



**GROVE PARK PRIMARY SCHOOL  
FIRST AID AND MEDICATION POLICY  
Revised: March 2011- Review annually**

This policy is written with the treatment of children in mind, however, the same procedures will be followed for all on site incidences, including staff and visitors.

All external providers of after school activities are instructed to provide their own qualified first aider and first aid kit (although clubs organised and run by Grove Park School staff may use the school first aid facilities and equipment).

School staff designated to administer first aid or medicines to pupils will be covered by the School in the event of liability / negligence claims made against them, as long as they have taken all reasonable steps to follow the procedures contained in these guidelines and parental instructions.

**Minor Incidents requiring First Aid (cuts, bruises, scrapes etc)**

There are a number of first aiders in the school (see board in staffroom corridor). There is always a paediatric first aider working in the EYFS.

First Aid boxes are kept in the following areas:

- The first aid room
- The infant library area
- Reception class (by sink area)
- Nursery class (kitchen cupboard)

First aid equipment, when used, should be replenished by the first aider using the main store in the first aid room. SMSAs must do this daily before leaving. The TA in charge of first aid is responsible for reordering stock as and when it is needed, within the annual budget allowance.

A first aid kit will be carried by a teacher or TA going outside the school on a trip for use in minor incidences. If a more serious injury occurs away from school, first aid help should be sought from the site being visited if possible. Otherwise an ambulance should be called.

All injuries and treatments, regardless of how minor, must be recorded in the Accident Record Book (Appendix 1) at the designated First Aid Point, and signed by the First Aider giving the treatment. **Please note** never use Dettol or any other antiseptic cream on wounds, only water should be used.

**During the school day:** Any sick or injured child should be dealt with by the first aider working in your classroom if you have one, or should be sent to the assigned first aider. A rota visible in all classrooms, the staffroom and office states who is on duty.

**At playtime:** Any sick or injured child should be sent to the school office where they will find the assigned first aider.

**At lunchtime:** One SMSA is assigned to first aid duty each day. They are based under the shelter in the playground with the first aid kit from the infant library. The SMSA on first aid duty should check if there are any ongoing incidents with the morning first aider before going

outside. They then take over this duty and care. Any cases that need further attention when the SMSA's duty comes to an end should be passed on to the afternoon first aider indicated on the rota.

### **Specific Incidents (head injuries/vomit/bodily fluids/headlice/asthma)**

**Head Injuries:** All cases of head injuries must be seen by a First Aider and must be recorded, even if it is only slight. If the injury occurs at playtime or lunchtime the class teacher must be notified and the child should be closely monitored. Parents must be notified of head injuries; children will be given a 'bumped head' sticker to wear for the rest of the day (kept in the Accident Treatment File), so that parents know what time the incident took place. Additionally, it is advisable to phone parents at the time of the injury to notify them.

**Bodily fluids:** Clinical waste i.e. bloody cotton wool etc should be disposed of in a clinical waste bin (available in medical room). First aiders or staff are required to wear gloves and/or aprons and masks when dealing with bodily fluids.

**Vomit:** In the event of a child vomiting at school, please follow these procedures:

- Remove child from area if possible, preferably to the first aid room or toilets, until a bucket is available.
- After attending to the needs of the child, ensure any vomit on the floor is covered in absorbent powder (kept in the medical room). Wet floor signs may be used as a warning. The first aider on duty will clean up as soon as possible using assigned cleaning products from first aid room.
- An adult should remain with the vomiting child (particularly infants) at all times.
- Soiled clothing should be removed and placed in a plastic bag. Spare underwear is available in the medical room and nursery and reception classrooms and spare uniform in the cupboard in the corridor.
- Parents or carers will be contacted immediately and ask to collect their child.
- Children may not return to school until 24 hours after vomiting.

**Head lice:** Parents of children known to have head lice must be given a letter that gives guidelines on how to deal with them. Letters are available from the school office. It is advisable to give the whole class information about treatment.

**Asthma:** Asthma varies from child to child, it is impossible to give specific guidelines that suit everyone. Children often know what to do themselves and usually respond well and quickly to reliever treatment. The guidelines in Appendix 4 will support staff in dealing with an attack.

### **Serious medical incidents**

**Incidents dealt with in school:** A qualified first aider should be sent for immediately to deal with the incident. The child must not be left unattended at any time. A medical advice slip (Appendix 2) must be signed by the adult collecting the child, in order to hand over responsibility for the child's well being. A copy of the signed form must be taken and filed in the Accident File.

**Incidents requiring emergency attention:** The decision to call an ambulance will be made by the qualified First Aider on duty who will inform the school office. The office calls the ambulance and informs the Headteacher or Deputy (Senior Teacher in their absence). The parents or carers will also be phoned at this point. A responsible adult will accompany the child

to hospital, ideally the parents or carers; however on no account should the provision of urgently needed medical attention be delayed pending the arrival of parents.

Whilst waiting for an ambulance to arrive a first aider will care for the child. There is a 'Revive Aid' (for use if and when artificial respiration is ever necessary in an emergency) kept in each first aid kit (in the bag on the back of the classroom door) and at each first aid point.

### **Children with ongoing medical needs (including asthma and allergies)**

- A medical information file is kept in the school office. Children requiring ongoing medication or care (e.g. asthma, allergies etc) have a record added to this file when they join the school. All staff that need to know about medication for specific children with asthma are informed by the member of staff who initially completes the medication record.
- A list of all pupils named as having asthma is maintained by the TA responsible for first aid in the staff room corridor. Inhalers and details of treatment are obtained from parents, together with clear guidance on correct usage. All inhalers must be clearly labelled with the child's name, class and any specific instructions. They are kept in the child's classroom in a PE "medical" bag. If a child has a reliever inhaler it is essential that they have access to it at all times.
- A list of children with allergies, showing their photographs, is maintained by the TA responsible for first aid in the staffroom corridor. Nuts are not allowed in school in case of allergies and other items may also be disallowed at any time depending on the current allergies of pupils and staff within the school. A list of items currently in this category is displayed in the staffroom corridor.

### **Children requiring medicine in school**

It would normally be expected that the parent at home would administer medicine, e.g. antibiotics. However, where a child is taking a limited course of prescribed medication, but is fit to return to school, he or she might be allowed to do so by agreement as long as full written instructions are given to the school office. There may also be children requiring ongoing medication for specific medical conditions. Only medicine that has been prescribed by a doctor may be given in school, and this is at the discretion of the headteacher.

In all cases of medicine being given in school, the label on the medicine container should be checked against the school medicine record (completed by parent). Any discrepancy should be queried with the parent before administering a medicine. The school will only give medicines in accordance with the instructions and name on the medicine container. This will usually be dealt with by the school office.

### **In the case of medicines being given in school for a limited period of time, the following guidelines apply:**

- Parents will be required to sign an acknowledgement ("medicines given in school" form) that they have requested the administration of medicine to their child and that they allow a designated member of staff to do it (see appendix 3). These forms are kept in a named file in the school office.
- A record will be kept of doses given, when given and by whom on the form. These will be signed and witnessed by the person giving medicine and one other member of staff.

**A few children, whilst fit to attend school, may, for prolonged periods of time or permanently, require to take medicine in school hours (diabetics, asthmatics, epileptics, etc.). In this case, the following additional guidelines apply:**

- The parent must make a request for medicines to be given by school staff, i.e. in writing and in person to the Headteacher. This request must be accompanied by a prescription or written letter from the doctor.
- The Headteacher shall ensure that a named person is responsible for medicines, together with a nominated deputy. The day-to-day mechanics of medicine administration may be delegated to competent, trained staff. (First Aid trained).
- The medicine will be provided to the School in the original container from the pharmacy clearly labelled with:
  - 1) Child's name
  - 2) Class
  - 3) Name of medicine
  - 4) How much to give (i.e. dose)
  - 5) When to be given
  - 6) Any other instructions
  - 7) Emergency contact number
  - 8) Family doctor's number

If necessary, the parent should ask the doctor to provide two prescriptions, one for home and one for school.

- Parents or carers are responsible for notifying the school in writing of any changes in medicine and replenishing the supply of medicines if necessary. No more than four weeks supply of medication should be sent to the school at any one time.
- Medicines, when not in use, shall be kept in a safe and secure place (a refrigerator if appropriate). However medicines, which may be required in an emergency, will always be readily accessible (this includes asthma inhalers, which are kept in class kits on the back of each class door). Epipens are always kept in the school office.
- The TA in charge of first aid will check medicines stored in school permanently, such as inhalers and epipens, at the beginning of each year. The TA in charge of first aid will check these at the beginning of each year. These are administered according to the child's needs, which will have been agreed by staff working with the child.
- Medicines no longer required should not be allowed to accumulate. They should be returned to the parent in person for disposal. In the last resort, unwanted medicines should be given to the local pharmacist for disposal as required by the Environmental Health Regulations.

<b>Grove Park Primary School</b>				<b>Accident Treatment Record</b>		
<b>CHILD'S NAME</b>	<b>DATE</b>	<b>CLASS</b>	<b>INJURY</b>	<b>NATURE OF ACCIDENT</b>	<b>TREATMENT GIVEN</b>	<b>SIGNATURE</b>



**MEDICAL ADVICE SLIP**

Child's Name:

Date:

Class:

Your child reported the following injury / illness today:

Time of injury / reporting illness:

Treatment given:

We recommend you take the following action:

- Whilst we believe this to be a minor injury / illness, please continue to monitor the situation and seek medical advice if there is no improvement or if your child's condition deteriorates in any way.
- Please seek medical advice and let us know the outcome.
- Please be watchful for any signs of concussion, i.e. vomiting, confusion, undue tiredness or severe headache. Should *any* of these symptoms develop, please seek medical attention immediately.
- Please contact us, we would like to discuss the matter with you.
- Other .....
- .....
- .....

Treated by:

(please print)

Signed:

Date:

Collected by:

parent / carer (please print)

Signed:

Date:

Appendix 3



**Grove Park Primary School**  
- inspiring each other -

Nightingale Close, Grove Park Terrace, Chiswick, London W4 3JN Tel: 020 8994 7405

**Medicines Administered in School**

Child's Name ..... Class / Age: .....

Name of medicine .....

How much to be given (i.e. dose) .....

When to be given .....

How to be stored .....

Any other instructions .....

Telephone number of parent of adult contact .....

Family doctor's number .....

I hereby give permission for a member of staff at Grove Park Primary School to administer the above medication, as prescribed by my doctor, to my child as per the instructions above

Parent's signature ..... Date .....

OFFICE USE ONLY						
TICK NUMBER OF DAYS REQUIRED						
TICK	DAY	DATE	ADMINISTERED BY:	TIME	WITNESSED BY	TIME
	MON					
	TUES					
	WED					
	THURS					
	FRI					

## Appendix 4

### Guidance for Dealing with Asthma Attacks

#### **1. Ensure that the reliever medicine is taken promptly and properly.**

A reliever inhaler (usually blue) should quickly open up narrowed air passages: try to make sure it is inhaled correctly. Preventer medicine is of no use during an attack; it should be used only if a child is due to take it.

#### **2. Stay calm and reassure the child.**

Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what s/he wants: the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold, but don't put your arm around the child's shoulder as this is very restrictive.

#### **3. Help the child to breathe**

In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support the chest. Leaning forward on a cushion can be restful, but make sure that the child's stomach is not squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps, loosen tight clothing around the neck and offer the child a drink of warm water, enough to moisten the mouth, because the mouth becomes very dry with rapid breathing.

Call a doctor urgently if

- The reliever has no effect after 5 or 10 minutes.
- The child is either distressed or unable to talk.
- You have any doubts at all about the child's condition.

If a doctor is unavailable, call an ambulance.

#### **After the attack**

Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue with normal school activities. Notify the parent at the end of the school day.