

# SHIREMOOR PRIMARY FIRST AID POLICY



## **First Aid Policy**

### **Including Administration of Medicines**

The health and safety of all children at Shiremoor Primary School is of the highest importance to all staff.

The purpose of this policy is to explain the practices in place to address the health needs of the children which may be as a result of accidents or medical conditions.

At Shiremoor Primary School we have members of staff trained to administer 1<sup>st</sup> Aid:

#### **Support Staff First Aiders:**

**Mrs S Clark**

**Miss R Blakeley**

**Mrs S Scott**

**Miss L Barnfather**

**Mrs P McNamra**

**Mrs E Suniga**

**Mrs T Hill**

**Mr S Luke**

**Mrs T Holland**

**Miss Smith**

#### **Midday Supervisor First Aiders:**

**Miss T Roberts**

**Mrs T Holland**

**Miss K Leese**

**Miss L Barnfather**

**Mrs T Dixon-Buchan**

**Mrs D Kelly**

**Mrs V Purcell**

#### **After School Club 1<sup>st</sup> Aiders**

**Miss T Roberts**

**Mrs K Quinn**

**Mrs B Middleton and Mrs K Quinn are also a 1<sup>st</sup> Aiders for Residential visits**

1<sup>st</sup> Aid (with Paediatric) training is carried out in line with current health and safety recommendations. This is every 3 years to re qualify as a 1<sup>st</sup> Aider and updated annually.

All members of staff are trained to administer Epi-pens for anaphylaxis. Support staff are trained in the use of a defibrillator. The defibrillator is checked each morning by a member of the support staff. The defibrillator is wall mounted in the main entrance.

All reported accidents are recorded in the Accident Record Book. Any injuries are recorded and parents are informed by an incident slip. In event of serious injury or concerns parents are informed by telephone.

If needed ambulances are summoned by Mrs B Middleton, the office or the deputy/assistant headteachers. Pupils should be accompanied to hospital by parents, if this is not possible by a member of the school staff designated by Mrs B Middleton, Headteacher.

Parents must be informed immediately. If unavailable, emergency contact numbers must be tried.

**It is important that parents/carers inform the school office of any changes in contact information immediately and contact details are kept up to date.**

## **Administration of Medication**

Staff who have volunteered or who are employed for the purpose of administration of medication and health care:

- Should receive training and advice from the appropriate health practitioner i.e. the school nursing service.
- Training will be updated appropriately and recorded.
- Staff are responsible for notifying the school when their training requires updating and for ensuring this is arranged.
- Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation confirming their ability to perform the procedure.
- Medicine should be administered in an appropriate/confidential room.
- Before medication is administered, the child's identity must be established by checking with another competent adult, who should also confirm the correct medication is being administered.
- Staff will follow directions for administration provided in writing by the health practitioner.
- Staff will record details of each administration.
- A child should never be forced to accept medication and where medication is refused parents will be informed.
- Staff will be provided with appropriate protection ie: barrier gloves by the school

## **PARENTAL RESPONSIBILITY**

- Parents/Carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. This should be done upon admission or when their child first develops a medical need.
- Where a child has a short term medical need, ie: a broken arm, a medical protocol will be drawn up with the Parents/Carers. Protocols must be completed regarding individuals with special consideration and this information will be communicated to all staff and kept in the Protocol File in the school office.
- Where a child has a long term medical condition, ie: epilepsy, an Education Health Care Plan will be written. This will include:
  - Details of child's condition, including triggers or warning signs
  - Special Requirements/medication
  - Any side effects of medication
  - What constitutes an emergency
  - What action to take in an emergency
  - What not to do in the event of an emergency
  - Who to contact in an emergency

- The role the staff can play

**It is important that parents/carers inform the school office of any changes in contact information immediately and contact details are kept up to date.**

### **MEDICAL CONDITIONS REQUIRING EMERGENCY TREATMENT**

Medication prescribed in case of an emergency to treat a known medical condition, (e.g. severe allergic reaction, severe epilepsy) - will be administered only after a protocol/health care plan has been drawn up. Agreed procedures will be followed and necessary training given to staff.

Support staff are trained in the use of a defibrillator. The defibrillator is kept in the in the main school entrance and appropriate checks to ensure the defibrillator is working are made.

### **MEDICINES AND PUPILS**

When children are unwell the best place for them is at home. Occasionally a doctor regards a child fit to return to school provided a prescribed medicine is taken at midday. There are also children with long-term illness who can only attend school if medication is either given during the school day or is available in an emergency. As we do not want to deprive any child of the opportunity to attend school therefore we will discharge our 'in loco parentis' duty of care.

No medication will be administered without written permission from the parents/carers. A request for Medicines to be Administered Form must be completed before medicine can be administered by staff. These are available from the school office.

**Staff members are not legally required to administer medicines or to supervise a pupil when taking medicine. This is a voluntary role. Staff members at Shiremoor are willing to administer prescribed medication only but may administer non-prescription medicine if requested by the parent.**

### **PRESCRIBED MEDICINES**

- Medicines should only be taken into school where it would be detrimental to a child's health if the medicine were not administered during the school day ie to be taken 4 times a day.
- In line with the Medicines Act 1968: Shiremoor Primary School will only accept medicines that have been prescribed by a doctor, dentist nurse prescriber or pharmacist prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration.
- Any changes to prescriber's instructions will need a letter or email from the prescriber.
- **Staff will not accept medicines that have been taken out of the original container or make changes to dosages on parental instruction.**

- Medicines will be stored in a locked cabinet during the day or a fridge where necessary.
- A record will be made of when the medicine was dispensed
- Medicines must be handed to appropriate staff by the parent not brought into school by the child.
- Parent/Carer should make arrangements to collect the medicine from the school office at the end of the day.
- A daily record is kept of the amount of medication given/taken.
- If a child refuses to take their medication, no member of staff will force them to do so. Parents will be informed about refusal on the same day.

### NON PRESCRIPTION MEDICINES

- **Aspirin or paracetamol will not be administered by school in an Early Year setting without a prescription**
- Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning perhaps to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day. This will usually be for a short period only, 24 hours and in all cases not exceed 48 hours. If symptoms persist medical advice should be sought by the parent.

### SELF MEDICATION

- Children may carry and administer (where appropriate) their own inhalers.
- A request for self-medication form must be completed by the parent and the child should be taught the importance of not sharing medication with other children.
- Children who need to apply creams for skin conditions will be encouraged to apply their own cream.
- If a member of staff needs to apply cream, they should wear barrier gloves to stop cross contamination

### SUNSCREEN CREAM

- Parents are encouraged to provide a hat and sunscreen cream for children during the summer months
- High factor sunscreens are available which are long lasting and will provide protection for children through the lunch period even when administered in the morning. Children may bring sunscreen to school for self administration. Younger children may be supported in applying cream to areas and faces if required.
- Children are encouraged to bring a water bottle to school everyday but particularly in the summer months. They should be filled with water only.

## EDUCATIONAL, RESIDENTIAL AND SPORTING ACTIVITIES

- In line with our SEND and Equality Policies/Statements we will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. A protocol and risk assessment may need to be completed.
- Staff supervising visits will be aware of any medical needs and any medication needed will be taken on the visit.
- Staff will consider any reasonable adjustments and undertake any additional safety measures or risk assessments so that the needs of a pupil with a medical condition are included.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the School nurse or the child's doctor.
- It is the parent's responsibility to ensure that the teacher is aware of any medication issues prior to a trip.

**When your child is unwell, it can be hard deciding whether to keep them off school. A few simple guidelines can help.** The following information is from Live Well – NHS Choices

Not every illness needs to keep your child from school. If you keep your child away from school, be sure to inform the school on the first day of their absence.

Use common sense when deciding whether or not your child is too ill to attend school. Ask yourself the following questions.

- Is your child well enough to do the activities of the school day? If not, keep your child at home.
- Does your child have a condition that could be passed on to other children or school staff? If so, keep your child at home.

### Common conditions

- Cough and cold. A child with a minor cough or cold may attend school. If the cold is accompanied by a raised temperature, shivers or drowsiness, the child should stay off school, visit the GP and return to school 24 hours after they start to feel better. If your child has a more severe and long-lasting cough, consult your GP. They can give guidance on whether the child should stay off school.
- Raised temperature. If your child has a raised temperature, they shouldn't attend school. They can return 24 hours after they start to feel better.
- Rash. Rashes can be the first sign of many infectious illnesses, such as chickenpox and measles. Children with these conditions shouldn't attend school. If your child has a rash, check with your GP or practice nurse before sending them to school.
- Headache. A child with a minor headache doesn't usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms,

such as raised temperature or drowsiness, then keep the child off school and consult your GP.

- Vomiting and diarrhoea. Children with these conditions should be kept off school. They can return 48 hours after their symptoms disappear. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist, consult your GP.
- Sore throat. A sore throat alone doesn't have to keep a child from school. If it's accompanied by a raised temperature, the child should stay at home.

## **Tell the school**

It's important to inform the school if your child is going to be absent. On the first day of your child's illness, telephone the school to tell them that your child will be staying at home. The school may ask about the nature of the illness and how long you expect the absence to last.

If it becomes clear that your child will be away for longer than expected, phone the school as soon as possible to explain this.

## **Legal Framework**

### Medicines Act 1968

- No child should be given medicines without the consent of their parents/carers.
- Anyone may administer a prescribed medicine, with written consent, to a third party, so long as it is in accordance with the prescriber's instructions.
- A medicine may only be administered by a school or setting to the child for whom it has been prescribed, labelled and supplied.
- No one but the prescriber may vary the dose or directions for administering of the medicine. In those rare cases where the dose may vary regularly, printed dose schedules should be available from the relevant health professional.
- Medicines should be stored securely unless it has been agreed that the child keeps and administers the medication themselves e.g. inhaler.

- Records of medicines being administered should be maintained and monitored

### Misuse of Drugs Act 1971

This is of relevance to schools and settings where a child has been prescribed a controlled drug that they may legally have in their possession e.g. methylpridate (Ritalin). It allows for staff to administer controlled drugs in such circumstances in accordance with the prescriber's instructions.

### Health & Safety at Work Act 1974/Management of HSAWA Regulations 1999

Employers of staff in schools must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others such as children and visitors are not put at risk.

Most schools will, at some time, have children on role with medical needs requiring medication. In some cases, children with medical needs may be more at risk than other children (e.g. during school trips) and staff may need to take additional steps to safeguard the health & safety of such children.

Individual procedures and risk assessments for identified children will be required in some cases.

### Care Standards Act 2000

The national standards for under 8's day care require that the registered person in an early years setting has:

- a clear policy regarding the administration of medicines, which is understood by all staff and discussed with parents/carers.
- provided staff training specific to the needs of the child concerned

### Control of Substances Hazardous to Health Regulations 2002

This piece of legislation places a specific requirement on employers to control exposure to hazardous substances to protect employees and others (e.g. pupils). As some medicines may be harmful to anyone for whom they are not prescribed schools are required to ensure risks to the health of staff, children and others are properly controlled.

### Statutory Framework for Early Years Foundation Stage 2007

This legislation places a statutory duty on early year's providers to promote good health of children and take necessary steps to prevent the spread of infection and take appropriate action when they are ill. Specific actions include:

- Providers must implement an effective policy on administering medicines. The policy must include effective management systems to support individual children with medical needs.
- Providers must keep written records of all medicines administered to children, and inform parents of these records.
- Providers must obtain prior written permission for each and every medicine from parents before any medication is given.
- Providers must ensure medicines are stored strictly in accordance with product instructions and in the original container in which dispensed.

### Equality Act 2010

This piece of legislation has attempted to encompass under one document the requirement not to discriminate against pupils who are deemed disabled.

The implications of the act are:

- Schools must not treat a disabled pupil less favourably, simply because that pupil is disabled. Such actions are discriminatory under any circumstances
- Schools must not do something which applies to all pupils, but which is more likely to have an adverse affect on disabled pupils (e.g. a refusal to administer medication.)
- Public bodies such as schools and the Local Authority have a general equality duty requiring them to advance and promote equality of opportunity, as well as take steps to remove or minimise disadvantages.

As some medical conditions may be classed as a disability then the Local Authority would expect schools to have considered arrangements that can reasonably be made to support children presenting such needs. This would include children who require the administration of medication.

### Children & Families Act 2014

Section 100 of this act places a legal duty upon schools to make arrangements for supporting pupils in schools with medical conditions and have regard to statutory guidance issued by the secretary of state.

This Local Authority document has been based upon the most recent government guidance and schools should therefore base their policy within the enclosed guidelines.

Taken together the legislation places a duty of care upon the Local Authority, Schools and other settings to ensure all children in their charge are healthy and safe. This duty of care will include the administering of medication where necessary and/or taking action in an emergency. This duty also extends to staff leading activities that take place off site e.g. visits, field trips.

Whilst there is no legal duty that requires individual staff to administer medicines, schools must ensure sufficient staff are available to support a policy of administering medicines. In doing so a number of schools are developing roles for their support staff that build the administration of medicines into their job descriptions.

Schools must ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Such actions will be expected for schools in meeting their responsibilities under the general equality duty referenced earlier.