

<b>First Aid and Medications Policy</b>	
Policy Ref:	Gen 008
Status	
Purpose	To ensure all staff are aware of procedures to follow when dealing with emergency or planned intervention for children.
Committees	Staff and Pupil Well Being
Other linked policies	Safeguarding
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## First Aid Introduction

### 1. General statement

First Aid is the skilled application of accepted principles of treatment on the occurrence of any injury or sudden illness, using facilities or materials available at the time. It is the approved method of treating a casualty until placed, if necessary, in the care of a doctor or removed to hospital. First Aid treatment is given to a casualty to preserve life, to prevent the condition worsening and to promote recovery.

At Discovery Academy we believe 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.

**Workplace First Aiders at Discovery Academy are: Marie Kirkbride and Alan Evans.**

**The Paediatric First Aiders are: Kathryn Sullivan, Julie Mayers, Holly Concannon, Kaylee Fawcett and Hannah Flynn.**

### The aims of this policy are to:

- Give clear structures and guidelines to all staff regarding all areas of first aid
- Clearly define the responsibilities and the staff
- Enable staff to see where their responsibilities end
- Ensure good first aid cover is available in the school and on visits

### 2. The legal position

Our duty to provide first aid at work is governed by the Health and Safety (First Aid) Regulations 1981. These require us to carry out a risk assessment in order to determine what first aid facilities and personnel are necessary to meet the needs of our business. We are also required to review this assessment periodically to ensure that current provision is adequate.

In order to comply with these regulations, our assessment has considered a number of factors, including the following:

- size of the academy
- type of business
- building layout
- past history of accidents
- proximity of business location to emergency medical services
- needs of travelling and/or lone workers
- Ongoing medical conditions of pupils and staff
- first aid cover in times of sickness or annual leave

### 3. Responsibilities of first aid personnel

Trained and qualified First Aiders are those members of staff who have attended a course of training on first aid (ie First Aid at Work, Paediatric First Aid or Refresher Course) and have a valid current first aid certificate issued by an organisation approved by the Health and Safety Executive under the Health and Safety (First Aid) regulations 1981.

The First Aid certificate is valid for three years and has to be updated by means of a refresher course. The duties of the trained and qualified first aiders are:

- To assess the situation where there is an injured or ill person
- To give immediate, appropriate treatment bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention
- To arrange, without delay, for the casualty to be transported to a doctor, hospital or home, according to the seriousness of the condition
- The first aider's responsibility ends when the casualty is handed to the care of the doctor, a nurse or other appropriate person.
- The first aider should not leave the incident scene until they have reported to whoever takes charge and have ascertained whether they could be of any further help.
- Ensure that there is an adequate supply of all the prescribed materials in the first aid boxes and kits and that the contents of first aid boxes and kits are replenished after use and the items are not used after the expiry date which is shown on the packets.
- Complete the Accident Report Folder
- The treatment of minor illnesses such as the administration of tablets and/or medicines falls outside the definition of first aid. (Guidelines on the administration of medicines are provided for parents on the school website).

#### **4. Procedures**

The following are general first aid-related procedures to be followed by all staff:

- If you are aware that a child or an employee has been taken ill, or has had an accident, call a named first aider for assistance. You should not attempt to give first aid treatment yourself
- No employee should use their private car to transport a casualty to hospital. If an ambulance is not required, then a taxi is to be used
- If you need to access a first aid kit for personal use, seek assistance from a first aider
- Do not remove first aid equipment from its designated place
- Any loss or damage to first aid equipment must be reported to the Associate Principal Mrs Oldham.
- If a first aid kit is poorly stocked, this should be reported to the named First Aiders

#### **5. Dealing with visitors**

It is our policy to offer first aid assistance to visitors to our premises. Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for a first aider/appointed person. If the visitor has had an accident the Associate Principal is responsible for ensuring that an entry is made in the accident book/form.

#### **6. Staff training**

All staff undertaking first aid duties will be given training in accordance with current legal requirements. This means that a first aider will attend an approved Health & Safety Executive course. Our first aid needs assessment has determined that we need at least five first aiders who have attended the First Aid at Work (FAW) course. Training is organised by the Associate Principal who also ensures that first aiders attend requalification courses every three years.

#### **7. Information for employees**

We acknowledge that first aid arrangements will only operate efficiently where they are understood, both by employees and others who may be working on our premises. These include part-time and temporary staff. For this reason, information on how to summon first aid is provided for all new staff.

Information on the current first aiders is displayed on standard green and white signs within our premises. These can be found in the following locations: In each classroom, Hall and mobile. First aid boxes can be found in the following areas:

- Foundation Stage
- Admin Office (portable kit for trips etc)
- Medical Room

### **Record Keeping**

Log cards are kept in the main school office and the Foundation Stage. These should be completed for any child who has had a minor accident i.e. banged head, cut on hand etc. A slip detailing the incident will be sent home with the child to inform parents. An accident book is kept in the main school office and should be completed when there has been a more serious accident i.e. broken bone/deep cut etc. (when taken to hospital Guidance should be sought on whether a Riddor Accident Log is required).

## Medical Introduction

### 1. General Statement

This policy sets out the steps that Discovery Academy will take to ensure full access to learning for all children who have medical needs when attending school. It has been devised in light of the DfES guidance Managing Medicines in Schools and Early Years Settings issued March 2005. The guidance and model policy draw directly on advice contained within the DfES publication Managing Medicines in Schools and Early Years Settings: DfES/Department of Health 2005 Ref 1448-2005 DCL-EN. The DfES publication provides updated guidance on managing medicines in schools and early years settings, and replaces the earlier DFEE/DoH guidance Supporting Pupils with Medical Needs: a Good Practice Guide, and circular 14/96 Supporting Pupils with Medical Needs in School, which were published in 1996.

#### The aims of this policy are to:

- To ensure the safe administration of medicines to children where necessary and to help to support attendance
- To ensure the on-going care and support of children with long term medical needs via a health care plan
- To explain the roles and responsibilities of school staff in relation to medicines
- To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage
- To outline the safe procedure for managing medicines on school trips

### 2. Managing prescription medicines that need to be taken during the school day

- Parents/carers must provide full written information about their child's medical needs.
- Parents/carers must provide written information of the responsible adult who will collect and deliver the medication to school.
- Short-term prescription requirements must only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. Where possible it is the responsibility of parents/carers to arrange the timing of medication so that it is not necessary for it to be administered during the school day.
- The school will only administer medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines must always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
  - Name of child
  - Name of medicine
  - Dose
  - Method of administration
  - Time/frequency of administration
  - Any side effects
  - Expiry date
- The school will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosage.
- Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions.
- For the safety of others all controlled drugs will be kept in a locked, non-portable container, in the office. Only named staff will have access to this container. A record of access to the container will be kept. This record will be audited by the Executive / Associate Principal once every term.
- All medicine will be collected by the parents/carers or nominated responsible adult when no longer required. It is the responsibility of the parents/carers to dispose of the medicine in a safe manner.
- The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

### 3. Procedures for managing prescription medicines on visits and during other activities

- The school will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits and during other activities.
- Where necessary planning arrangements for visits and other activities will be made in consultation with the parents/carers. Further advice may be sought from the school health service or, with permission from the parents/carers, from the child's GP or specialist nurse.
- Where appropriate a specific risk assessment will be completed before the visit or other activity takes place.
- The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE will be recorded on his/her Health Care Plan.
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising activities must be made aware of relevant medical conditions, and will consider the need for a specific risk assessment to be made.

#### **4. The roles and responsibilities of staff managing medicines, and for administering or supervising the administration of medicines**

- The administration of medicines will include arrangements for storage, record keeping and supervision.
- Close co-operation between schools, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- It is important that the arrangements for a child's medical needs are clearly defined.
- It is the duty of the Principal to ensure all staff are informed of the arrangements that have been made to administer medicine to a child. This includes sharing the arrangements with any temporary staff.
- A minimum of two people will supervise the administration of medicine to a child.
- If possible medicine should be self-administered under supervision.
- If a child refuses to take medicine, staff will not force him/her to do so. Staff will record the incident and inform the parents/carers on the same day. If refusal to take the medicine results in an emergency, the school's normal emergency procedures will be followed.
- If in doubt about a procedure, staff will not administer the medicine, and will check with the parents/carers or a health professional before taking further action.

#### **5. Parents/Carers responsibilities in respect of their child's medical needs**

- It is the responsibility of the parents/carers to provide the Principal with sufficient written information about their child's medical needs if treatment or special care is needed.
- It is anticipated that parents/carers will work with the Principal to reach an agreement on the school's role in supporting their child's medical needs, in accordance with this school's policy.
- The Principal will seek the agreement of parents/carers before passing on information about their child's health to other staff.
- If the parents/carers have difficulty understanding or supporting their child's medical condition themselves, they will be encouraged to seek further guidance from their GP or the school nurse.
- It is the responsibility of the parents/carers to keep their child at home when he/she is acutely unwell.
- It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent/carer with whom the school has regular day-to-day contact. If a dispute arises between parents/carers, advice must be sought from the borough solicitor.
- No prescribed medicine will be given to a child without written agreement from his/her parents/carers.

#### **6. Assisting children with long-term or complex medical needs**

- Where there are long-term medical needs for a child, including administration of medicine, an Health Care Plan should be completed, Form 1 involving parents/carers

and relevant health professionals.

- An Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP.
- A designated member of staff will agree with parents/carers how often they should jointly review the Health Care Plan. This plan will be reviewed at least once a year; the date for the review will be on the Health Care Plan.
- Each child's individual needs must be assessed, as children and young people vary in their ability to cope with poor health or a particular medical condition. The Health Care Plan will take into account the child's age and his/her ability to take personal responsibility.
- All relevant personnel will be invited to contribute to the Health Care Plan. Those who may be invited to contribute include:
  - Principal
  - Parent /carer
  - Child (if appropriate)
  - School nurse
  - Health professionals involved with the child
  - Class Teacher
  - Care assistant or support staff
  - Staff who are trained to administer medicines
- The Principal will ensure that staff are given advice and training to enable them to manage common conditions such as:
  - Asthma
  - Epilepsy
  - Diabetes
  - Anaphylaxis
- No invasive procedures will be implemented e.g. administration of rectal diazepam without appropriate training from the Health Service.

#### **7. Staff support and training in dealing with medical needs**

- There must be sufficient members of staff who will manage medicines. This will involve participation in appropriate training.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- Teachers' conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicines. Agreement to do so is voluntary.
- All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with appropriate training and advice.

#### **8. Record keeping**

- The parents/carers will tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by new directions on the packaging of the medicine.
- An Administering Medicines in School form will be used to record short-term administration of medicine. Consent forms should be delivered personally by the consenting parents/carers. Staff must check that any details provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- A Health Care Plan will be used to record long-term administration of medicine. Consent forms must be delivered personally by the consenting parents/carers. Staff must check that any details provided by parents/carers, or in particular cases by a

paediatrician or specialist nurse, are consistent with the instructions on the container.

- It is the responsibility of the parents/carers to monitor when further supplies of medicine are needed in the school.
- Form 4 will be used to confirm, with the parents/carers, that a member of staff will supervise/administer medicine to their child.
- The medicines log found in either the Administering Medicines in School form or Health Care Plan must be kept of the medicine given to a pupil. This record must be signed by the member of staff administering the medicine and countersigned by another member of staff witnessing the procedure.

#### **9. Safe storage of medicines**

- Only medicines that have been prescribed for an individual child will be stored, supervised and administered.
- Medicines will be stored strictly in accordance with product instructions paying particular note to temperature and in the original container in which dispensed.
- A designated member of staff must ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- Where a child needs two or more prescribed medicines, each will be in its original container.
- Any medicines that have been transferred from an original container will not be accepted.
- Medicines must not be transferred out of the original container whilst in school.
- Except for medicines such as asthma inhalers and adrenaline pens, all medicines will be kept in a secure place not accessible to children.
- Children will be informed where their own medicines are stored and how the medicine will be administered.
- Medicines that need to be refrigerated will be kept in an airtight container and be clearly labelled. These medicines will be kept in a refrigerator that is not accessible to children.

#### **10. Disposal of Medicines**

- Staff will not dispose of medicines. The parents/carers are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents/carers will be documented.
- The Parents/carers are responsible for collecting medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. If this occurs the procedure will be documented.

#### **11. Hygiene and Infection Control**

- All staff will receive training in the precautions for avoiding infection and basic hygiene procedures.
- Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

#### **12. Access to the school's emergency procedures**

- All staff will know how to call the emergency services. Guidance on calling an ambulance will be placed near all external telephones.
- All staff will know who is responsible for carrying out emergency procedures in the event of need.
- A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parents/carers arrives.
- Health professionals are responsible for any decisions on medical treatment when the parents/carers are not available.
- A child who requires hospital treatment must be transported to hospital by ambulance or by the parent/carer.
- The Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

### **13. Risk assessment and management procedures**

This policy will operate within the context of the schools Health and Safety Policy and will:

- Ensure that risks to the health of others are properly controlled;
- Provide where necessary, individual risk assessments for pupils or groups with medical needs; and raise awareness of the health and safety issues relating to dangerous substances and infection.