



# Straits Primary School

## First aid and the administration of medicines policy

All schools must be able to provide adequate first aid assistance to pupils or staff in the event of an accident. The number of persons trained in first aid in each establishment and the level of their training, will depend not only on the number of staff and pupils, but also on the nature of the activities undertaken.

First aid facilities must be available whenever there are people on site, having easy access to a first aid box. A telephone should be available to summon the emergency services whenever the establishment is occupied, including any lettings.

### Policy Statement

The Governors and Head teacher of Straits Primary School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school. The Governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 2013. The provision of First Aid within the school will be in accordance with the authority's guidance on First Aid in school.

The school's arrangements for carrying out the policy include the following key principles.

- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Record all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.

### Information on First Aid arrangements

The Head teacher will inform all employees at the school of the following:

- The arrangements for First Aid.
- Those employees with qualifications in First Aid.
- The location of First Aid kits.
- The arrangements for recording and reporting accidents.

### Arrangements for First Aid

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for schools'. The First Aid equipment is located in the first aid cupboard (school office) and the contents will be checked on a regular basis by designated first aiders (office staff). Teaching Assistants/Lunchtime Supervisors will replenish their classroom stock from this main stock.

At Straits, the appointed persons for First Aid are Emma Malpass and Jacqui Whitehouse. Their responsibilities include:

- a) Maintenance and oversight of first aid equipment and materials;
- b) Ensuring the school keeps a record of pupil accidents and reports (alongside the headteacher and business manager) any serious accidents to the LA as appropriate.
- c) Arranging for emergency assistance (ie. calling an ambulance) when necessary.

A further list of staff with first aid qualifications (first aid at work or paediatric first aid training) is posted in the school office.

## **Managing accidents**

Minor accidents will be managed by one of the school staff (including those with paediatric or first aid at work qualifications). If the accident is deemed more serious then a designated, fully trained, first aider will be alerted and asked to administer treatment.

More significant injuries (head bumps, serious cuts, scrapes or bruises) will be recorded using the 'school accident report duplicate book' and an accident report slip will be sent home to the child's parents or guardians (in many cases a conversation with the parent/carer at the end of the day or telephone call will also be actioned). The school accident report duplicate book is kept in the office.

## **Accidents at Lunchtime**

Minor first aid incidents are managed by lunchtime supervisors on the playground. Any serious incidents will be referred to one of the designated first aiders.

## **Accidents in the classroom**

If an accident happens in the classroom, the child will be referred to the first aid staff as necessary.

## **Pupil accidents involving their head**

The Governing body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

Head bumps should be treated with a cold compress and the class teacher should always be informed. Where emergency treatment is not required, an accident report slip will be sent home to the child's parents or guardians (in many cases a conversation with the parent/carer at the end of the day or telephone call will also be actioned).

## **Dealing with Emergencies**

In an emergency, a person trained in first aid will attend to the casualty and an ambulance will be called for without delay. The parent will then be contacted.

Following any accident or injury, the following steps should be taken to ensure that the correct help is given as quickly as possible.

- a) The injured person should not be moved if there is any suspicion that doing so could exacerbate their injuries. In cold or wet weather it may be necessary to keep them warm and dry.
- b) A First Aider should examine the injured person and give such treatment as is appropriate or possible.
- c) If hospital treatment is necessary an ambulance should be called.

In the case of pupils:

- a) The parent or guardian must be contacted as quickly as possible and asked to join their child as soon as possible at the school or hospital, as appropriate. Schools should not wait for parents to arrive to take pupils to hospital unless it is certain that treatment is not urgently required.
- b) There must be no delay to treatment or despatch of the injured pupil to hospital while waiting for parents or guardians to arrive.
- c) A member of the school staff (ideally SLT) must accompany the pupil to hospital if their parents have not arrived in time to do so, unless (exceptionally) the ambulance crew specifically request otherwise. The member of staff accompanying the pupil will ensure they have a copy of the pupil's medical notes to pass onto the paramedics or hospital and should normally wait at the hospital until the pupil's parent or guardian arrives, unless the nursing staff advise them not to do so.
- d) Staff accompanying a pupil to hospital should not normally give their consent to medical treatment unless it is specifically requested by a doctor, who should be asked to assume the responsibility for this decision.

- e) In an emergency situation, however, consent should be given on the advice of a senior hospital doctor, provided that reasonable steps have been made to contact the parent or guardian, even if it is known that their consent might not have been given.

### **Contents of First Aid Equipment**

First aid equipment contain the minimum following items:

- disposable gloves\*;
- individually wrapped medical wipes;
- individually wrapped sterile adhesive dressings (plasters)\* - assorted sizes;
- triangular bandages;
- medium size (approx. 12cm x 12cm) wrapped, sterile unmedicated dressings;
- large size (approx. 18cm x 18cm) wrapped, sterile unmedicated dressings;

### **First Aid Box Notes:**

*\*Disposable gloves - at least one unused pair must be available at all times in every first aid box. In practice, it may be more practical to store several pairs in a separate container, kept adjacent to the first aid box. Vinyl or latex gloves (which are relatively inexpensive) are preferable to cheap polythene types which tend to split easily.*

*Gloves, paper towels and contaminated dressings or other materials should be sealed in a plastic bag and disposed of in the medical bin. Hands should be washed again afterwards.*

*There is no prohibition on the use of sticking plasters, but it is recommended that at least some of those kept should be of the hypoallergenic type (available from local pharmacists) as some children show an allergic reaction to normal types.*

*Waterproof plasters may not "breathe" as well as fabric types, but the latter may be more likely to trap dirt, increasing the risk of infection in the wound. First aiders will need to consider which type is the more suitable in any given situation.*

*Plastic gloves are to be worn when dealing with all incidents involving bodily fluids. Bloods/soiled dressing and used gloves should be disposed of in the medical bin or in the Sanitary bins located in the Ladies toilets, if the dressings are more heavily soaked. Minor incidents and accidents should be dealt with, wounds cleaned etc and the child returned to the classroom/playground when possible and practical. All accidents are recorded and the class teacher should be informed.*

*Pain killers (eg. aspirin or paracetamol, including "junior" forms such as Calpol) must never be administered to pupils (unless prescribed by a doctor) even at the request of parents. They can mask symptoms in the event of injury and it is possible to inadvertently administer too large a dose if a pupil had already taken some without the knowledge of the school (eg. before leaving home).*

Trained first aiders may use other items only if they have been trained in their use. Such items must not be available for general use.

### **Accident Reporting (RIDDOR)**

The Governing body will implement the LA's procedures for reporting:

- All accidents to employees.
- All incidents of violence and aggression.

The Governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety executive as it applies to employees.

- An accident that involves an employee being incapacitated from work for more than three consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;
- It is an accident in school which requires immediate emergency treatment at hospital.

For each instance where the Head teacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought.

### **Hygiene Control Guidelines**

It is advisable to follow the Hygiene Control Guidelines recommended by the DfE to provide protection against a range of infections to which staff in schools may be exposed.

After accidents resulting in bleeding, contaminated surfaces, e.g. tables or furniture should be disinfected using sanitizer. As general policy, if staff giving care to children have cuts and abrasions; these should be covered with waterproof or other suitable dressings.

### **Health and Safety Responsibilities**

The Health and Safety Executive take the view that provided the school management and staff act in accordance with the health and safety policy and guidelines issued by the LA, asking advice when in doubt, then there should be no difficulty in meeting Health and Safety obligations. This approach will also ensure that the Headteacher, Governors and staff remain within the protection of the LA's insurance policies.

### **Administration of medicines**

Children with medical needs have the same rights of admission to a school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicines such as antibiotics. Some children however will have longer term medical needs and may require medicines on a daily basis to keep them well.

Parents/carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition on admission or when a medical condition is diagnosed. Where a child has a long-term condition, a care plan will be drawn up involving school, parents and health professionals.

Wherever possible it is agreed that parents should be responsible for administering medication to their own children. Pupils on prescribed medication which needs to be taken three times a day should, if possible, take this at home – i.e. in the morning before school, on reaching home after school and before bedtime.

There is no legal requirement upon staff, teaching and non-teaching, to administer medication. Staff undertaking such duties do so on a voluntary basis. Individual decisions on involvement must be respected.

Any medication presented to school should be in its prescribed container/packaging and should detail the name of the child and the correct dosage. An administering medicine form will be completed by the parent detailing all arrangements before any administration takes place.

The replenishment of prescribed medication is the responsibility of the parent / guardian.

Staff volunteering to undertake duties associated with the administration of medicine should ensure:

- No child takes any form of medication in school without completion of the administering medicines form.
- All medication is handed in to the Office and stored either in the locked medical cupboard or, if necessary, the office fridge in a locked box. Exceptions to this include inhalers – pupils who are asthma sufferers should keep one with them (in their classroom area) at all times.
- Pupils take the medication only when supervised by an adult. A second adult should also be present and a record kept of any medication given.
- Whenever a child is given medication it should be recorded on the pupil's Administration of Medicine Record.

Where a child has long term or complex needs all teaching and non-teaching staff will be informed. Where necessary staff will be trained by the school nurse to administer medication (e.g. how to use an auto-injector to deal with anaphylactic shock).

In an emergency the emergency services must be contacted immediately before informing parents.

## Children with Special Medical Conditions

Children with specific conditions and treatment have an individual care plan drawn up involving school, parents and health professionals. This is reviewed annually (or sooner if required) and is stored in the school office medical file, along with a record kept in individual classrooms. All other minor medical conditions are kept on file (Arbor).

### Asthma

Asthma can be a life-threatening disease and attacks can start very rapidly – all children who have a diagnosis of asthma have an asthma information form completed each year and a copy is kept in the school office.

It is vital that the asthmatic pupils have instant access to their inhalers. It is entirely reasonable to allow pupils to keep their inhalers on their person, in their classroom, or their school bag.

### Salbutamol Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

Our Protocol for using these inhalers:

- We will ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- We will keep a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler.
- The school has 1 emergency inhaler on site, stored in the emergency grab bag (school office)
- We will provide appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- We will keep a record of use of the emergency inhaler as required and inform parents or carers that their child has used the emergency inhaler.

### Diabetes

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/school-staff>

Diabetes is a serious condition where blood glucose level is too high. There are two main types, [type 1](#) and [type 2](#). Most children in school will have type 1 diabetes, which is a serious, lifelong condition where blood glucose level is too high because their body can't make a hormone called insulin. Diabetes can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it's not managed.

We want every child with diabetes to feel confident and safe at school. Below is what we think good diabetes care in school should look like for every single child with diabetes.

- No child with diabetes should be excluded from any part of the school curriculum.
- Every child with diabetes should have access to extracurricular activities.
- Schools, local authorities and health services should work together to make sure they meet the needs of children with diabetes.
- Paediatric diabetes teams will provide training and support to schools, so school staff have the skills and confidence they need to look after a child with diabetes.
- Every child with diabetes should be allowed to inject insulin, in public or in private, depending on their wishes.
- Every child with diabetes should have an individual healthcare plan, which details exactly what their needs are and who will help them.
- Parents should provide up-to-date information about their children's diabetes needs and all the supplies needed to manage diabetes in school.

- We won't assume that all children with diabetes have the same needs.
- Key school staff should know what to do in case of emergency and at least two people should be trained in how to care for a child with diabetes. Planned staff absences should be co-ordinated so that there is always one trained person in school.
- Schools and parents should agree on a clear method of communication.
- Children with diabetes should never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo.
- Children with diabetes should never be prevented from blood testing or taking insulin and should be able to look after their equipment themselves.
- Children with diabetes should not be sent home frequently or penalised for poor attendance when absence is related to their diabetes.
- Every child with diabetes should be listened to and their views taken into account.

### **Auto-injectors**

Children who have auto-injectors for severe allergies should have at least one in school, clearly labelled with their names. One should be kept in their classroom (in the white medical bucket), the other to be kept in the first aid area. It is parent's responsibility to ensure all medicines kept in school are in date. In an emergency the emergency services must be contacted immediately before informing parents.

### **Offsite activities**

At least one first aid kit will be taken on all off-site activities, along with individual pupil's medication such as inhalers, insulin, auto-injectors etc. Ideally, a person who has been trained in first aid will accompany all off site visits.

### **GDPR**

This Policy adheres to the principles under data protection law. For further information please review the School's Data Protection Policy published on the School Website. This policy will be reviewed annually.

### **Review**

The Headteacher, along with the designated first aiders, will ensure that this plan is reviewed in line with our policies schedule. Following any incident an investigation will be carried out and its findings used to inform change to procedures and working practices.

Signed by:

Chair of Governing Body: .....

Date: .....

Head teacher: .....

Date: .....

Agreed at the Full Governing Body Meeting on: .....