



Medical Policy & First Aid in Schools (page 8)

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Policy Originator	Lisa Rawashdeh
Governor Responsible	Robert Burton
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MANAGING MEDICINES AND SUPPORTING CHILDREN WITH MEDICAL NEEDS

This policy is in line with DFE 'supporting pupils at school with medical conditions' September 2014

Introduction

1. Our aim is to ensure that all children with medical conditions, in terms of both physical and mental health are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

1.1 We recognise that children may require on-going support, medicines or care while at school to help them manage their condition and keep themselves well.

1.2 At Ferry Lane Primary School we receive and fully consider advice from health care professionals and listen to and value the views of parents and pupils. We recognise the social and emotional implications associated with medical conditions and will support children and families to achieve the best outcomes possible.

1.3 Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may have special educational needs (SEN) and may have a Statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

1.4 The Head teacher, governors and staff of Ferry Lane Primary school wish to ensure that children with medication needs receive appropriate care and support in order to play a full and active part in their school life.

Roles and Responsibilities

2. The Head teacher - ensures that the school's medical policy is developed and effectively implemented with partners. That school staff are aware of the policy and understand their role in its implementation.

2.1 The Head teacher retains overall responsibility for the development of health care plans. However, the day to day management of health care plans has been delegated to the school office working in partnership with parents, SENCO, health care professionals and where appropriate social care professionals.

2.2 The Head teacher makes sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

2.3 The Head teacher will liaise with the SENCO and Office staff to monitor the effectiveness of medical provision. This will help identify any further training/advice needed for staff supporting children with medical conditions. It will ensure sufficient trained staff are available to implement the policy and will adapt to any new situations to promote best outcomes for children.

School Staff

2.4 Any member of school staff may be asked to provide support for pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

2.5 School staff undertaking medical duties will receive sufficient training to undertake medical tasks and will achieve the necessary level of competency before they take on responsibility to support children with medical needs.

2.6 Staff should not give prescription medicines or undertake health care procedures without appropriate training.

2.7 The Special Educational Needs Coordinator (SENCo) supported by the school office is responsible for arranging staff training and ensuring that all relevant staff are made aware of the child's medical condition. Risk assessments will be carried out for school trips, residential stays and other school activities.

2.8 Where a child is returning to school following a period of hospital education or alternative provision school staff will work closely with parents and other partners to ensure a successful and smooth reintegration.

2.9 The School Nurse takes the lead in writing health care plans and will meet with parents and staff to devise and review them, providing training and advice where necessary.

2.10 Specialist health care professionals may provide advice on developing health care plans and support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils

2.11 Pupils are often best placed to provide information about how their condition affects them and should be fully involved in discussions as much as possible about their medical support needs. This will include encouraging children who are competent managing their own medicines and procedures as reflected in their health care plans

Parents

2.12 Parents should provide the office with the most up to date information about their child's medical needs.

2.13 Parents should work in partnership with the school and health care professionals to develop and review the health care plan.

2.14 Parents should carry out any actions identified on their child's health care plan and/or medical requirements e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

2.15 Parents will ensure they adhere to the following school guidelines:

- Provide complete written and signed instructions for any prescribed medication as without this the school cannot administer them. This forms part of the health care plan.
- Keep their children at home if acutely unwell or infectious for the recommended period of time.
- Provide reasonable quantities of medication at a time (for example, a maximum of four weeks supply at any one time).
- Where the pupil travels on school transport with passenger assistants, parents should ensure they have written instructions relating to any medication (the health care plan) sent with the pupil, including medication for administration during respite care.
- Renew any medication when supplies are running low and ensure that the medication supplied is within its expiry date.
- Deliver each item of medication to the office in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

Pupil's Name

Name of medication

Dosage

Frequency of administration

Date of dispensing

Storage requirements (if important)

Expiry date

- Notify the school/ in writing if the pupil's need for medication has ceased.
- Abide by the rule that the school cannot administer any medicines that have not been prescribed by a Doctor.

Local Authority

2.17 Local authorities have a duty to commission school nurses and to promote cooperation between relevant partners with the view to improving the wellbeing of children.

2.18 Local authorities provide advice, support and training to ensure that support specified within health care plans is delivered effectively.

2.19 Local authorities have a duty to make arrangements when it is clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year) because of health needs.

The Governing Body

2.20 The Governing body will ensure that this policy clearly identifies the roles and

responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

2.21 The Governing body will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. This includes ensuring staff have adequate training.

Training

3.1 Whole staff awareness training regarding supporting children's medical needs will be carried out at the beginning of each year and at any point that a child with medical needs joins the school.

3.2 New members of staff and volunteers will have this training as part of their induction package. Arrangements for this have been set out in the [Induction Policy](#).

Procedures for managing medicines

4.1 Medicines should only be administered in school when it would be detrimental to a child's health or school attendance not to do so.

4.2 A child under the age of 16 should never be given medicine containing aspirin unless prescribed by a doctor.

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

4.4 All medicines must be prescribed by a doctor and in the original container. They must be in date, labelled with the child's name, instructions for administration, dosage and storage. The exception being insulin which still must be in date but will generally be available to schools inside an insulin pump or pen, rather than in the original container.

4.5 All medicines will be stored safely in the medical room. Children and staff will know where their medicines are kept and must be able to access them immediately. Health care plans, medicines and equipment will accompany children on all trips.

4.6 Staff may administer a controlled drug to the child whom it has been prescribed by a doctor. A record will be kept and instructions will be followed.

4.7 Medicines no longer required will be returned to parents to arrange for safe disposal. Sharps boxes are available in the medical room for the safe disposal of needles.

4.8 If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

4.9 The school has made arrangements to hold an emergency Salbutamol inhaler for the use of children diagnosed with asthma, whose prescribed inhaler is not available for various reasons in the event of an emergency. Emergency inhalers will only be administered to students for whom

written parental consent has been given. When an emergency inhaler has been used, parents will be notified on the day.

4.10 The school has made arrangements to hold emergency Adrenaline Auto-Injectors (AAIs) for the use of children diagnosed with allergies and prescribed AAIs, whose prescribed AAI is not available for various reasons in the event of an emergency. Emergency AAIs will only be administered to students for whom written parental consent has been given unless on the advice of a 999 call handler. When an emergency AAI has been used, parents will be notified immediately.

Unacceptable practice

5.1 Ferry Lane Primary School follows Department for Education guidelines which state schools must make explicit the following *unacceptable practices*:

- Preventing children from accessing their medication.
- Assuming every child with the same condition requires the same treatment.
- Ignoring views of the child and parent (although this may be challenged).
- Sending children with medical conditions home frequently or preventing them from staying for normal school activities , unless this is specified in the health care plans.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if absences are related to their medical condition e.g. hospital appointments.
- Preventing children from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition effectively.
- Requiring parents to attend school to administer medication unless directly agreed between the parent and school.
- Preventing children from participating in any aspect of school life.

Complaints Procedure

6.1 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school.

6.2 If for any reason this does not resolve the issue a complaint should be made via the school's complaint procedure. Please request a copy of this from the school office.

Health Care Plans, Medical One Page Profiles and Medical Register

7.1 Health care plans ensure that the focus remains on the individual child's needs and consider how their medical condition impacts on their school life.

7.2 Health care plans provide clarity of what actions need to be taken, when they need to be carried out by and whose responsibility these actions are.

7.3 When the school is notified that a new pupil has a medical condition, or an existing pupil has a new medical condition, the SENCo and office will meet with parents and health care professionals. Decisions will be made as quickly as possible regarding staff training or support (and transition arrangements if applicable) and these actions will be kept under review according to the needs of the individual child.

7.4 All health care plans are reviewed annually. This process is overseen by the SENCO.

7.5 All children with health care plans are listed on the school's medical register. This is an overview of all the children with medical conditions, what medication they require, the medication's expiry date, the date the health care plan was last reviewed and where applicable, whether written consent has been obtained for emergency inhalers and AAIs.

7.6 All children with health care plans also have medical one page profiles. These include a photo of the child, their name, their condition and what to do in various circumstances. These are kept in the medical room and in individual folders for each class. For children with allergies, these are also displayed in the kitchen.

This Policy will be reviewed annually.

First Aid Policy

A) POLICY

1.0 INTRODUCTION.....	1
2.0 DEFINITIONS	1
3.0 ROLES AND RESPONSIBILITIES.....	1
4.0 ASSESSMENT OF FIRST AID NEEDS.....	2
5.0 MANAGEMENT OF FIRST-AID FACILITIES	2

6.0 FIXED AND PORTABLE FIRST-AID BOXES.....	2
7.0 FIRST-AID ROOMS AND TREATMENT AREAS.....	3
8.0 FIRST-AID TRAINING	3
9.0 PROVISION OF FIRST AIDERS	4
10.0 CATEGORIES OF INCIDENTS AND PROCEDURES.....	4
11.0 FIRST-AID RECORD KEEPING.....	6
12.0 DUTY TO INFORM STAFF OF FIRST-AID ARRANGEMENTS.....	6

1.0 INTRODUCTION

1.1 The purpose of this First Aid Policy is to enable the school to effectively meet the requirements of the Health and Safety (First Aid) Regulations 1981 and in doing so to:

- Provide for the immediate needs and requirements of staff and students who have sustained either a serious or a minor injury
- Ensure that adequate resources and arrangements are in place to deal with injuries/accidents as they arise
- Ensure lines of communication with parents/guardians are in place if required
- Activate a known plan of action with which all staff are familiar

1.2 The School shall inform employees of the first-aid provisions made for staff, including the position of equipment, facilities and names of designated first aiders.

1.3 The treatment of minor illness by the administration of medicines and tablets falls outside of the definition of first aid in the Regulations and the School will not permit the presence of any such medication in designated first-aid boxes. Please refer to the Managing Medicines Policy for more information.

2.0 DEFINITIONS

2.1 **'First aid'** means medical treatment for an injured person for the purpose of preserving and stabilising life and minimising the consequences of injury or illness until further medical treatment can be administered.

2.2 **'First aider'** means: a person who holds a valid First Aid at Work Certificate or equivalent qualification.

3.0 ROLES AND RESPONSIBILITIES

- The overall responsibility for the day-to-day management of school rests with the Head Teacher.
- The class teacher is responsible for classroom supervision and all staff on break duty are directly responsible for the supervision of pupils at break time.
- The school's Health and Safety Officers are the Headteacher, the Deputy Head Teacher and the Premises Managers.
- The Deputy Head Teacher is responsible for ensuring training is up to date.

4.0 ASSESSMENT OF FIRST-AID NEEDS

4.1 The Head Teacher shall make an assessment of first-aid needs appropriate to the circumstances of the school. The Head Teacher will need to assess what facilities and personnel are appropriate, and to justify the level of first aid provision. Where necessary and relevant, all staff will be trained on how to administer aspects of first aid e.g. epi-pens.

4.2 Where the first-aid assessment identifies a need for employees to be trained as first aiders, the Head Teacher shall ensure they are provided in sufficient numbers at appropriate locations to enable first aid to be administered without delay should the occasion arise. **All designated first aiders must re-qualify every 3 years. This means re-qualifying before the end of the third year when the certificate is no longer valid. It is the responsibility of the DHT to ensure they are booked onto the course before expiry of the certificate.**

4.3 All staff will ensure that they have read the school's First Aid Policy, and sign the training record to say they have done this.

5.0 MANAGEMENT OF FIRST-AID EQUIPMENT

5.1 It shall be the responsibility of Sherone Miller to ensure the provision of materials, equipment and facilities needed for the level of cover required. This will include ensuring that first-aid equipment, suitably marked and easily accessible, is available in the agreed designated areas. Where additional or replacement material or equipment is required, staff should speak to Sherone Miller about ordering more items immediately. Sherone Miller will also ensure that all out of date items are discarded and replaced. These need to be checked on a regular basis i.e termly.

5.2 Although Sherone Miller is responsible for maintaining and checking the first aid equipment, it is also expected that before going on duty/ on a school visit etc, first aiders shall take responsibility for ensuring their first-aid box and first-aid bag contents are sufficient.

6.0 FIXED AND PORTABLE FIRST-AID BOXES

6.1 All School first-aid boxes and first-aid bag are coloured green and are identified by a white cross on a green background. This conforms to the Safety Signs and Safety Signals Regulations.

6.2 Each fixed box should be placed where it can be clearly identified and readily accessible. Portable First Aid Boxes are located:

- In each of the three corridors
- in the main school office
- in the First Aid room
- in EYFS

- Portable First Aid kits are taken on educational visits and are available from the School Office.

6.3 The boxes should contain a sufficient quantity of suitable first-aid materials. According to DFE guidance, as a minimum, First Aid Boxes should contain: micropore tape, scissors, triangular bandage, wound dressing, plasters, instant ice pack and gloves. **No medicinal substance or materials are permitted within a first-aid box. This includes items such as antiseptic sprays, lotions, suntan oil, etc.**

6.4 Individually wrapped sterile moist wipes, not impregnated with alcohol or antiseptic, may be used.

6.5 Blunt ended stainless steel scissors should be kept in the boxes in case there is the possibility that clothing may have to be cut away prior to first aid treatment.

6.6 Where tap water is not available for use as an eye wash only sterile water, sterile normal saline or sterile normal saline eye irrigation should be provided near the first-aid box. **Eye baths/cups/refillable containers should not be used for eye irrigation.**

6.7 Where medicines have to be held by a manager for safety/security reasons, a separate container must be used. This is in the school office. A register of contents must be kept up to date.

Any person may dispense medicines if they have permission from their line manager to do so.

7.0 FIRST-AID ROOMS AND TREATMENT AREAS

7.1 According to DFE guidance, where first-aid needs to be administered in a room, it should be administered in the school office or the first aid room which will:

- (a) be large enough to hold necessary equipment;
- (b) have washable surfaces and adequate heating, ventilation and lighting;
- (c) be kept clean, tidy at all times;
- (d) be positioned as near as possible to a point of access for transport to hospital;
- (e) display a notice on the door advising of the names, locations and telephone numbers of first aiders
- (f) have a sink (with hot and cold water if possible);
- (g) have drinking water and disposable cups;
- (h) have soap and paper towels;
- (i) have a suitable container (preferably foot operated) lined with disposable waste bags

All children in KS1 sent out of class for First Aid to be treated inside the office.

This means that, if needed, First Aid can also be administered in a classroom.

The office has:

- (j) a store for first-aid materials;
- (k) a telephone or other communication equipment; and
- (l) Disposable gloves and aprons, should be provided near the first-aid box. These will be used to protect the first aider from contact with body fluids.
- (m) a First-Aid Record Book for recording incidents where first aid has been given.

At all times the dignity and feelings of the patient must be respected.

8.0 FIRST-AID TRAINING

8.1 The DHT will arrange training for the qualification and re-qualification of first aiders.

8.2 Before being nominated the designated first aider by their manager, a first aider must hold a valid First Aid at Work Certificate of competence or an equivalent qualification. In the event of an unqualified person being nominated to be responsible for first-aid duties, they will be required to undergo a suitable course of training.

9.0 PROVISION OF FIRST AIDERS

9.1 There shall be a minimum of 3 first aiders or appointed persons within the school. At least one first aider will be on duty at playtimes and there will always be a first aider in the office in lesson time. In addition to this, there will be another trained first aider to cover absences and busy periods.

9.2 Consideration must also be made to ensure first-aid cover during absences, such as annual leave and sickness. This is the responsibility of the DHT.

10.0 CATEGORIES OF INCIDENTS AND PROCEDURES

Any pupil complaining of illness or who has been injured is sent to the School Office for the qualified First Aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided. Should the child be too ill to stay at school, parents should be contacted as soon as possible so that the child can be collected and taken home.

10.1 Minor Accidents and Injuries

The adult in charge initially looks after the injured party. If deemed necessary, a person other than the teacher will take the child to the 'First Aid Station', which is the School Office. No medicines are administered but cuts are cleaned with sterile un-medicated wipes and bandages are applied if deemed appropriate. The use of disposable plastic gloves is mandatory at all times.

Minor Cuts and Bruises Method: In all cases of injury it is understood that there is at least one adult present:

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may clean the wound.
- Class teacher is informed by the first aider.
- Teacher observation is maintained

Sprains/Bruises

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may implement the process of rest, ice, compress and elevate
- If in doubt, parent/s are contacted
- Teacher observation is maintained

10.2 More Serious Accidents and Injuries

If considered safe to do so, the injured party is taken to the First Aid Station. Parents are immediately informed, particularly if there is a suspicion of broken bones/head or eye injuries. The child is kept under close observation until parents arrive, with the emphasis on making the child as comfortable and as settled as possible.

Stings/Bites

- If case is serious, parent/s are contacted – no stings should be removed.

Faints and Shocks

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may implement the process of:
- Lie the casualty down
- Raise the legs above the level of the heart
- Loosen any tight clothing
- Ensure there is fresh air
- Keep crowds away
- Reassure casualty when they recover
- Contact parents – the pupil should go home

10.3 Very Serious Injuries

In the event of a very serious injury, parents/guardians are immediately contacted. If the considered opinion of the staff is that immediate professional help is required, an ambulance is called. A senior member of staff should then be informed.

Parents are kept informed of developing situations. Very serious injuries are considered to be:

Severe Bleeding Burns/Scalds Unconsciousness

The event is subsequently recorded in the Accident Report Book by the appointed First Aider who deals with the incident.

The First Aid Policy is based on collective teacher input. All staff automatically assist the teacher on break duty and the first-aider in the case of a serious injury.

11.0 FIRST-AID RECORD KEEPING

11.1 It shall be the responsibility of the Admin officer, or other nominated officer, to ensure that procedures are in place for the immediate recording of any injury as required by the Social Security Act 1975 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

11.2 After administering treatment, first aiders will ensure they adhere to the School arrangements for record keeping and accident reporting, as detailed below. Each first

aider must receive appropriate instruction to enable them to carry out this responsibility during first-aid training.

11.3 All head injuries and treatment are reported on a pink slip, kept in the First Aid Room.

The information recorded will include

- i) date, time and place of incident;
- ii) name and, where relevant, job title of the injured or ill person;
- iii) details of the injury/illness and what first aid was given;
- iv) what happened to the person immediately afterwards e.g. went home, went back to lessons, went to hospital, etc; and
- v) name and signature of the first aider or person dealing with the incident.

11.4 Parents are informed of a head injury via the incident and illness report slip. The slip outlines the injury and symptoms to look out for.

11.5 Admin team contact parents by phone if they have concerns about the injury.

11.6 Staff should complete the accident book if they sustain an injury at work. An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.

12.0 DUTY TO INFORM STAFF OF FIRST-AID ARRANGEMENTS

12.1 All staff must be informed of the location of first aiders, appointed persons, equipment and facilities.

12.2 The Premises Manager must ensure that a notice giving the names of first aiders, their location and telephone number and the location of first-aid boxes, is posted in each of the following locations:

- Staffroom
- School Office
- EYFS – the main entrance
- Corridor outside School office
- Hall – outside the kitchen

Notices will be inspected and kept up-to-date by the Office manager as part of the regular health and safety inspections.

In the event of bodily fluid spillage e.g blood, vomit:

Initial Clean Up Procedure

- Get some disposable gloves from the nearest First Aid kit.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a yellow bag

- Put more absorbent towels over the affected area and then contact a first-aider for further help.
- The bag that has had the soiled paper towels put in, then needs to be tied up and double bagged and put in an outside bin.
- Any article of clothing that has been contaminated by the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- If a cleaner is not immediately available then a disposable cleaning kit will need to be used.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Procedure for Blood and Other Body fluid Spillage

- Gloves to be worn at all times
- Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin (Yellow bag). If not available then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.

- When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so as to absorb the spill.
- Contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- Wash hands.
- All yellow bags to be disposed of in Yellow bins as the school could potentially be fined if not adhered to.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Action To Take

- If broken skin, discourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to a member of the Senior Leadership Team.
- If necessary take further advice from NHS Direct.