



First Aid & Medication Policy

**Policy ratified by the Finance & Premises Committee
Spring Term 2023**

Review Date: Spring Term 2024 (or as required)

Policy Owner: Vicky Rodrigues, Business & Operations Leader

EXTERNAL POLICY

FIRST AID & MEDICATION POLICY

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.

Many staff at Grove Park are qualified first aiders including the majority of Teaching Assistants and Lunchtime Staff (SMSA's). A full list can be found in the First Aid room.

Overall responsibility for First Aid is the Welfare & Attendance Officer and, in her absence, the SMSA Team Leader.

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

First Aid boxes are kept in the following areas:

- The First Aid room
- The Back Office
- The KS1 area (outside Year 2)
- Reception class (by sink area)
- Nursery class (first aid shelf)
- Every classroom
- The School Flat

First aid equipment, when used, should be replenished by the first aider using the main store in the first aid room. SMSA's must do this daily before leaving. The Welfare & Attendance Officer 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 incidents. 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.

Pupils

All injuries and treatments, regardless of how minor, must be recorded online using Medical Tracker. Every incident must be recorded, if you are treating a child who already has an incident open then you must add your name and any action taken in the notes. If for any reason, the internet is unavailable or

unusable a form must be completed for each incident and filed in the First Aid Folder in the medical room. Please see Appendix 1.

For further guidance on reporting please see the Health & Safety Policy - section 20.2.

Please note: Never use Dettol or any other antiseptic cream on wounds. Water and tissue or antiseptic wipes can be used (do not use cotton wool).

During the school day: any sick or injured child should be dealt with by the first aider working with the class or the year group first aider. If no-one is available the child should be sent to the office.

At playtime: Any sick or injured child should be sent to the first aider on duty. The first aider should take out the first aid bag and must wear their orange Hi-Viz jacket.

At lunchtime: SMSA's are qualified first aiders. They are in central location in the playground with the first aid kit. The class SMSA should check if there are any ongoing incidents with the class teacher/TA 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 office.

Specific Incidents

Covid-19: If a child is displaying Covid-19 symptoms. The SMSA team leader will be called and the child sent alone to the first aid room. The SMSA team leader will wear PPE, assess the situation and decide on the action needed.

Bodily fluids: Clinical waste i.e. bloody tissue 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.

Vomiting & Diarrhoea: 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 asked to collect their child.

- Children may not return to school until 48 hours after vomiting & diarrhoea has ceased.

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. If medication is required this must be recorded on medical tracker.

Serious medical incidents

A first aider should be sent for immediately to deal with the incident. All rooms in the school and all SMSA's should have an easily accessible 'help needed' card. If there is only one adult dealing with an incident another child should be sent to the office with a 'help needed' card and the location of the incident. The injured child must not be left unattended at any time.

If the child is collected and taken home, a medical advice slip (Appendix 3) 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.

The decision to call an ambulance will be made by the first aider dealing with the incident ideally in consultation with the Welfare & Attendance Officer or a Senior Leader. The office will call the ambulance and informs the parents or carers. 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
- a defibrillator (for use if a persons heart stops) is kept in the corridor next to the first aid room on the wall.

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.

There are a number of injuries that might cause parental concern: ANY facial injury, ANY injury to the genital area, severe head bumps, pain that will not go away despite treatment (these are only a few examples).

If you feel that an injury would cause parental concern, Medical Tracker will be completed. The person who dealt with the incident will call home and alert the parents.

If an injury (however small) has been caused by an act of aggression by another child please complete Medical Tracker and then make sure you let a member of SLT know as well as the Class Teacher.

As always, please let the teacher know if a child has had a serious injury.

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

- A medical requirements form is completed by all children when they start school. This form is saved in the child's records. A copy of this form is given to the lead first aider. All staff that need to know about medication for specific children with asthma are informed by the lead first aider.
- A list of all pupils named as having asthma is maintained by the lead first aider in the first aid room. 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 on the first aid shelf. If a child has a reliever inhaler it is essential that they have access to it at all times. It is the parent's responsibility to ensure that the inhalers are in date.
- A parent of a child who may require an epipen at certain times must supply 2 epipens which will remain in school at all times. An epipen will be kept in the child's class and one stored in the first aid room. Two epipens will accompany the child out of school on any trips. It is the parent's responsibility to ensure that the epipens are in date.
- A list of children with allergies, showing their photographs, is maintained by the Welfare & Attendance Officer in the first aid room. Pineapple, nuts & kiwi are not allowed in school due to current allergies and other items may also be disallowed at any time depending on the allergies of pupils and staff within the school. A list of items in this category is displayed in the staffroom.

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.

The school will only administer medicine if prescribed 4 times a day. If only required 3 times a day, parents will be requested to administer before and after school, and before bedtime. If parents would like to attend school and administer a dose at midday then they may do so.

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.

If a child requires paracetamol during school hours, this can be given by the welfare officer, at her discretion, with parental permission. This can be by phone or on completing a slip (appendix 5).

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 (see appendix 4). These forms are kept in a named file in the school office.
- The lead first aider checks the form and approves the administration of medicine. All medication must be prescribed unless an exceptional circumstance as decided by the lead first aider.
- 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 welfare officer. This request must be accompanied by a prescription or written letter from the doctor.
- The welfare officer 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) Name of medicine
 - 3) How much to give (i.e. dose)

- 4) When to be given
- 5) Any other instructions
- 6) 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 on the first aid shelf, in class). Epipens are always kept in the first aid room and classroom.
- The lead first aider will check medicines stored in school permanently, such as inhalers and epipens, at the beginning of each year. The lead first aider 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.

Appendix 1



Accident Treatment Record

Childs Name	Date and Time	Class	Location of incident	Injury/Symptoms	Injury Description	Treatment	Signature

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 parents once the child is back in class.

Appendix 3

MEDICAL ADVICE SLIP	
Child's Name:	
Date:	Class:
Your child reported the following injury / illness today:	
Time of injury / reporting illness:	
Treatment given:	
<p>We recommend you take the following action:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Please seek medical advice and let us know the outcome / advised A&E <input type="checkbox"/> 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. <input type="checkbox"/> Please contact us, we would like to discuss the matter with you. <input type="checkbox"/> Other 	
Treated by: (please print)	
Signed: Date:	
Collected by: parent / carer (please print)	
Signed: Date:	

Appendix 4

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 5

I give permission for Miss Karen Rawlings (Welfare & Attendance Officer) to administer pain relief to my child:

Childs Name _____

Year _____

Date _____

This morning they have had:-

Name of medicine _____

Quantity (mls) _____

Time dose given _____

Signed: _____