



# Whole School Policy for: **First Aid & Medicines**

## **Policy Statement**

The Governors and Head teacher of Orchards CE Academy and Nursery School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school. We are committed to the authority's procedure for reporting accidents and recognise our statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995. The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in school.

At Orchards, we believe that medicines should only be administered in school when essential: that is when it would be detrimental to a child's health if the medicine were not administered during the school day. This policy sets out the procedures that will be followed when administering medicines in school.

**Ratification date: April 2021**

**Review date: February 2023**

Jonathan Steeden (Acting Head teacher)

B Hasler (Chair of Governors)

**Linked Policies:**

# Accessibility Plan, Intimate Care, Health and Safety, Safeguarding, Supporting Pupils with Medical Conditions, Disability and Non-discrimination

## Part 1: Arrangement for First Aid

### 1.0 Materials, equipment and facilities

1.1 The school will provide materials, equipment and facilities as set out in DfE Guidance on 'First Aid for schools'.

1.2 The Appointed Person: Currently the Appointed person is Dawn Mattless. She will regularly check that materials and equipment are available. She will order new materials when supplies are running low.

1.3 The person responsible for the arrangement of adequate First Aid training for staff is **Angela Watson**

1.4 Each class has its own First Aid Box. These need to be stored where they are visible and easy to access. The school has a main First Aid Station as well as a designated First Aid Room. The appointed person checks the First Aid Station each day to ensure that the station is fully stocked.

1.5 The school has three large 'trip first aid' bags; these First Aid bags are stored in the main First Aid Station. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bags are running low.

1.6 Responsibility to regularly check First Aid Boxes located in the classrooms lies with staff working in the classes. If First Aid boxes need replenishing the Appointed Person should be immediately notified and extra supplies should be requested.

1.7 For dealing with accidents/incidents **during break times** staff on playground should take or send children into the first aid area where a First Aider will assess and treat them. Any major accident needs to be reported to the appointed person: Dawn Mattless. In case of her absence these should be reported to the Head teacher or the Deputy or Assistant Head teachers. The decision to call an ambulance does not need to be checked or approved by the Head teacher; once an ambulance is called the Head teacher needs to be notified immediately, (or the person in charge, e.g. Deputy Head teacher, Senior Teacher).

### 2.0 Cuts, scrapes, grazes

2.1 The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe. Minor cuts should be recorded in the First Aid log and a copy is given to the child to take home.

2.2 Any adult can treat severe cuts; however a fully trained first-aider must attend the patient to give advice. Severe cuts should be recorded in the First Aid log and parents informed by phone call. Major injuries need to be reported to the appointed person.

2.3 Anyone treating an open cut should wear rubber gloves.

2.4 All waste should be wrapped and placed in the bin. Spillages of blood must be cleaned up with Milton solution available in the First Aid area.

### 3.0 Head injuries

3.1 Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack.

3.2 The adults in the child's classroom should keep a close eye on the child.

3.3 All bumped head accidents should be recorded in the First Aid log. Parents must be informed if their child has a head injury; Parents are telephoned as soon after the injury as possible. Class teachers are informed.

3.4 Parents should be called if the child has a serious cut on the head, a large bump (egg) or there are obvious signs of concussion, and asked to take the child to minor injuries.

3.5 Children who have a concussion after a head injury will need to be taken to hospital.

3.6 If parents are unable to collect their child within 30 minutes school must arrange for a staff member with business insurance to take the child to minor injuries or if the child deteriorates then an ambulance should be called.

#### **4.0 Allergic reaction**

4.1 All First Aid trained staff are trained to recognise the signs of serious allergic reactions and in the administration of Epi-Pens. Specific anaphylactic shock training including administering of an Epi-Pen or similar device will be given if we have a child with such medication in school.

4.2 In case of a less serious allergic reaction a first aider should examine the child and follow care plan instructions. Please also see the section on 'Arrangements for Medicine at school'. Parents will be telephoned at the time or contacted at the end of the day according to the severity of the reaction.

#### **5.0 Record keeping**

5.1 In Reception and Nursery, the staff keep a log of all accidents/First Aid administration in their classrooms. Major incidents are recorded in the First Aid log which is kept in the main First Aid station.

5.2 In Reception and KS1/KS2 there is a central First Aid log which is kept in the main First Aid station. This log makes a carbon copy of the First Aid administered and the original slip is given to the child to take home.

5.3 A record/log of medicines administered is kept in the Office.

5.4 The contents of these files are collected at the end of the academic year by the appointed person, and kept together until the children logged are 21.

5.5 The school follows the HSE guidance on reportable accidents/ incidents for children and visitors.

#### **6.0 Adults in school, including visitors**

6.1 The school has a responsibility to provide First Aid to all staff.

6.2 In case of an accident/incident staff should seek First Aid from any of the qualified First Aiders (comprehensive lists of First Aiders are posted around school).

6.3 All First Aid treatment to staff should be recorded on an accident form that can be obtained from the office and reported to the appointed person.

6.4 In case an accident/incident results in the individual being taken to hospital, where they receive treatment and are absent from work for 3 days or more, the appointed person needs to be notified.

6.5 The appointed person and the Head teacher will review the accident/incident and will decide if it needs to be reported to the HSE. If a member of staff is taken ill or has a head injury someone who lives at their address should be informed by phone so they are aware of the injury.

#### **7.0 Notifying parents**

7.1 In Nursery/Reception, there are two different forms used: head injury and accident forms

7.2 Copies of forms are kept in the First Aid files in the classroom. Copies can also be obtained from the school office or from the appointed person, currently Dawn Mattless.

7.3 In KS1/KS2 accidents/First Aid administration is recorded in the First Aid log which is located in the main First Aid station. A copy of the entry is sent home to parents.

7.4 The First Aid log will be monitored by the appointed person who will let the Business Manager know when new logs need to be ordered.

## **Part 2: Administering Medicines**

### **1.0 Procedures for managing prescribed drugs in school**

1.1 The designated members of staff (office team) will only accept medicines that are prescribed by a doctor, dentist, nurse prescriber or pharmacist. All medicines must be in original packaging. A doctor's stamp of certification and child's name must be clearly visible.

1.2 Parents will complete a permission slip before any medication can be given to the child.

1.3 All Medication will either be stored in a locked fridge or locked lockers in the medical room and administered in accordance with the guide lines in section entitled **STORAGE AND ADMINISTRATION OF MEDICINES.**

1.5 Dosage should not be changed unless there is written confirmation from the prescriber.

All medicines will be logged in by a member of the school office staff. The amount will be carefully and accurately recorded. E.g. number of tablets, etc. Teachers should not accept medicines from parents.

Inhalers will be kept in the classroom in an accessible place.

Prescribed medicines related to long term illness e.g. for epilepsy, Epi-Pen diabetic emergency medicines can be in stored in class in suitable locked places when it is deemed necessary they be as near as possible to where the child is.

### **2.0 Non prescriptive medicines**

2.1 Staff should **NEVER** give non-prescribed medicines to any child. Any queries **MUST** be reported to the Head teacher and advice sought as soon as possible.

### **3.0 Short term medical needs**

3.1 Some children will need to take medicines during the school day at some point during their time in school. This may be to complete a course of anti-biotics or lotions.

3.2 Parents should be encouraged to come to school to do this at a convenient time where possible.

3.3 If a parent is unable to do so, short term medicines should only be administered by designated staff.

3.4 Written permission will be sought from parents.

3.5 If children need to take paracetamol or ibuprofen then the named member of staff administering must contact parents/carers to find out what time they had the last dose to avoid

overdosing. Parents must be informed of the time of a dose so they can determine what time the next dose can be given. **Medication should be appropriate for the age of the child.**

**3.6 When a child fractures a limb then a care plan will be set up by Dawn Mattless with the parent and shared with school staff. Provision will be made for playtimes, fire and general care in order that the child can return to school as soon as possible.**

#### **4.0 Long term medical needs**

4.1 It is vital that all staff concerned with the care of the child with long term medical needs (children with asthma, allergies, seizures, ADHD, etc.) have sufficient information about the medical condition and that in event of their absence another staff member can manage the child. If the medical needs are adequately supported this will have a significant impact on the child's experiences at school (see equalities policy) and the way that they are able to function in school. Some medicines may also affect learning leading to impaired concentration or difficulties with memory. **Children with long term medical needs will have a care plan that is reviewed annually or sooner if their medication or needs change.**

4.2 It is essential that all health workers work co-operatively with school staff to create an accessibility health plan and provide appropriate training where needed.

4.3 If children are taking medication for a long term illness e.g. diabetes, cystic fibrosis then the child should be encouraged to manage their medication independently, but supervised and checked by an adult at all times, as is appropriate to their age and level of maturity.

#### **5.0 Administering medicines**

5.1 No child under the age of 16 should be given medicines without parental consent.

5.2 Designated members of staff will:

- Check the child's name on the container
- Check the prescribed dosage
- Check the expiration date
- Check written instructions by prescriber
- Fill in all relevant paper work
- Sign off the treatment/ medicine including times and dates

**All staff will demonstrate exemplary duty of care when completing this task.**

**Whenever possible a second member of staff should be present. It does not have to be a named person as they are acting as a witness to good practice.**

#### **6.0 Record keeping and medicine storage**

6.1 All medication (except inhalers) will be kept in a numbered locker in the medical room or in the locked fridge in the medical room. All named responsible adults must know where the key is.

6.2 Children are encouraged to take responsibility for their own inhalers as advised by medical protocols.

6.3 Epi-pens will be kept locked and clearly labelled in the classroom and all staff informed where they are.

6.4 Medicine required to be stored in a fridge will be stored in the locked fridge in the medical room.

6.5 All named responsible adults will keep a record of when any medicines are administered **on the medicines log sheet.**

## **7.0 Children must not be sent to school with medication in their pockets or bags.**

7.1 If this is found to be the case, parents will be immediately contacted and the medicines taken from the child and stored in the locked cupboard.

7.2 If parents take home medication it will be signed for in the office log.

## **8.0 Medicines check**

The designated staff member will carry out a daily check of medicines and names. This will include medicines in the fridge. The total number of medicines will be recorded in the log daily and signed, dated as checked by the designate.

## **9.0 Medical logs**

9.1 The designated members of the office staff keep the medicines log in the school office. It is kept up to date and is monitored by the Governor's health & safety committee.

9.2 The First Aid log book is kept in the main First Aid station. **It should be placed in the wall cupboard when not in use.**

## **10.0 Educational Visits and Residentials**

10.1 All children are encouraged to participate in trips and visits. Staff must consider what reasonable adjustments can be made to support the medical needs of all children so that they are able to participate in the activity. It may be necessary for a child's parents to accompany them in this instance or additional staff to support as necessary.

10.2 All medication in relation to any child must be held by the designated first aider for the trip. The first aider, along with the class teachers, must have knowledge of the medicines and the children for whom they are designated. This must be done well in advance of any trips or visits as necessary. The first aider will take responsibility for the medicines. All travel tablets are to be managed by the first aider.

10.3 Children with a known medical need must be in a group with an adult who knows or has been trained to administer any emergency medication related to their condition e.g. inhalers, Epi-Pen, etc.

10.4 Parents will be consulted about their child's medical needs on the trip.

10.5 Children with long term medical needs should be included in the risk assessment for the trip and consideration should be given as to how they will be able to take a full part in all activities and how their needs will be met including any emergency including hospitalisation.

10.6 A designated first aider should go on all residential trips. They should be responsible for all medications. Parents should hand all medication to the first aider before leaving school. Two people should be present when medication is given and sign.

10.7 Parents should be given the option to sign to say liquid paracetamol can be given at the first aiders discretion should the child need pain relief whilst away.

**Parents will be informed of all medicines and first aid given on the return to school.**

## **11.0 PE and Sporting events**

11.1 Staff must ensure that they have all necessary medication with them (see above). Teachers and staff must encourage children who require inhalers to make sure that they have them with them when leaving the classroom.

11.2 Teachers must ensure that sports coaches are aware of the medical needs of all children in the class.

## **12.0 Training**

12.1 An up to date first aider list is held in the school office. All relevant training updates will be shared with designated staff.

12.2 Staff whose training has lapsed will not be included on the designated staff list.

12.3 The school nurse will be contacted to come into school for specific training needs to be covered and emergency training requirements.

## **13.0 Communication between home and school**

13.1 It is the parent's responsibility to share all medical conditions with the school and should be aware of the schools' confidentiality code of practice that ensures that their child's needs will only be shared with the appropriate members of the school staff.

13.2 Discussion about a child's medical needs by other members of staff could be considered a disciplinary measure and will be dealt with following the policy.

## **14.0 Reviewing the policy**

14.1 This policy will be reviewed by the Governing Body every two years or earlier if necessary.

**First Aid Trained staff**

Staff	First Aid Date runs out (3 Year Cert)	Paediatric First Aid Date runs out (3 Year cert)	First Aid at Work Date runs out (3 Year Cert)
Christine Bonnett	St John Ambulance Renewed Annually	NA	NA
Karen Cochrane	NA	5/9/22	NA
Kelly Cole	NA	5/9/22	NA
Karen Evers	NA	23/11/22	NA
Alison Gidney	5/6/22	5/6/22	5/6/22
Pam Hadlow	NA	22/5/22	NA
Abbie Helsdon	NA	1/10/21	NA
Dawn Mattless	5/6/22	5/6/22	5/6/22
Sam Moore	NA	5/9/22	NA
Kat Smith	NA	5/9/22	NA
Alice Trundle	NA	5/9/22	NA



