff appointed as First Aiders are trained in the use of CPR.

## 5. The Management of Medicines in School

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

Allington Primary School is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps the school will take to ensure full access to learning and school life for all its children that require medication.

### Medication

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Where this is not possible, parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be affected by the child going home during the lunch break or by the parent visiting the establishment. However, we understand this might not always be practicable and in such a case parents may make a request to the Head of School for medication to be administered to the child at the school by a member of staff.

### 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.

### 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 guardian to allow the school to take on the responsibility:-

- i. The parent or guardian will be asked to complete and return the attached form (appendix 1) giving all the relevant details in full. In so doing, the parent/guardian 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), the parents will be asked to discuss the implications of the illness with either the Inclusion Manager or the Head of School 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.
- 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 are out of date or that have been taken out of the container nor make changes to dosages on parental instruction.
- iv. When on the school premises, medicines will be administered by a member of the office staff and one other staff member, who will check and sign to confirm that the correct medication and dose have been administered to the correct child. During off-site visits, medication will be administered by two school employed members of staff.



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, in the drugs register. 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.

### **Pain Killers**

Pain killers such as paracetamol and aspirin will not be administered unless prescribed by a doctor and must not be brought to school by pupils.

### **Patent medicines**

Cough/throat sweets, "Tunes" etc. should not be brought to school by pupils- they are not permitted. Sun screen may be brought 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.

### **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.

### **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 staff room fridge or the locked office cupboard, strictly in accordance with product instructions.

Administration of most medicines take place in the office.

All emergency medicines, such as asthma inhalers and adrenaline pens (epipens), will be readily available to children and kept in their class room with the records of administering to be updated as and when used. All such medicines will be kept in a storage container that can be transported easily along side the child at any point- for example when they leave the classroom for PE. There will also be a record of children with such allergies with information about the allergens and any specific treatment provided. In addition to this, each class will hold a grab sheet with information about the medical needs of pupils in their classes- this will be located on the inside of the teacher's cupboard door.

First aid training includes the use of epi-pens.

### **Receiving/returning medicines**

It is the responsibility of parents and carers to ensure that all medication stored in school is in date.

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 medication period via the school office.

Medicines such as inhalers and epipens will be returned to parents/ carers at the end of the academic year.

**Medicines must not be brought in or collected by pupils themselves.**

## **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 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.

When taking part in rigorous activity the teacher will ensure emergency medicines prescribed are available to the child as and when necessary, this may involve removal from the office and temporary storage upon the class teacher for the duration of activity, along with the required consent forms. In the event of a child requiring this outside of the school building, then two staff members may administer to the child and both sign the record of administering.

### **It is the school's intention to hold a 'spare' inhaler and epipen.**

In the event of a child having an asthma attack, who has no inhaler, the emergency services will be called immediately on 999 and parents/carers contacted using emergency contact numbers and the spare inhaler will be used.

## **Training**

Any specific training required by staff on the administration of medication (e.g. adrenaline via an epipen) will be provided by a trained provider. 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**

It is good practice for schools to 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 should 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.

## **Menstruation**

In situations involving menstrual difficulties in pupils, the best remedial action would be either to send the child home after telephoning the parent/guardian, or remove the child from class to rest until the discomfort disappears. There are relevant disposal bins for all pupils to use in the Year 6 toilets.

## **Hygiene and Infection Control**

When administering medication, all staff will follow the HCC and CSF guidance on the prevention of contamination from blood borne viruses.

- **Head lice**  
Staff do not touch children and examine them for head lice. 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.
- **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. If a child is brought into school before the 48 hours have elapsed, parents will be contacted to collect their child.
- **Chicken pox and other diseases, rashes**  
If a child is suspected of having chicken pox etc, we will look at their arms, legs and back.

If a child presents any of these infections they will need to stay off school for a prescribed period of time. The Head of School or school office will advise timescales as directed by Public Health England guidance.

#### **Staff insurance cover**

If these guidelines are followed, including the requisite to obtain parental consent, staff will be protected by the schools'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.

**Policy issued: March 2019**

**Policy Review: March 2021**

**Appendix 1**

**Parental agreement for the administration of medicines**

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine

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

School: \_\_\_\_\_

Age: \_\_\_\_\_ Yr Group & Class \_\_\_\_\_ DOB \_\_\_\_\_

Condition / Illness : \_\_\_\_\_

Name and Strength of Medicine: \_\_\_\_\_

Where Medicine Kept : \_\_\_\_\_

End Date of Short Term Medication: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How much (dose) to give: \_\_\_\_\_ Date of Provision: \_\_\_\_\_

When to give it: \_\_\_\_\_

Number of tablets given to school: \_\_\_\_\_

**Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER WITHOUT THE SUPERVISION OF AN ADULT**

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Daytime contact number of parent or adult contact:  
\_\_\_\_\_

Name and contact number of GP:  
\_\_\_\_\_

Agreed review date: \_\_\_\_\_

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

Parent/Guardian signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

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# Record of medicines administered to an individual child

To ensure:

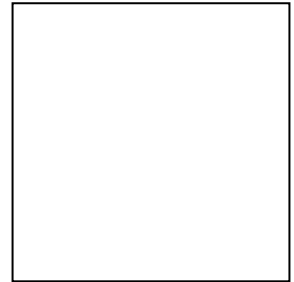
- The right medicine  
    For
- The right child  
    At
- The right time  
    At
- The right dose

Name of Child: \_\_\_\_\_

Date of Birth        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of school     \_\_\_\_\_

Class                \_\_\_\_\_



Name and Strength of medicine \_\_\_\_\_

Date Medicine provided by Parent       \_\_\_\_\_       Quantity Received       \_\_\_\_\_

Dose and frequency of medicine       \_\_\_\_\_

Staff Signatures \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of Staff Member 1</b>			
<b>Name of Staff Member 2</b>			
<b>Staff Initials</b>			
<b>Staff Initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of Staff Member 1</b>			
<b>Name of Staff Member 2</b>			
<b>Staff Initials</b>			
<b>Staff Initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of Staff Member 1</b>			
<b>Name of Staff Member 2</b>			
<b>Staff Initials</b>			
<b>Staff Initials</b>			