



# Clanfield Church of England Primary School

## FIRST AID & THE MANAGEMENT OF MEDICINES IN SCHOOL POLICY

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# **FIRST AID & THE MANAGEMENT OF MEDICINES IN SCHOOL POLICY**

## **Vision Statement**

*At Clanfield CE Primary School our aspiration is that every child reaches their full potential in a happy, safe and stimulating environment. This vision is achieved through the Christian values of mutual respect, friendship, perseverance and responsibility.*

**The following policy is in five parts:**

- 1. Responsibilities**
- 2. Risk Assessment**
- 3. Staff Training, Reporting and Provision of Materials**
- 4. First Aid Practice**
- 5. The Management of Medicines in School**

The employer is responsible under the Health and Safety at Work Act 1974 for making sure the school has a Health and Safety Policy. This should include arrangements for first aid, based on a risk assessment of the school. This policy therefore should be read in conjunction with the school's Health and Safety Policy.

## **1. Responsibilities**

### **The Governing Body**

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

The Governing Body are required to develop policies to cover their own school. In practice most of the day to day functions of managing health and safety are delegated to the Co-Headteacher.

### **The Co-Co-Headteachers**

The Co-head teachers are responsible for putting the governing policy into practice and for developing detailed procedures. The Co-Headteacher should also make sure that the parents are aware of the school's health and safety policy, including arrangements for first aid and the management of medicines.

### **Teachers and other School Staff**

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act toward their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders / appointed persons and to manage medicines. The employer must make sure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual / sick leave or off site. This training should include the new legislative requirements for paediatric first aid trained staff for the Foundation Stage.

### **The First Aider's Main Duties**

First aiders should have completed a First Aid at Work training course.  
At school their duties are to:

- Give immediate help to casualties with common injuries or illness and those arising from specific hazards at school
- When necessary, ensure that an ambulance or other professional medical help is called

## **The Appointed Person / People**

They are someone who:

- Takes charge when someone is injured or becomes ill
- Looks after the first aid equipment e.g. restocking the first aid container
- Ensures that an ambulance or other professional medical help is summoned when appropriate

Appointed persons are not first aiders. They should not give first aid for treatment for which they have not been trained. However it is good practice to ensure that appointed persons have first aid training / refresher training as appropriate.

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

## **The School's Obligations**

The school must provide adequate and appropriate equipment, facilities and qualified first aid personnel.

Although regulations oblige employers to provide for their own staff, the school should include all users of the school site in their risk assessment and consider carefully risk to pupils and visitors.

## **2. Risk Assessment**

There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Annual Health and Safety checks by Oxfordshire Local Authority. Adjustments are made implementing the Health and Safety Action Plan based on the OCC findings.

A risk assessment will take place annually, covering the following areas. The results of the assessment will lead to a revision of policy and procedure by the Leadership Team of the school where appropriate. The revised / updated policy will then be agreed by Governors.

The risk assessment should cover:

### **The size of the school:**

- As the site is not multi floor or split site, the numbers of first aiders / appointed people needed to provide adequate cover is clear, including consideration for sickness absence and off site trips / activities

**The Location of the school:**

- As the school is a village school and therefore relatively remote, the emergency services should be informed of the location of the school giving grid reference / post code and any circumstances that may restrict access.
- The entrance to be used for access should be clearly identifiable by the services.

**Specific Hazards:**

- Are there any specific hazards or risks on the site that should be considered by the services?
- Are there any measures that can be put in place to reduce the risks

**Specific Needs:**

- Are there any staff or pupils with specific health needs or disabilities?
- The first aid procedures for foundation stage children are different from those for the other pupils in the school. The school should have a Paediatric First Aid Appointed person on site at all times.

**Accident statistics:**

- Statistics can provide useful information indicating the most common injuries, times, locations and activities. This information should be used to concentrate and tailor first aid provision.

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

- Schools are generally considered lower risk
- Consideration should be given to how many persons are required for :
  - Lunchtimes and breaks (it is good practice for supervisors to have first aid training)
  - To cover leave in case of absence
  - Offsite activities (both presence on the trip and left back at the school)
  - Adequate provision for practical tasks / departments, science, technology, home economics, PE
- Retraining should be organised three months prior to expiry to ensure continuity

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

#### **Numbers and Training**

- All staff are first aid trained.
- At least two members of staff have Paediatric First Aid training.
- All names of first aid trained staff are clearly listed in the school office.
- Appointed persons are responsible for ensuring that first aid kits are fully stocked and ensuring that any items missing are purchased through the usual school purchasing system. They must be first aid trained.

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

- All staff should take precautions to avoid infection and must follow basic hygiene procedures.
- Access is made available for all staff to single use disposable gloves and hand washing facilities, and should take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

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

- In the case of an untrained staff member being first on the scene requiring a first aider they should first assess the situation and decide whether or not the individual is safe to be left whilst help is sought.
- Help should then be sought by the individual or a responsible other by notifying the school office. The school office is then responsible for ensuring a trained first aider attends the incident.

#### **Reporting Accidents and Record Keeping**

- Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE – see below.
- Employees must also keep a record of any reportable injury, disease or dangerous occurrence – including (the date, method of reporting, time, place of event, personal details of those involved, description of the nature of the event / disease). This record can be combined with other accident records.

In an emergency the child's parents should be contacted using the details in the emergency contacts folder in the school office.

The school will however report all serious or significant incidents to the parents.

## REPORTABLE EVENTS

### Serious/significant accidents

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

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

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

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

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

### Record keeping

In addition to the above schools should keep a record of any first aid treatment given by first aiders or appointed persons by completing the school's accident record sheet. A copy of this should be sent home and a copy kept on the injured person's file for a minimum of three years. The school will use this information in the risk assessment to try and reduce risk, for investigatory purposes where necessary

### Arrangements of offsite activities

Staff members organising off site activities are responsible for ensuring they have a portable first aid kit with them. They are also responsible for reporting any use of the kit and consequent shortage of supplies to the adults in charge of restocking first aid supplies so that replacements may be made.

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

Numbers and locations of first aid containers:

There are two full first aid kits, in addition to these each class has a portable kit provided by the school.

- One full first aid kit is located in the staffroom and one in the Foundation Stage. Each kits contains at least:
  - A leaflet giving advice on first aid
  - 20 individual wrapped sterile adhesive dressings (assorted sizes)
  - Two sterile eye pads
  - Four individually wrapped triangular bandages
  - Six safety pins
  - Six medium sized (approximately 12cm x 12cm), individually wrapped sterile un-medicated wound dressings
  - Two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings
  - One pair of disposable gloves

The kit should also identify the person responsible for examining the contents, how frequently they will be checked and restocked. There should be extra stock available in the school.

- The portable first aid kits are kept by each class teacher and are to be used for staff to take on off site visits and activities. Each kit contains at least:
  - A leaflet giving advice on first aid
  - Six individually wrapped sterile adhesive dressings
  - One large sterile un-medicated wound dressing (approximately 18cm x 18cm)
  - Two triangular bandages
  - Two safety pins
  - Individually wrapped moist cleansing wipes
  - One pair of disposable gloves

## **Vehicles**

Any vehicle used by the school to transport children should carry on board a first aid container with at least:

- Ten antiseptic wipes
- One conforming disposable bandage (not less than 7.5cm wide)
- Two triangular bandages
- One packet of 24 assorted adhesive dressings
- Three large unmedicated ambulance dressings (not less than 15cm x 20cm)
- Two sterile eye pads with attachments
- Twelve assorted safety pins
- One pair of rust less blunt ended scissors

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

## **First Aid Room**

The disabled toilet is the designated first aid room and as such should be respected as ready for this purpose when required.

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

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

## **4. First Aid Practice**

### **Rationale**

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend from emergency first aid provision, the administration of medicines to dealing with Asthma and head lice.

### **Purpose**

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

### **Guidelines**

New staff to the school are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority.

## First aid in school

### Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a medi wipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file.

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

### Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed **BY TELEPHONE**. The child's teacher should be informed and keep a close eye on the progress of the child. **ALL** bumped head incidents should be recorded in the accident file.

### Accident file

The accident file is located in the school office. For major accidents, a further county form must be completed within 24 hours of the accident. These forms are located in the office. These forms need to be signed by the Co-Headteacher, a copy taken and placed in the child's file and the original copy forwarded to county. All accidents requiring referral to a doctor or hospital will also be reported using the OCC online accident reporting.

### Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate and guide the emergency vehicle into the school. Children should be kept in their classrooms where possible or on the field so they are not aware of the vehicle arriving.

If the casualty is a child, their parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children are in the Emergency Contacts File and all staff contact details are clearly located in the school office.

## 5. The Management of Medicines in School

This section of the policy takes account of the statutory guidance contained in:

- CSF 'Managing Medicines in School' 2008
- The Disability Discrimination Act 2005 - pt4
- The DCSF (previously DFES) guidance 'Implementing the Disability and Discrimination Act in Schools and Early Year Settings'- 2006.
- The DCSF/DOH 'Managing Medicines in Schools and Early Years Settings' – 2005
- The DfEE/QCA Guidance on Inclusion contained in "The National Curriculum"
- Handbooks for primary and secondary teachers
- The Equality and Disability Act 2010
- DfES Guidance "Inclusive Schooling, Children with Special Educational Needs" 2001
- DfES SEN Code of Practice 2014

This document is a statement of the aims, principles and strategies for dealing with children with medical needs who require medication to be administered while at school or for children who require medication for short periods of time. It is not a policy to be taken in isolation and should be read in conjunction with other related school policies including the Health and Safety policy.

### General Statement

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

### Medication

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

### Legal Obligation to Administer Medicines

There is no legal obligation that requires school staff to administer medicines. Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary. Where the school agrees to administer medicines or carry out other medical procedures, staff will receive appropriate training and support from health professionals. They will be made aware of the correct procedures to follow in administering medicines, and in procedures in the event of a child not reacting in the expected way.

## **Prescribed medicines**

If medicine is prescribed to be administered 4 or more times per day, the following arrangements will be made by the school with the parent or guardian to allow the school to take on the responsibility:-

i. The parent or guardian will be asked to complete and return the attached form (appendix 1) giving all the relevant details in full. In so doing, the parent/guardian consents to the school administering medication to his/her child(ren) for the duration of the course of medication. A copy of the parental consent form will be kept in the School Office.

ii. For pupils requiring regular doses of medicine on a long-term basis (e.g. in the case of chronic illness), the parents will be asked to discuss the implications of the illness with the Headteacher and the designated teacher, and a decision will be made as to the arrangements necessary to administer the medication and support the child. Parents will be asked to complete a consent form for the school for the administering of the medication and a Healthcare Plan may be drawn up.

iii. Medicines should always be provided in the original container as dispensed by a pharmacist and include the name of the child and the prescriber's instructions for dosage and administration. School will not accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

iv. Some pupils with chronic complaints may well be taking responsibility for administering their own medicine, including inhalers. In these cases a parental consent form (appendix 2), together with clear instructions, must be completed, and parents must liaise closely with the child's class-teacher. The written parental consent will be kept in a folder in the School Office and recorded on a Class list within the Class Registers, so that the information is available to any other teacher taking that class.

The Healthcare plans and medical consent forms are kept in the school office. When medicine is administered, staff must complete the dated entry of this, in the drugs register. Before administering medicines, staff should read the date entry section of the form to check that the medicine has not already been administered.

## **Non-Prescribed Medicines**

The school will not administer any medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan. This includes, for example, Calpol, paracetamol, and throat sweets.

No child will be given any medicines without their parent's written consent.

## **Controlled Drugs**

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act, and therefore have to be strictly managed. The amount of medication handed over to the school will always be recorded. It will be stored in a locked non portable container, and only specific named staff will be allowed access to it. Each time the drug is

administered it will be recorded, including if the child refused to take it. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

### **Refusing Medication**

If a child refuses to take medication staff will not force them to do so. The refusal will be recorded and the parents informed. If necessary the school will call the emergency services.

### **Pain Killers**

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

### **Patient medicines**

Cough/throat sweets, "Tunes" etc. should not be brought to school by pupils. Sunscreen may come in to school as long as it is clearly labelled with the pupil's name and the pupil can apply the cream for themselves. Pupils must not share sunscreen.

### **Safe Storage of Medicines**

The school will only store and administer medicine that has been prescribed for an individual child. Medicines will be stored in the staff room fridge or the locked office cupboard in the medicines tub, strictly in accordance with product instructions. Children will be informed where their own medicines are stored. Administration of medicines takes place in the office or designated First Aid room.

All emergency medicines, such as asthma inhalers and adrenaline pens (EpiPens), will be readily available to children and kept centrally in the staffroom. All such medicines will be kept in clearly labelled boxes with the child's name and photograph on. There will be a file of children with such allergies with information about the allergens and any specific treatment. Inhalers and EpiPen's will be sent home termly to be checked by parents. They must be returned to school for the beginning of term.

Staff receive regular training on the use of EpiPens. Children who require these EpiPens are listed as above.

### **Receiving/returning medicines**

Medicines will be received at the start of the school day via the school office. Consent forms must be completed by the parent/guardian at this time. Medicines will be returned to the parent/guardian at the end of the school day via the school office.

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

## **Emergency Medicines**

If a pupil requires emergency medicines (inhalers, epi-pens etc), the parents/ carers must inform the school by letter or via the data collection sheet issued to all parents at the beginning of the academic year and the medicine must be in school, at all times. It is the responsibility of the parent/carer to ensure that the medicine is not out of date.

Pupils who require emergency medication will not participate in school trips if they do not have their medication in school to take with them. Parents/ carers need to inform the school by letter or via the data collection sheet if the pupil no longer requires their emergency medication.

When taking part in rigorous activity the teacher will ensure emergency medicines prescribed are available to the child as and when necessary, this may involve removal from the school medicines tub and temporary storage upon the class teacher for the duration of activity.

### **OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.**

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

## **Training**

Any specific training required by staff on the administration of medication (e.g. adrenaline via an EpiPen) will be provided by or through the school nurse. Staff will not administer such medicines until they have been trained to do so.

The school will keep records of all staff trained to administer medicines and carry out other medical procedures. Training will be updated as appropriate.

## **Offsite visits**

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs, medication to be administered and the relevant emergency procedures. Where necessary an individual risk assessment should be drawn up. It should be ensured that a member of staff who is trained to administer any specific medication accompanies the pupil and that the appropriate medication is taken on the visit.

## **Menstruation**

In situations involving menstrual difficulties in pupils, the best remedial action would be to discuss the issues with the school so that the school can best support the child and her needs. Every effort is made to educate and provide for girls during their period, include the availability of free products. There are sanitary product disposal bins for all pupils to use.

## Hygiene and Infection Control

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

- **Head lice**

Staff do not touch children and examine them for head lice. If it is suspected that a child has head lice parents will be informed and be asked to examine their children at home. When the school is informed of a case of headlice, all parents will be advised to check their children at home as soon as possible.

- **Vomiting and diarrhoea**

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

- **Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, we will look at their arms or legs.

If your child has any of these infections they will need to stay off school for a prescribed period of time. The Co-Headteacher or school office will advise timescales.

**For information on exclusion periods following other infectious diseases there is a poster on the inside of the School Office cupboard.**

### Staff insurance cover

If these guidelines are followed, including the requisite to obtain parental consent, staff will be protected by the County Council's insurance policy against claims of negligence should a child suffer injury as a result of the giving of medicine.

## Evaluating the Policy

This policy statement and the school's performance in supporting pupils requiring medication at school will be monitored and evaluated regularly by the Governing Body. It will be formally reviewed every three years to ensure that the policy enables all children to have equal access to continuity of education.

## Review

A review of the policy will be undertaken annually and any amendments or updates will be reported to the full Governing Body.

Any new legislation or directives will be incorporated into the policy as necessary.