

First Aid & Medicines Policy

Robins Lane Primary School
School Policy



Aim
High,
Fly
High

First Aid & Medicines Policy

First Aid Policy Statement

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 to emergency first aid provision, the administration of medicines to dealing with asthma and headlice.

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 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. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

Conclusion

The administration and organisation of first aid and medicines provision is taken very seriously at Robins Lane Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school also discusses its first aid and medicines procedures with the school nurse. Adjustments are made immediately if necessary.

First Aid Policy Guidelines

First aid in school

Training

All staff are offered emergency first aid training. All first aid trained staff are volunteers. With six fully trained first aiders, two appointed first aiders and five paediatric first-aiders, there should always be one on the school premises at any one time. First aiders attend retraining courses as required.

First aid kits

Midday Assistants are issued with their own first aid kit and carry this with them at lunchtime.

First aid kits are stored in the medical room, nursery, reception class and the dining hall.

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a medical 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 on an accident form but should be recorded in the relevant accident book.

Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. Major cuts should be recorded on an accident form and parents informed.

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

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with a cold compress. 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 book or for serious injuries on an accident form and a note sent home.

Accident books

Minor injuries should be noted in the accident book located in the first aid room/nursery/reception class. More serious injuries should be recorded on an on-line accident reporting form within 24 hours of the accident. These forms need to be signed by the Headteacher, a copy taken and placed in the accident file kept in the drawer in the photocopy room and the original copy forwarded to the Town Hall.

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 on Robins Lane and guide the emergency vehicle into the school.

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 and staff are located in the school office in SIMS.net or the pupil contact file.

Medicines in School

What can be administered?

In school we will administer medicines such as antibiotics, anti-histamine, cough mixture, throat lozenge, and paracetamol. There is no legal duty which requires staff to administer medication; this is a voluntary role. The school's general rule is any prescribed medicine can **only** be administered in school if needed more than 3 times per day.

We will only administer medicines if they are prescribed by a Registered Medical Practitioner and are in their original bottle showing dosage.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

- Parental agreement forms are only used per individual type of medication.
- The record of administering medication to a child should be checked for accuracy following parental completion.
- Regular audits of the process undertaken by the Governors, Headteacher or a member of the Senior Leadership Team.

Any other medicine can be administered by parents or carers willing to come in to school. All medicines must be clearly labelled with the child's name and class.

ANTIBIOTICS

We can administer antibiotics if required more than 3 times daily. We can only administer ONE dose of an antibiotic during the school day.

ANTI-HISTAMINE

We will administer these medicines as stated or when required.

COUGH MIXTURE/THROAT LOZENGES

We will administer these medicines as stated or when required. Children should not be sucking on throat lozenges unsupervised.

PARACETAMOL

We will administer these medicines as stated or when required.

CREAMS

We can administer prescribed creams for skin conditions such as eczema. HOWEVER, staff must not rub cream onto a child's body, unless agreed with the parents. With agreement, application of these creams must be made under the observation of another adult.

Parental permission

Medicines will not be administered unless we have written permission from parents. Medicines forms are available from the school office.

Where medicine is stored

No medicines should be kept in the class or in the child's possession (except inhalers and epipens). All medicines are kept in the staff room fridge or the lockable cupboard in the school office. Administration of medicines takes place in the first aid room or the school office.

Refusal to take medication

In the event that a child does not take their medicine, either through persistent refusal from the child or due to behavioural reasons, the parent(s) may be contacted and asked to attend school to administer the medication themselves.

Where a specific time should be adhered to when administering medicine, school does not accept responsibility for non-administration in the event of pupil refusal or other exceptional circumstances.

Administration of medicines file

All medicine permission forms are kept securely in the school office and then placed in the child's file in the filing cabinet in the school office. One copy of the permission form will be kept in class.

When medicine is given, staff must complete the form showing what dose has been administered and when. Before administering medicines, staff should read this section of the form to check that the medicine has not already been administered.

Asthma and other medical problems

At the beginning of each academic year, any medical problems are shared with staff and a list of these children is kept on SIMS.net and in the school safe.

Epipens and anaphylaxis shock training

Some children require epipens to treat the symptoms of anaphylactic shock. Epipens will be kept safe in the appropriate classroom. Staff will receive training on the use of epipens where necessary. Children who require these epipens are listed in the First Aid Room.

Inhalers

Children generally have their inhalers with them at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key stage 1 children will keep their inhalers with their class teacher for safety.

OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents cannot be located, then the emergency services will be contacted and they would give permission for the sharing of the inhaler.

Head Lice

Staff do not touch children and examine them for head lice. If we suspect a child has head lice we will inform parents and ask them to examine them. In cases of persistent head lice we refer to the school nurse for advice.

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. We would only examine a child's back or chest if we were seriously

concerned about their wellbeing or infection to other children. In this case another adult would be present and we would ask the child if it was alright.

If a child has any of these infections they will need to stay off school for a prescribed period of time as advised by a medical practitioner.

Accident Reporting Procedure

1.0 Introduction

1.1 This procedure sets out the steps that Line Managers **shall** follow when reporting

accidents. A simple flow diagram setting out the steps to be followed are attached to this procedure (Appendix 1).

1.2 Line Managers **shall** ensure that employees are familiar with and can follow the Authority's accident reporting procedure as set out below. The emphasis shall be on ensuring that all accidents **no matter how trivial the injury** are reported.

1.3 Line Managers **shall** include Site and Establishment Managers, Headteachers or Deputy Headteachers, Operational Managers or nominated persons.

1.4 The St Helens online Accident Reporting System, as well as providing a record of accidents for the Council, serves to fulfil the Council's legal obligations with regard to record keeping. These legal obligations arise from the Social Security Contributions and Benefits Act 1992, the Social Security Administration Act 1992 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Provided all relevant sections of the form are completed these records will meet the requirements of the Department of Works and Pensions and the Health and Safety Executive.

2.0 All Accidents

(The definition of 'accident' includes acts of non-consensual physical violence done to persons at work).

2.1 All accidents involving staff/visitors or service users **shall** be recorded using the St.Helens Council online Accident Reporting System. The injured person or someone acting on their behalf shall complete all relevant parts of the electronic form, which shall be passed to the manager/supervisor for completion.

2.2 Accidents involving pupils **shall** be recorded. A format suitable for recording minor injury incidents (bumps, grazes, minor cuts) is attached (Appendix 2). Accidents resulting in more serious injury and/or absence should be recorded via the online Accident Reporting System.

2.3 The Line Manager **shall** ensure all accidents are investigated and where necessary remedial measures implemented.

2.4 Electronic Accident forms submitted via the online system **shall** be retained by the Corporate Health & Safety Section. In order to comply with the requirements of the Data Protection Act 1998 these records shall be kept on a secure drive and all records are treated confidentially.

2.5 For inspection purposes, employee accident reports **shall** be held separately from other groups. e.g. visitors, pupils, service users.

3.0 Accidents Reportable to the Health and Safety Executive

3.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) require the following types of accidents to be reported to the Health and Safety Executive:-

- **Fatal Accidents**

Fatal accidents to **any person** arising out of or in connection with work activities (Regulation 6).

- **Specified Injury Accidents** (Regulation 4), to **persons at work** are defined as follows:-

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs

- Serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

3.2 **Reportable Accidents to Persons not at Work**

This section is designed to cover persons who whilst **not at work** have an accident due to the condition of our premises or arising out of our work activities. Examples will include a care home resident, day centre service user or visitor.

Accidents arising out of or in connection with work that results in a person not at work being taken directly from the location where the accident occurred to a hospital for treatment are reportable.

3.3 **Reportable Accidents to Pupils**

Accidents to pupils must also be reported to the HSE if:-

- The pupil is killed or taken to hospital

and

- The accident arises out of or in connection with work.

In order to decide whether an accident 'arises out of or is in connection with work' it

will be reportable if it is attributable to:-

- Work organisation (eg, supervision of a field trip).

- Plant or substances (eg, lifts, machinery, experiments).
- The condition of the premises.

Playground accidents due to collision, slips trips are not reportable unless they arise out of or in connection with work, eg the condition of the premises or equipment or the level of supervision.

3.4 **Over 7 Day Injuries**

Accidents that result in persons at work being incapacitated for more than 7 consecutive days excluding the day of the accident, but including weekends and rest days are reportable to the Health and Safety Executive. The report must be made within 15 days of the accident.

4.0 **Reporting**

4.1 **Fatal, Specified Injury or Reportable Accidents to Persons not at Work**

In the event of a fatality or specified injury to a person at work or a fatality or reportable accident to a person not at work (3.2) the Line Manager **shall** ensure the following persons are notified by the quickest possible means (normally telephone) in the following order:-

- Senior Manager
- Corporate Health & Safety Section (ext. 3231/3234)

The Council's Corporate Health & Safety Section will, in **consultation** with the Line

Manager, notify the HSE Incident Contact Centre (ICC) on 0345 300 9923 or via the HSE's online RIDDOR reporting database.

4.2 **Over 7 Day Injuries**

Over 7 Day injuries will also be accepted by the HSE ICC by telephone (0345 300 9923).

The Council's Corporate Health & Safety Section will, in **consultation** with the Line

Manager, notify the HSE ICC on 0345 300 9923 or via the HSE's online RIDDOR reporting database.

Appendix 1

Parental agreement for setting to administer medicine – Robins Lane Primary School

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)..... Date

Indemnity

I am aware that my child _____ needs to take the medication mentioned above in school hours. I have provided the Headteacher with information about how the medication is to be administered and I undertake to ensure that the school has an adequate supply of medication. I accept that as long as it is administered responsibly in accordance with the Doctor's instructions, then I will not hold the Headteacher nor the Local Authority nor its servants or agents responsible in the event that _____ suffers any adverse effects from the administration of the above mentioned medication.

Name:

Signed: Date:

Name of person who will administer medicine:

Agreed and Signed by Headteacher:

Signed: Date:

Appendix 2

Record of medicine administered – Robins Lane Primary School

Name of School/setting

Robins Lane Primary School

Child's name

Class:

Date	Time	Name of Medicine	Dose Given	Any reactions of staff	Signature	Print name	Counter	Print name
						Signature		

Appendix 3

ACCIDENT REPORTING



