

**First Aid and Medications**

**Policy**

January 2020

FIRST AID and ACCIDENTS

Urmston Primary School has procedures in place to ensure the safety and welfare of all our children. This First Aid policy outlines these key procedures so that children are given the best possible care in response to both minor and serious accidents.

**Procedures**

If the accident is of a serious nature then the Headteacher or Deputy Headteacher must be informed.

All TAs in the infant department are first aid trained. In the junior department, Marie Marshall, Gill Stock, Briony Ball and Andrea Smith are qualified first aiders.

All accidents must be reported in the accident book, which is kept on shelves in/near the main infant and junior offices. When appropriate, Official Accident Forms are completed to comply with Health and Safety Regulations and forwarded to the LA. (the office staff will assist in the completion of these forms.)

**First Aid Boxes**

First Aid Boxes are kept on shelves outside the infant office and in the junior office and one each in the lower KS2 and upper KS2 buildings. They contain the prescribed items, plus non-allergenic dressings and tape. Accident forms are kept on shelves outside the infant office and in the junior office.

The First Aid Boxes are checked on a regular basis and reserve stocks are kept in the cupboard in the kitchen area in the infant department and in the cupboard in the staffroom in the junior department. First aiders replenish these as necessary.

**Accidents on the Playground**

If an accident happens during playtime in the infants, a member of staff will send the injured child into school to be attended to by a teaching assistant on duty. In the juniors, children are sent to the office to be attended to by a first aider. If a more serious accident occurs, the teacher on playground duty will blow a whistle. An older child may be sent in to request a member of staff to go straight to the playground to give assistance.

If an injury occurs during lunchtime then the lunchtime staff will deal with this and request assistance from the First Aiders / SLT if necessary. Class teachers are to be informed of more serious accidents at the end of playtime and lunchtime.

**Accidents in School**

If an accident happens in school then the class teacher will ask for assistance from a classroom assistant, learning support or adult helper. In the infants, if there is no other adult in the classroom then the teacher should send a message to the school office for assistance by sending a child with a red card. In the juniors, in the lower KS2 building, staff will ring over to the office for assistance and in the upper KS2 building, a child will go to the office to relay the message. After assessing the accident then he/she should ensure that first aid is administered in the most practical way. It may be possible to do this in the classroom or the child may need to be taken outside of the room. At no time can a class of children be left unattended in these circumstances.

**School Visits**

Emergency First Aid Kits must be taken on all school trips. It is also important to check that children with asthma or severe allergic reactions have their inhalers or Epipens with them. In the infant department, a member of staff will carry these along with the Emergency First Aid Kits. Buckets and towels, in case of sickness on a journey, are also sensible precautions. All staff attending off-site visits are aware, and will be briefed, of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary. It is necessary to have a member of staff equipped to deal with an emergency accompanying the trip.

**Reporting to Parents**

If an accident is or was causing concern or the child has been distressed during the day then the class teacher will report this to the adult who collects the child at home time. Children will be sent home with a report slip to state that first aid has been administered. When considered to be appropriate, parents may be contacted during the day and advised to collect their child if required. Parents may also be notified if a child has had an accident or bump, but they are not considered of such a nature as to need collecting. This is to enable the parent to change any coolection arrrangements, if they feel it necessary. These calls are is at the discretion of the Headteacher/Deputy Headteacher.

**HEAD INJURIES**

**All children with head injuries must be seen by a first aider and will then be taken to the Headteacher/Deputy Headteacher if serious. A head injury form/report slip will then be sent home. Parents will always be informed about a head injury as soon as practical and given the opportunity to come into school to assess their child’s injury.**

**Accidents requiring Medical Attention beyond the School’s First Aid**

Every effort will be made to contact the child’s parents/emergency contacts. If this can be achieved, and the injury will allow, the pupil will await collection to attend hospital.

When no contact can be made with responsible adults, the school will undertake to transport the child to the hospital for treatment, accompanied by a member of staff. The school will continue to try to reach the emergency contacts and they will be advised to go to the hospital. (Staff cars can only be used for this purpose if correctly insured.)

If the injury is of a particularly serious nature, the Ambulance Service will be called immediately, and the parents/emergency contacts will be telephoned to attend either school or hospital whichever is appropriate. If the child’s responsible adult has not arrived at school then a member of staff will always accompany a child in the ambulance and stay with the child at hospital until the responsible adult arrives.

**Defibrillation**

In the event that a child needs a defibrillator, there is one outside the junior office. When needed a trained member of staff must be called immediately to assess and, when necessary, use the defibrillator. The trained members of staff are Marie Marshall, Gill Stock, Briony Ball, Andrea Smith and Jane Helyar.

**MEDICATION**

Urmston Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with pupils who have specific medical needs should understand the nature of children’s medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

**Managing Medicines**

On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition.

There are cases where the responsibility for administering medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the head-teacher and any practical and organisational implications need to be addressed prior to assuming responsibility for this.

**General Principles**

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

**Short-term Illness**

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.

- Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

**Chronic Illness/Disability**

It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines, e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

**Acute Illness**

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

**Medication**

No members of staff are permitted to administer medicines to pupils. In certain circumstances, the Headteacher or a trained person will administer medicines, but this will only be through prior arrangement with parents. (However, any pupil requiring specific medication must be considered fit enough to attend school.)

Medicines of this nature will be kept in the allocated place according to care plan/individual arrangements made and will be clearly labelled by the parent.

**Giving Regular Medicines**

We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).

If medicine has to be taken four times a day and a lunchtime dose is necessary, the standard practice (see below) is followed.

**Standard Practice**

1. Ask the Parent/Carer to complete a Medicine Administration request form.

2. Refer to this form prior to giving the medicine.

3. Check the child’s name on the form and the medicine.

4. Check the prescribed dose.

5. Check the expiry date.

6. Check the prescribed frequency of the medicine.

7. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.

8. Check the child’s name again and administer the medicine.

9. Complete and sign the Administration of Medicine Record Book when the child has taken the medicine and the child should counter-sign.

10. If uncertain, DO NOT give – check first with parents or doctor.

11. If a child refuses medication, record and inform parents as soon as possible.

***Please note we will not administer any medicine that does not have an in date doctors label on the front - this includes medicine such as Calpol and Ibruprofen***

**Medicine Disposal**

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority’s environmental services.

**Personal Medication held by Staff**

It is advised that staff do not bring personal medication into school. If this is unavoidable then staff must ensure that it is kept out of reach and out of sight of children. (E.g it could be kept in an adult’s car/ locked drawer in school office until required).

**“Special Needs” of a Medical Nature / Chronic conditions**

For more serious or chronic conditions, including allergies that require the potential use of an epipen, school will put a care plan in place taking advice from medical professionals involved with the individual. This is usually requested via the school nurse service. All staff are trained to deal with children who have these conditions. Some children may have medical conditions where it is necessary for all staff to be aware of appropriate procedures. Where this is the case, medication is kept in the office/the relevant classrooms (juniors), and class teachers will have specific instructions about any medical procedure in their own class file. The lunchtime supervisors will also be made aware of any children at risk.

**Asthma Medication**

Inhalers need to be marked with children’s names and this is the responsibility of the parent. Medication for children suffering with asthma will be administered at the necessary times, supervised by a qualified First Aider. The parents will be required to state details of all treatment required in an Individual Asthma Plan. Members of infant staff have looked at the Asthma package and additional material so that they will be fully aware of and can recognise when a child with asthma needs treatment. All inhalers in the infant department are stored in the medical cupboard. If an inhaler is administered, staff complete a form which is sent home to notify parents that their child has received their inhaler whilst in school. This does not apply to those children whose parents have requested inhalers to be used regularly, every day. Asthma sufferers in the junior department will self-administer in the presence of a staff member.

**Sick Children**

There are occasions when children become sick at school. The Headteacher or Senior member of staff, who will then decide whether it is appropriate for them to go home, must assess these children. Sick children should not be left unattended in classrooms or general areas of the school and will be made as comfortable as possible until an adult arrives to collect him/her.

**Body Fluids**

In the event of a child being ill (i.e. Sickness/diarrhoea) Body Fluid boxes (sick bowls) are kept in the caretaker’s store-cupboard in the infant department and in the cupboard outside the junior office.

**Staff Protection**

“Universal precautions” and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

-Always wear gloves.

-Wash your hands before and after administering first aid and medicines.

-Use the hand gel provided.

**Sun Awareness**

Staff should be aware of the effects of the sun on the skin and the following procedures will be adopted to protect children from the sun.

At the beginning of each Summer term (or sooner if necessary) parents are asked to provide a sun hat for their child and to apply sun cream at home each morning. Parents are advised of long-term sun protection creams and advised to use these so that creams are not brought into school.

Water is available in school and children will be encouraged to take extra drinks during periods of hot weather.

Staff will minimise the risks of the sun and too much heat by limiting the amount of time that pupils are required to spend exposed to the sun.

**General Medical Issues**

**Medi-alerts** (bracelets/necklaces alerting others to a medical conditions)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

**Impaired mobility**

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

**Medical Records**

Medical records are kept in the office and are updated on computer as required. Each class teacher will have a list of their own pupils’ known medical conditions at the beginning of the school year. This list should become part of the class file, and if there are any known changes these need to be noted. It is the responsibility of the class teacher to inform on a ‘need to know’ basis other adults including lunchtime staff about any medical conditions of children. Procedures to ensure children’s records are updated depend upon parental help.

This policy reflects the consensus of opinion of the whole teaching staff. It has the full agreement of the governing body. It is the responsibility of all staff to adhere to this policy and ensure its implementation in school.

**See also**

Safeguarding Policy

Individual Healthcare Plans

Intimate Care policy

Guidance on the Use of Salbutamol Inhalers in School

SEND Code of Practice

Date of policy: January 2020

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Headteacher: S. Parker

Chair of Pupil Welfare and Wellbeing Committee: Suzanne Knights