



# First Aid, Medicine and Medical Needs - Policy and Procedures

Updated – September 2024

Review date – September 2025

### Purpose

This Policy:

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities of the staff
3. Ensures the safe use and storage of medicines in school
4. Ensures the safe administration of medicines in school

### Guidelines

New staff to the school are given a copy of this policy when they are appointed. This policy will be reviewed and updated accordingly.

### Training

Relevant staff at St Paul's will be offered emergency first aid training (to be renewed every three years). Currently, all Lunchtime Supervisors and Teaching Assistants have first aid training. In addition a number of staff are Paediatric First Aid Trained which is renewed every three years, including all staff in Early Years. There is one 'First Aid at Work' (FAW) fully trained **First Aider – Mrs L. Savage**.

### First Aid Kits

First aid kits can be found:

- Early Years - (cupboard below sinks in classrooms) There is also a medicine cabinet.
- Key Stage One - (Year 1 – staff toilet area)
- Key Stage Two - (First Aid area in Food Technology Room)
- Offices – in main school office .

Ice Packs can be found:

- Key Stage Two (Fridge in the Food Tech Room)
- Key Stage One (Fridge in the Year 1 Kitchen)
- Early Years (Fridge in the Early Years Office)
- Spares can be found in the staffroom fridge and the office's kitchen.

When used, ice packs must be placed in a fabric cover before applying to the skin to prevent ice burn injuries. After use, ice packs must be returned to the fridge (and used fabric covers placed for the wash) to ensure there is always an adequate supply.

First Aid supplies are stored in KS1 in the costume cupboard. L Savage is responsible for maintaining and checking this stock and reordering when necessary. A monthly check will be carried out.

Two travel/trip kits will be stored here to be used for educational visits outside school.

## FIRST AID EQUIPMENT

All first aid equipment is kept in the medical room and the first aid box should contain a sufficient quantity of approved first aid materials (listed below) and nothing else. No other items are permitted. The purpose of restricting the contents of the first aid box to those items listed is that an untrained person can use them without exacerbating any injury. Where injuries require materials other than these simple items it is likely that more than basic first aid is needed, and expert medical assistance should be sought. Soap, water and paper towels should be available for first aid purposes. When travelling, wrapped moist wipes are more suitable.

Disposable gloves are available for staff to wear to avoid contact with bodily fluids and only wrapped, sterile dressings should be used to dress wounds. Rolls of plaster, cotton wool, bandages and lint are not permitted, nor is the use of antiseptic lotions or cream.

## APPROVED FIRST AID MATERIALS

- Individually wrapped sterile un-medicated adhesive dressings ( assorted sizes) – minimum 20
- Sterile eye pads with attachments – minimum 2
- Individually wrapped triangular bandages – minimum 6
- Safety pins – minimum 6
- Individually wrapped sterile un-medicated wound dressings – minimum 6, assorted sizes
- Soap, water, paper towels and moist cleaning wipes
- A “body spills” pack containing disposable gloves, aprons and Titan sanitizer is kept in the medical room and each classroom (for cleaning up blood or body fluid spillage)
- Waterproof plasters

It has long been established in case law that schools are almost entirely responsible for pupils in their care during the school day. If a sudden emergency arises, then the school must ensure that prompt and effective first aid treatment is given in school, followed if necessary by expert medical attention.

First aid treatment will normally be administered in the first instance by the class teacher/, teaching assistant or Lunchtime Supervisory Assistants.

There should be a record of all cases of injury where first aid treatment is given. Minor or trivial injuries which require little or no first aid treatment and which allow the injured person to continue their normal day, simply require an entry in the school's accident book. The nature of the injury should be noted and the treatment given.

Accidents of a more serious nature, which occur during school activities and should be reported on the My Health and Safety portal. Any incident resulting in a child being sent to hospital must be reported and an investigation/assessment of the circumstances carried out. Staff injuries, which occur in the deployment of duty or on the school premises, should also be reported on the appropriate accident forms kept in Head Teacher's office – these should also be logged on the portal.

## First Aid Procedures

In all first aid situations, any first aider on the scene will administer immediate first aid. Assistance from the **Designated First Aider** will be sought as necessary.

Superficial injuries, such as scratches and grazes, can be dealt with by any first aider, but must always be entered into the accident book which is located with the first aid kit. First Aid forms must be completed fully and a copy sent back to class to be given to the parent at the end of the day. It is compulsory that the person responsible for the children-Class Teacher/TA is informed of any accidents so that child can be monitored. In the event of a serious injury parents must be contacted immediately. The use of plasters is acceptable as long as it is confirmed that the child is not allergic. This information is recorded on the Pupil Information sheet for each child if appropriate.

### Bumps to the head

Any bump to the head, no matter how minor, must be treated as serious. All bumped heads should be treated with an ice pack.

Parents/guardians must be informed by text message/telephone depending on the severity of the injury. Details of injury and time must be written into the head bump book. Forms must be completed fully and a copy sent back to class to be given to the parent/carer at the end of the day. A head bump sticker must be given to the child to alert staff to the fact that the child has had a bump and to observe for symptoms. The class teacher must also be informed to observe any changes in bump/behaviour and a second check should be carried out later that day.

### Medicines in School

All medicines that are brought into school will be stored either in the staffroom / office kitchen fridge or the locked medical cupboard located in the **main office**.

Generally, medicines must be GP prescribed only, clearly labelled with the child's name and signed in/out (daily if necessary). However, to prevent avoidable absence, the school can administer non-prescribed medicine such as paracetamol, antihistamine, eczema creams etc with parental consent. All medicines must be in their original packaging with dosage information. Parents are required to sign if their child has received any medication.

All medicines must be signed in and out of school via the main office (daily if necessary)

Under no circumstances should children have medicines in school without them being signed by an adult and staff being aware.

The **Designated First Aider or Class TA** will administer the medicines prescribed and record the time and dosage given. Medicines can be self-administered by the child if they are deemed suitably mature under the supervision of the **Designated First Aider**/member of staff.

The types of medicine administration that may occur are –

Short term prescribed (e.g course of antibiotics for an infection) **(Form M5)**

Long term prescribed (e.g ongoing medication for a condition including asthma) **(Form M5)**

Short term non-prescribed (e.g paracetamol for a few days due to toothache) **(Form M4)**

Long term non-prescribed (as required) (e.g cream for eczema, antihistamine for hayfever or paracetamol for occasional headaches) **(Form M4)**

An **M6 Form** must be completed following the administration of any medicine and parents must be informed. (Text and verbal message at the end of the day)

### **LABELLING OF MEDICINES**

On the few occasions when medicines have to be brought into school, the original container, complete with the original dispensing label should be used.

Medicine should not be decanted – whatever is supplied in the container by the chemist should be brought into school.

The label should clearly state:

i) Name of Pupil.

ii) Date of Dispensing.

iii) Dose and Dose frequency (This may read "as directed" or "as before" if this is what is on the prescription. In this case the form Appendix 1 must give clear instructions).

iv) Cautionary advice/special storage instructions.

v) Name of medicine.

vi) Expiry date - where applicable.

The information on the label should be checked to ensure it is the same as on the completed Short Term Medication or Emergency Medication consent form. Where the information on the label is unclear such as "as directed" or "as before" then it is vital that clear instructions are given on the form. If the matter is still not clear then the medicine should not be administered and the parents should be asked to clarify the problem.

Medicines should be kept safely and be accessible when required. The Head Teacher is responsible for ensuring that, when medicines are admitted to school premises, a system of safe-keeping is in place, which limits open access by pupils to medicines.

Certain medicines require special storage, e.g. pharmaceutical requirements to be stored away from light or within certain ranges of temperatures etc.

Such requirements must be clearly identified in writing to the school on the label and on the form.

## Asthma

Inhalers are kept in the child's classroom in a clearly labelled box with the child's photograph on. In the box there is also a slip to be completed when the inhaler is administered. A copy should be taken and one sent home with the child at the end of the day.

Inhalers must be taken on school trips and during other activities when the child when working away from the classroom.

The **Designated First Aider** will regularly check to ensure the inhalers are within date and are being used appropriately. A current list of children who need inhalers are provided for each class teacher at the beginning of the Autumn term.

A whole school list is given of all children with medical needs.

## Autoinjectors

For those children who may suffer urgent allergic reaction and anaphylaxis shock, parents and staff will complete an individual care plan (with the school nurse if necessary) (Form M3). If the child has an auto-injector, this should be stored in the classroom in a clearly labelled box with the child's photograph on and a copy of the care plan (also a copy to file). This medication must be taken on school trips and with the child during activities away from the classroom.

Please see Medical list.

An emergency medicines box containing the school's emergency inhaler is held in school for children who are known to be asthmatic. Parents must give permission for staff to administer this inhaler in the unlikely case of emergencies. E.g. The child's own inhaler is;

- Missing
- Empty
- Out of date

If the school emergency inhalers are administered, parents should be notified at the end of the day and sign to acknowledge this. The inhaler and spacer should be thoroughly cleaned after use. The emergency inhaler is located in the main office. This box also contains an emergency autoinjector.

In the event of an emergency evacuation (e.g. fire), the emergency medicines box must be taken outside.

## Calling the Emergency Services

In the case of major accidents, trained staff are expected to support and assist the **Designated First Aider**.

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

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

In the event of the emergency services being contacted, a member of staff should be assigned to wait by the school gates in Emsworth Crescent and in Whitburn Close in order to guide the emergency services to the casualty.

### **INDIVIDUAL CARE PLANS**

For all pupils who may require individual specialised treatment a clear care plan **must** be available. Schools must liaise with parents to ensure that this is provided. The School Health Service should provide a support role in ensuring, when necessary, an individual care plan is understood and carried out in school. The care plan must be provided to the school and fully agreed before any medical treatment can be carried out.

In some circumstances (where a child has complex medical needs) school nurses may have a specific responsibility for an individual child's medical management in school. Appropriate information and training is available from the School Health Service to support school staff.

If the child transfers to another school a copy of the individual care plan must be provided to the new school.

### **EMERGENCY AID**

Where children have conditions which may require rapid intervention, parents must notify the Head Teacher of the condition, symptoms and appropriate action following onset. The Head Teacher may wish to discuss this with the School Health Service.

The Head Teacher must make all staff aware of any pupil whose medical condition may require emergency aid.

It is essential that all staff (including supply staff, lunchtime supervisory staff etc.) are able to recognise the onset of the condition and take appropriate action, i.e. summon the trained person, call for ambulance if necessary etc.

### **NOTIFIABLE DISEASES**

Head Teachers should be aware of the Local Health Authority document "Guidelines for the Control of Communicable Disease in Schools" which should be available in all schools (displayed on the notice board in the Medical room). The school must ensure that staff who

administer medications are aware of the precautions to be followed to minimise exposure to hepatitis and other transmissible diseases.

### Safeguarding

All staff who are required to administer medical help to an injured child should be aware of the need to protect the welfare of the child at all times. Staff must be aware of the Child Protection and Safeguarding Policy and also of the need to protect themselves from allegations of abuse. We do not intend to withdraw comfort or physical contact because often children need a hug more than treatment. Adults should feel comfortable dealing with children in a sensitive and caring way.

### Relevant documents:

1. H&S Policy
2. Supporting pupils with Medical Needs Policy

## **EDUCATIONAL VISITS & OTHER SCHOOL JOURNEYS**

The administration of medicines during educational visits and other out of school activities requires special attention and pre-planning. The principles contained in these guidelines apply and any difficulties should be discussed with the parents/guardian and child's GP/consultant or School Health Service. Consideration must be given to ensuring that visits and journeys are staffed by colleagues who have undergone suitable training.

## **EXTRA CURRICULAR ACTIVITIES**

The school must ensure that any arrangements made for pupils to receive medications during the normal school day are also available at all other times when pupils are in the care of the school eg. asthma inhalers.

## **EMPLOYEE MEDICINES**

A member of staff may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that pupils will not have access to them, e.g. locked desk drawer or Head Teachers desk drawer.

Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.

## **DISPOSAL OF MEDICINES**

Any medication which has reached its expiry date should not be administered. Medicines which have passed the expiry date should be returned to parents/carers for disposal. Parents should be advised that the medicines are out of date and should be asked to collect



them. Parents should also be advised that out of date medicines can be returned to the pharmacy for safe disposal. Out of date medicines should **not** be sent home with pupils.

Provision for safe disposal of used needles will require appropriate special measures, e.g. a "sharps box" to avoid the possibility of injury to others. This "sharps box" must be kept secure with no access for pupils or unauthorised persons. It should be disposed of in a safe way using a specialist licensed contractor, often the Borough/district Council can provide this service.

### **MEDICAL CONFIDENTIALITY**

Staff in schools have no automatic right to be informed of any medical condition suffered by any pupil. However, in order that pupils can receive the best possible care, parents/guardians should advise the school of any conditions that may require intervention during the school day. Any medical or related information provided to the school either by parents/guardians or health care professionals must always be treated in the strictest of confidence. Information should only ever be shared with those members of staff whose role may lead to them providing treatment or other intervention as agreed with parents.

### **MEDICAL INFORMATION**

Details of children suffering from specific medical conditions or allergies are listed in the office as well as on the children's own SIMs record and the general Teams channel. Staff are provided with a list of children with medical / dietary needs. Confidentiality should be maintained at all times.

### **ILLNESS IN SCHOOL**

Children who have suffered from sickness and diarrhoea, during the previous night or early morning should not be admitted to school until the parent is sure that they are fully recovered and 48 hours has passed since the last bout.

Children who are considered by any member of staff to be too unwell to remain in school should be referred to the Head Teacher before being sent home.