

**Gilmorton Chandler C of E Primary School**  
**First Aid and Medication Policy M17**

**Signed by the Governing Body:**

**Agreed by the Governing Body: June 2014**

**Review date: Summer 2017 or earlier if required.**

**1. Aims and expectations**

- To help relieve any pain or suffering resulting from illness or injury.
- To minimise any further injury after accidents by providing appropriate first aid care.
- To enable adults in the school to take appropriate action whenever accidents or illnesses occur.
- To ensure first aid equipment is accessible in all areas.
- To ensure staff are aware of all pupils with medical problems.
- To ensure that any pupil with medical problems/conditions receives as full an education as possible.

**2. Procedural Guidelines – First Aid**

- If appropriate, a member of staff removes the injured person away from others (send a runner for help if necessary).
- If necessary, a designated first aider gives first aid and an explanation of the first aid being provided.
- The judgement of the first aider is crucial in deciding the level of reporting necessary. If in any doubt, a second opinion should be sought from the designated senior first aider or the headteacher / assistant headteacher.
- Staff attending to open wounds must wear disposable gloves.
- Waste resulting from treatment should be placed in the yellow waste containers.
- Any pupil taken sick during the school day should be taken to the office where contact with the parents or other nominated contact will be made.
- In cases of head injury, parents or contacts must be informed and given responsibility for making the decision regarding the child remaining in school.
- In all cases where an injury looks serious and / or the pupil is still in distress, parents or contacts should be informed and given the option of coming to see the child or allowing staff to continue to monitor the situation.
- In the most severe cases an ambulance should be called at the earliest opportunity.
- An accident form should be completed and sent to parents.
- A form for the Health and Safety Executive must be completed in the event of major injuries.

**3. Procedural Guidelines - Medication**

In certain circumstances it may be necessary for the school to administer prescribed medicines on a long term basis. If this is the case the following procedures should be adhered to:

- When a pupil joins the school, those with legal responsibility are asked if their child has any medical conditions on their enrolment form. From this information, the school keeps a medical register. If required, an individual care plan will be put in place (see medical conditions section below).
- Those with legal responsibility are asked to update the information when the medicines or dosages change.
- No prescribed medicine should be administered by staff unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so.
- It must be understood that all staff are acting voluntarily in administering medicines (See Code of Practice No. 5 – Administration of Medicines).
- Any pupil requiring prescribed medication should be told to whom and where they should report.
- All prescribed medicines must be clearly labelled with the pupil's name, method of administration, dosage, frequency and the name of the medicine being given.
- Emergency medication and reliever inhalers must follow the pupil at all times. Children may carry their own emergency treatment medication, but if this is not appropriate, the medication should be kept by the teacher in charge.
- All other medication is kept securely in child proof containers in the school office.
- If the medicine requires refrigeration, it will need to be kept in a labelled container in the staff room refrigerator.
- Any unused or time expired medication must be handed back to the parent or person with legal responsibility.
- Where necessary, training must be given to enable staff to administer medicine correctly e.g. epipen training for anaphylactic shock.
- Those with legal responsibility for the young person must update the school of any changes in administration of medication and maintain an in-date supply of the medication.
- If it is necessary to give emergency treatment, a clear written account of the incident must be given to the person with legal responsibility and a copy must be retained in school.

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For short term courses of prescribed medication, the dosage can usually be adjusted so that none is required at lunchtime. If, however, this is not possible a parent / nominated contact may administer the lunchtime dose by arrangement with the office staff.

- No prescribed medicine should be administered by staff unless clear written instructions to do so have been obtained from a person with legal responsibility and the school has indicated that it is able to do so.
- It must be understood that all staff are acting voluntarily in administering medicines (See Code of Practice No. 5 – Administration of Medicines).
- Any pupil requiring prescribed medication should be told to whom and where they should report.
- All prescribed medicines must be clearly labelled with the pupil's name, method of administration, dosage, frequency and the name of the medicine being given.
- Prescribed medication is kept securely in child proof containers in the school office or if the medicine requires refrigeration, it will need to be kept in a labelled container in the staff room refrigerator.
- Any unused or time expired medication must be handed back to the parent or person with legal responsibility.
- Those with legal responsibility for the young person must update the school of any changes in administration of medication and maintain an in-date supply of the medication.

#### **4. Asthma**

Gilmorton Chandler recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We welcome all pupils with asthma and will encourage them to participate fully in all aspects of school life.

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as those with legal responsibility and the medical profession agree they are mature enough. The reliever inhalers of younger children are kept in an open container in the classroom.
- If an acute episode of asthma occurs in school, the pupil will be encouraged to use their reliever inhaler in line with their care plan. The pupil should be seated and encouraged to breathe slowly and deeply. If, after five minutes the medication does not appear to have the desired effect, or the pupil appears to be very distressed, unable to talk, or shows signs of becoming exhausted, and has blue lips, staff should call an ambulance.
- Those with legal responsibility are asked to provide a labelled spare reliever inhaler.
- School staff are not required to administer asthma medicines to pupils except in an emergency, however many of the staff are happy to do this.
- Pupils with asthma are encouraged to participate fully in all lessons.
- Teachers and out-of-hours sport staff will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson.
- The school does all it can to ensure the school environment is favourable to pupils with asthma thus minimising the risk of exposure to triggers.
- If a pupil is missing a lot of time at school or is excessively tired due to asthma disturbing sleep, the class teacher will talk to those with legal responsibility. If appropriate the teacher will talk to the school nurse and / or special needs co-ordinator.

#### **5. Other medical conditions**

Arrangements to support a child with a medical condition will commence as soon as the school is made aware of the condition and will be put in place within two weeks or on starting at the school to ensure minimal impact on the child's education.

##### ***Individual healthcare plans***

Individual healthcare plans will include key information and actions required to support the child effectively. They will be easily accessible to those who need to refer to them while maintaining confidentiality. The level of detail will depend on the complexity of the condition and the degree of support needed. Any SEN will also be mentioned on the individual healthcare plan. Plans will be drawn up by the relevant healthcare professional in partnership with the school and parents / carers. Plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed. At all times the child's best interests must be kept in mind and risks assessed and managed to ensure there is minimal disruption to the child's education, health and social well-being. Individual healthcare plans will include:

- the medical condition, triggers, signs, symptoms and treatments;
- the child's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;

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- specific support for the child's educational, social and emotional needs e.g. how absences will be managed, rest periods, additional time for tests etc.
- the level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide the support, training needs, expectations of role, confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; a cover arrangements for when staff are unavailable;
- who in school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by members of staff, or self-administered by the child during school hours;
- separate arrangements required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent / carer / child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements.

#### **6. Roles and responsibilities**

##### **The Governing Body**

The Governing Body is responsible for ensuring this policy is developed, implemented and reviewed. It is responsible for ensuring that sufficient staff have received suitable training and are competent before they administer first aid / medication or take on responsibility to support children with medical conditions. It should ensure written records are kept of all medicines administered to children. The Governing Body ensures an appropriate level of insurance is in place to reflect the level of risk. It also determines the complaints procedure – see Complaints Policy.

##### **Headteacher (other school leaders in the absence of the headteacher)**

The Headteacher should ensure this policy is developed and implemented effectively with partners. She/he should ensure all staff are aware of this policy and understand their role in its implementation. She/he should ensure that all staff who need to know are aware of children's medical conditions and that there are sufficient trained staff to implement the policy and deliver against the individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans.

##### **School staff**

Any member of staff may be asked to provide support to children with medical conditions, including the administration of medicines, although they cannot be required to do so. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions or administer first aid. In addition, the senior first aider will keep up to date with developments in first aid, advise staff accordingly and take responsibility for the restocking of first aid equipment.

##### **School nurses**

School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

##### **Other healthcare professionals / services**

These should notify the school nurse when a child has been identified as having a medical condition that will require support in school. They should advise on the development of the individual healthcare plans. They should co-operate with schools supporting children with medical conditions, including appropriate communication, outreach and training.

##### **Pupils**

Children with medical conditions should be fully involved in discussions about their support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

##### **Parents / Carers**

Parents / carers should provide school with sufficient and up to date information about their child's medical needs. They should be involved in the development and review of their child's individual healthcare plan. They should carry out any actions agreed in the plan e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

##### **Local Authority**

Under Section 10 of the Children Act 2004, the Local Authority has a duty to promote cooperation between relevant partners to improve the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. It should make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).