



Wilcombe Primary School FIRST AID AND ADMINISTRATION OF MEDICINES POLICY

This Policy was adopted by:

The Directors of Ventrus Multi Academy Trust

On _____

Signed by.....Chair of Directors

Review Date Signed

Review Date Signed

Review Date Signed

Linked Policies: Child Protection Policy; SEND Policy; Health & Safety Policy; Supporting Pupils with Medical Conditions Policy

FIRST AID AND ADMINISTRATION OF MEDICINES POLICY

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1. Rationale

- 1.1. The First Aid procedure at the schools within Ventrus Multi Academy Trust is in operation to ensure that every pupil, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major during working hours and in term time.
- 1.2. The term “First Aider” refers to those members of the school community who are in possession of a valid First Aid certificate.
- 1.3. It is emphasised that this is a team approach consisting of qualified First Aiders with the following qualifications: -
 - First Aid at Work
 - Paediatric Emergency First Aid
 - Emergency First Aid
 - Moving & Handling of Children and Pupils who have Physical Difficulties
- 1.4. Details of the First Aid team with details of their qualifications can be obtained from the relevant school office.
- 1.5. ‘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 in 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 in Schools).
- 1.6. In the event of an accident, all members of the school community should be aware of the support available and the procedures available to activate this.

2. Purpose

The purpose of the Policy is therefore: -

- To provide effective, safe First Aid cover for pupils, staff and visitors.
- To ensure that all staff and pupils are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

3. First Aid Procedure

3.1. First Aiders will:

- 3.1.1. always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- 3.1.2. help fellow First Aiders at an incident and provide support during the aftermath.
- 3.1.3. act as a person who can be relied upon to help when the need arises.
- 3.1.4. advise that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of all head injuries promptly.
- 3.1.5. ensure that a child who is sent to hospital by ambulance is either: -
 - accompanied in the ambulance at the request of paramedics.
 - followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
 - met at hospital by a relative;
- 3.1.6. advise the school's senior management of a serious incident requiring the completion of the PO3 Serious Incident Form.
- 3.1.7. The First Aider need not be the member of staff to accompany the casualty to hospital; however, an appropriate person should be sent.
- 3.1.8. Liaison must occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.
- 3.1.9. keep a record of each pupil attended to, the nature of the injury and any treatment given. In the case of an accident, the Accident Book must be completed by the person or persons administering the first aid.
- 3.1.10. ensure that they have a current medical consent form for every pupil that they take out on a school trip which indicated any specific conditions or medication of which they should be aware.
- 3.1.11. have regard to personal safety; and
- 3.1.12. ensure that everything is cleared away using gloves and all dressings etc. to be put in a yellow contaminated/used items bag and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

3.2. Lunchtime staff will:

- 3.2.1. Ensure that the First Aid Bags, accompanying recording books and ice packs are available at all times.

3.3. The Local Governing Body will:

- 3.3.1. provide adequate First Aid cover as outlined in the Health & Safety (First Aid) Regulations 1981

- 3.3.2. monitor and respond to all matters relating to the health and safety of all persons on school premises.
- 3.3.3. ensure all new staff are made aware of First Aid procedures in school.

3.4. The Head of School will: -

- 3.4.1. ensure that all First Aider's qualifications and insurance (provided by the school) are always up to date.
- 3.4.2. ensure that first aid cover is available throughout the working hours of the school week.
- 3.4.3. ensure that they always obtain the history relating to a pupil not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the pupil to feel unwell.
- 3.4.4. ensure that in the event that an injury has caused a problem, the pupil must be referred to a First Aider for examination.
- 3.4.5. ensure that the Serious Incident Form PO3 is completed by all relevant parties.
- 3.4.6. at the start of each academic year, provide the first aid team with a list of pupils who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness or allergy which may be relevant.
- 3.4.7. have a file of up to date medical consent forms for every pupil in each year and ensure that these are readily available for staff responsible for school trips/outings.

3.5. Teachers will: -

- 3.5.1. familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are.
- 3.5.2. be aware of specific medical details of individual pupils which should be made accessible to all staff.
- 3.5.3. ensure that their pupils are aware of the procedures in operation.
- 3.5.4. never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- 3.5.5. send for help to the School Office as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- 3.5.6. reassure, but never treat, a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.

3.5.7. ensure that they have a current medical consent form for every pupil that they take out on a school trip which indicates any specific conditions or medications of which they should be aware

3.5.8. have regard to personal safety

3.6. Office Staff will: -

3.6.1. If needed, call for a qualified First Aider, unless they are one themselves, to treat any injured pupil, parent or member of staff or other adults giving the specific location of the casualty.

3.6.2. support the First Aiders in calling for an ambulance or contacting relatives in an emergency.

3.7. Parents will: -

3.7.1. assume in the event of an accident basic first aid treatment will be given to their child by a first aider.

3.7.2. be informed of any head injury/serious incident and the treatment given.

3.7.3. inform the school of any specific medical needs, asthma, allergies or any specific requirements.

3.7.4. ensure any medication is in date and given to a member of staff e.g. epi-pens/asthma inhaler.

3.7.5. complete the Administration of Medicines Form.

3.8. In relation to First Aid equipment: -

3.8.1. This will be kept in designated areas across the school.

3.8.2. Asthma boxes should be kept in classrooms with clearly labelled bags and log forms for each child.

3.8.3. Asthma boxes should be available to children during PE lessons/trips etc.

3.8.4. First Aid boxes are to be stocked by school staff.

3.8.5. Resources are to be ordered by school staff.

ADMINISTRATION OF MEDICINES

4. Responsibility for administration of medicines

- 4.1. Parents are responsible for their child's medication. The Head of School is normally responsible for deciding whether the school can assist a child who requires medication.
- 4.2. It is the responsibility of parents to inform the school whenever the pupil is receiving prescribed medication. This applies to medication prescribed on both a regular and intermittent basis.
- 4.3. Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.

5. Types of medication to be administered

- 5.1. Non-prescribed medicine (including analgesics such as paracetamol) can be administered by trained school staff with written consent from the person with parental responsibility for the pupil. See page 20 of Statutory Guidance on Supporting Pupils at School with Medical Conditions.
- 5.2. No child will be given any prescription medicines without written parental consent except in exceptional circumstances
- 5.3. A child under 16 will not be given medication containing Aspirin, unless prescribed by a doctor.

6. Consent arrangements

- 6.1. No medication should be given to a pupil without written consent obtained from the person with parental responsibility for the pupil. Procedures must be in place to ensure that this consent is obtained in all cases.
- 6.2. These medicines need to be clearly labelled with the child's name and administration details. The Permission Form and Care Plan (if appropriate) should be available with the medicine and with any other appropriate information staff may need.

7. Delivery, receipt, labelling and storage.

- 7.1. Medicines must always be provided in the container as originally dispensed or purchased (except in the case of insulin which may come in a pen or pump). This should be clearly marked with the pupil's name, date of dispensing / purchase and the name of medication, and include instructions for administration. If prescribed, the label on the container supplied by the pharmacist must not be altered under any circumstances. Medicines which do not meet these criteria will not be administered.
- 7.2. A maximum of four weeks' supply of the medication may be provided to the school at one time.
- 7.3. Consideration should be given to arrangements for the safe delivery of medicines into the establishment, in their original dispensed container. Pupils may not bring in their own medication. Therefore, parents or carers should hand this directly to the school office staff.

- 7.4. Except as detailed in the preceding sub-clause medication must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicine cupboard/cabinets must be of a suitable size to store all medication, and have a quality lock fitted where this is assessed as required. In the event of storage of a controlled drug the storage container must be secured to a wall when not in use.
- 7.5. Rooms in which drugs are kept should not be accessible to pupils. For example, drugs requiring refrigeration should be stored, clearly labelled in a box in a fridge in a staff room not used by pupils, unless special secure storage requirements are necessary. The storage of drugs should be considered in the context of the establishment's COSHH and Security Risk Assessment process. If the school locks away medicine a pupil might need in an emergency, all staff should know where to obtain keys.
- 7.6. Individuals who have an Individual Health Care Plan who are known to be possible emergency cases but do not administer their own medication, should have their medicines stored securely as close as is reasonably practicable to their classroom. Access to medication and emergency procedures are important issues to consider when planning journeys out of establishment.
- 7.7. **Schools should never accept medicines that have been taken out of the container as originally dispensed, nor should they make changes to dosages on parental instructions.**

8. Disposal of medicines

- 8.1. Parents should ensure that medicines given to a Ventrus School on a child's behalf are "in date" for the period of administration. Non-residential settings should not dispose of any medication. Therefore, if medicines become out of date or the treatment ceases, parents should be informed immediately and asked to collect, dispose and replace if necessary.

9. Health Care Plans

- 9.1. It is important that responsibility for the pupil's safety is clearly defined and that each person involved with individuals with medical needs is aware of what is expected of them. Close co-operation between children, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children and pupils with medical needs.
- 9.2. A pupil with specialist needs may require a Health Care Plan to be produced in consultation with establishment staff, parents, registered nurse and the paediatrician. The main purpose of an individual health care plan for the pupil with medical needs is to identify the level of support that is needed, who will carry that support and how the setting will deal with any problems or emergencies.
- 9.3. This document should be made known to all members of staff who may be involved in administering medicines to pupils. Establishments will need to produce clear and unambiguous procedures and arrangements based on this guidance to ensure that individuals with medical needs receive proper care and support whilst at a Ventrus School and whilst taking part in a Ventrus planned activity in other locations.

10. Refusal to take medication

- 10.1. If the pupil refuses to take medication, staff should not force them to do so. The establishment should inform the parents as a matter of urgency. If a refusal to take medicines results in an emergency, the establishment's emergency procedures should be followed.

11. Equipment

- 11.1. All medical equipment may need to be locked away, however, a risk assessment needs to be undertaken for individuals as to their ability to manage their condition and carry or access equipment themselves. For example, in the case of a diabetic, where blood and urine testing equipment may be needed urgently.

12. Employee Health & Safety Issues

- 12.1. This guidance should also be read in conjunction with DfES guidance "Managing Medicines in Schools and Early Years Settings", the DCC HS0026 Infection Control Guidance Note and the Ventrus Supporting Pupils with Medical Conditions Policy.

13. Liability

- 13.1. Neither Ventrus Multi Academy Trust nor the relevant individual school or its employees cannot be held responsible for side effects that occur when medication is taken correctly.

14. Off-site activities

- 14.1. It is good practice for establishments to encourage individuals with medical needs to participate in off site visits, trips and sporting activities. However, in such circumstances where additional risks and difficulties may be encountered, careful planning is required, and a suitable risk assessment should be carried out.
- 14.2. Where required, staff will take charge of the medicines and return the remainder on return to the setting or to parents, as appropriate. Where a pupil is self-medicating this should continue whilst on an off-site visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the pupil.
- 14.3. Individual health care plans should include instructions as to how to manage in an emergency, and identify the role and responsibilities of staff during the emergency.
- 14.4. Where possible staff and other pupils should know what to do in the event of an emergency, and all the staff should know how to call the emergency services.
- 14.5. A member of staff should always accompany a pupil taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- 14.6. Staff should never take children to hospital in their own car unless accompanied by another member of staff and only then in extreme emergencies and where adequate insurance exists.

15. Training

- 15.1. As the vast majority of medicines are given by mouth in liquid form, or as tablets, little or no training is required. However, in some circumstances, medicine may be given by other routes. If a member of staff volunteers to assist a service user with invasive medical needs, the Manager should arrange appropriate training through the Public Health Nursing Service.
- 15.2. First Aid arrangements in the establishment should cover aspects of risk which the administration of medicines could present, e.g. what to do if the individual has an asthma attack, epileptic fit or a severe allergic reaction. If there are pupils with disabilities, long standing medical conditions or allergies which require special attention, individual advice should be sought.

16. Specific Medical Conditions

- 16.1. **Asthma:** Asthma can be a life threatening condition and an attack can start very rapidly. It is essential that a pupil with asthma have immediate access to their reliever inhalers when they need them e.g. carried by the pupil. If the parents wish this, it should be specifically mentioned in their written request. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the individual's name. Some people may require some assistance when using their inhaler and some are usually able to decide for themselves when to use their inhalers and how to do so. Most pupils with asthma should have a written Asthma Plan and this will be followed up by the Asthma Management Nurse. Further advice is available from Asthma UK, website: www.asthma.org.uk, who has produced an Information Pack. A free copy can be obtained by telephoning 0207 704 5888.
- 16.2. **Diabetes:** Most individuals with diabetes have the condition controlled by injections of insulin morning and night and will not generally require injections at the establishment. Most pupils are taught to do their own injections from an early age but may require supervision if very young. Parents will need to indicate the requirements. It is important that establishments should know if a pupil is diabetic and what measures need to be taken in the case of hypoglycaemia (low blood sugar). All pupils with diabetes are supported by Paediatric Clinical Nurse Specialists who are happy to provide advice. Further information is available from Diabetes UK which has information on Diabetes in Establishments. A downloadable version is available on www.diabetes.org.uk. Copies can also be ordered by telephoning 0800 585 088.
- 16.3. **Epilepsy:** Most medication for epilepsy is programmed to be given outside school hours. Pupils with epilepsy sometimes require a dose of an emergency anti convulsant in the event of a seizure. This may be in the form of a rectal suppository. Members of staff willing to administer rectal suppositories will require appropriate training. However, pupils who require emergency anti-convulsions can be given medication by mouth. An Individual Health Care Plan may be required. Sapphire Nurses can support those with epilepsy. Further information can be obtained from the National Society for Epilepsy and the British Epilepsy

Association has information for schools called "Epilepsy – A Teacher's Guide" available from www.epilepsy.org.uk or telephone 0808 800 5050.

- 16.4. **Anaphylaxis:** Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. In the most severe cases of anaphylaxis the medication prescribed may include antihistamine, adrenaline injection, Epinephrine. Pre-loaded injection kits are available and staff willing to administer the medication should receive appropriate training. An Individual Health Care Plan for a pupil with this condition is recommended. The anaphylaxis campaign website contains 'Guidance for Schools' and a sample protocol. www.anaphylaxis.org.uk and a helpline is available 01252 542029.
- 16.5. **Attention Deficit and Hyperactivity Disorder (ADHD):** Pupils who have had a formal diagnosis as having ADHD, in some cases, have medicine prescribed by a child psychiatrist or paediatrician. Further information is available from the NHS Direct website www.nhsdirect.nhs.uk.

17. Record Keeping:

- 17.1. Clear records will be maintained of all prescribed medicines brought into the school by using the 'Record of Medicines Administered to children or young person form (ED2Y 94)'.
- 17.2. The 'Parental Agreement for School to Administer Medicine' Form will:
- Be in an approved format
 - Show the name of the person for whom the medicines were supplied
 - Give the name of the medicine supplied
 - Detail of the quantity supplied to school
 - Detail the amount administered each time
- 17.3. Entries on the 'Record of Medicines Administered to children or young person form (ED2Y 94)' Must:
- Be made in ink
 - Be in chronological order and made at the time of administration
 - Show the name of the person who accepted the medication
 - Show the name of the person for whom the medication was prescribed
 - Show the amount of the medication administered

18. Epi-pens and inhalers

- 18.1. These are considered to be part of our first aid provision, however they must all be entered into the Medicines Register as above if used.

- 18.2. All staff are expected to familiarise themselves with the children in school who need epi-pens
- 18.3. Details of all serious medical conditions and allergies should be accessible to all staff.
- 18.4. All staff are expected to familiarise themselves with those children who may need an inhaler.
- 18.5. Children with inhalers are expected to have been educated in their use by parents or carers.