



**We See Jesus In Everything We Do**

## **ADMINISTERING MEDICINES POLICY**

### **AIMS**

The aim of this policy is to set out guidelines for all staff in school in the administering of First Aid to children, employees or visitors.

This policy shall be shared with all employees during their induction to ensure they are familiar with the school's first aid procedures.

The Governors are committed to the Local Authority's procedure for reporting accidents and recognize their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).

### **FIRST AID AND MEDICATION**

At least one member of staff with current first aid training is on the premises at any one time.

The first aid qualification includes first aid training for infants and young children.

The school currently has 12 emergency first aiders with valid certificates. Posters displaying the names and locations of first aiders are on display around the school.

### **ACCIDENT BOOKS**

- Accident duplicate books are kept in each classroom medical box. Top copies are given to the children to take home, bottom copies are kept in the relevant class medical boxes.
- The lunchtime controllers also have an accident book to report accidents during the lunchtime period.
- The school office has the major accident book. All serious accidents must be recorded in the office book, on the same day, and then handed to the administrator to record on CPOMS.
- All staff and volunteers know where the accident books are kept and how to complete them.
- All accident books are reviewed half termly by a member of the first aid team to identify any potential or actual hazards.
- Our accident books keep a record of any first-aid treatment given by first aiders and other members of staff. These accident books must be written in pen, completed on the same day of the incident, and include:
  - The date, time and place of the incident.
  - The name and class of the injured or ill person.
  - Details of the injury or illness and first-aid given.
- The information in the accident books can:
  - Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
  - Be used for reference in future first-aid need assessments;
  - Be helpful for insurance and investigative purposes.

All completed accident books should be given to the School Business Manager, who will store them for reference in future.

### **OFSTED REQUIREMENT TO NOTIFY PARENTS & THE DATA PROTECTION ACT**

Parents must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. The first-aider who treated the injury will ensure that the top copy of the accident book is given to the class teacher for the child to take home at the end of the day.

For more serious accidents, the class teacher or member of the Senior Leadership Team will call the parents to inform them of what happened and recommended next steps.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child and must not allow parents to take photographs other than of their own child.

### **ADMINISTRATION OF MEDICINES**

This applies to all pupils, including those who do not have an Individual Health Care Plan.

St Edward's will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

St Edward's will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which must still be in date, will generally be supplied in an insulin injector pen or a pump.

A written record will be kept in the medical file in the office. This will include:

- Medical Consent Form signed by the parent;
- Date, time, dosage and name of the member of staff who administers the medicine.

St Edward's will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

When administering medication, for example pain relief, this school will obtain verbal permission from a parent, check the maximum dosage and when the previous dose was given. Parents will be informed and dosage and time recorded. This school will not give a pupil under 16 any other medication unless prescribed by a doctor.

Any parent can request that their child is given prescription medicine in school. St Edward's will only accept medicine that has been prescribed by a GP or hospital doctor.

If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which must be handed into the class teacher before any medication can be administered.

It is preferable that pupils take medicine at home after the school day. Parents are encouraged to ask their GPs for medical prescriptions that fit around the school day.

No pupil will be given medicine without the parental consent unless there is a clear and dire emergency and ambulance / emergency personnel are in attendance.

However, if it is felt a child is in pain and would benefit from a dose of Calpol, verbal consent will be sought from the parent when they are called and up to 10ml dose administered. This must be recorded on the accident form, the top copy of which is handed to the parents when they collect their child.

Prescribed medicines must be in date, prescribed by an NHS doctor and provided in the original container with dosage instructions.

Parents must regularly renew the school supply of medicines and be responsible for visiting the GP to collect repeat prescriptions.

Parents are asked to collect all medications/equipment at the end of each half term, and to provide new and in-date medication at the start of each term.

The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs.

If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.

Arrangements for children who are competent to manage their own medicine in school.

A child who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing kit.

The school will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with the Headteacher who has a duty to ensure the safety of all children and young people.

### **MEDICAL EMERGENCIES**

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment.

The child and the parents will be informed about the school's arrangements and there will be details in the plan if appropriate.

The school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with Individual Health Care Plans.

The school will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

### **EPILEPSY**

Children with a confirmed diagnosis of epilepsy have a management plan issued by their Paediatric Neurologist/Paediatrician. This involves the use of rescue medication to terminate the seizure. Staff receive specific training if required to issue this medication.

## **CHOKING**

Clearing a blocked airway may be critical to saving a child before the emergency services arrive. If the child is choking and responsive, we will follow the required steps (in line with the Advanced Life Support Group guidance) to clear the blocked airway and repeat until the object is dislodged.

- Have someone call 911.
- Have someone notify the school nurse, if available.

Required steps to clear a blocked airway:

- **For infants:** Hold the infant face down on your arm, chest in your hand and infant's head lowered, give five slaps between the shoulder blades, then turn the infant face up, and using your fingers to press up on the breastbone, give five quick chest thrusts.
- **For older students:** Get behind the student, make a fist with one hand and grasp it with the other hand just above the student's navel, pull the student close to you, and thrust your fist upward against the student's abdomen.
  - A good cough is more effective than anything you can do.
  - If student becomes unresponsive, start CPR.
  - If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.
  - Even if the object was dislodged, inform the student's parent or legal guardian. Advise them that the student must be seen by their healthcare provider.

## **SICKNESS**

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have an infectious disease.

Children with head lice are not excluded, but must be treated to remedy the condition. Parents are notified if there is a case of head lice in the school.

HIV (Human Immunodeficiency Virus) may affect children or families attending the school. Staff may or may not be informed about it. Children or families are not excluded because of HIV status.

Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Site Controller and the First Aiders.

## **TREATMENT OF INJURIES**

Following an accident, the First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training.

Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The First Aider should call an ambulance on the following occasions:

- In the event of a significant injury or head injury;
- If bleeding cannot be controlled;
- In the event of a period of unconsciousness;
- Whenever the first aider is unsure of the severity of the injuries.

## **TREATMENT OF HEAD INJURIES TO CHILDREN**

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort.

Parents must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book and parents will be contacted by the class teacher or a member of the Senior Leadership Team. The person recording the injury must inform the class teacher.

Under no circumstances will ice packs be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Emergency First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear;
- seizures/fits after a head injury.

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. Parents will be contacted and the emergency services too.

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

## **TREATMENT OF SUSPECTED BREAKS/FRACTURES**

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

*If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.*

*Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage. Once you've done this, call 999 or 112 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger. Keep checking the casualty for signs of shock.*

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment.

### **DISPOSING OF BLOOD**

Blooded items should be placed in yellow clinical waste bags and disposed of in the sanitary bin in the female staff toilets.

### **TREATMENT OF SPLINTERS**

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the main first aid box located in the staffroom or medical room.

### **USE OF ICE PACKS**

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the medical room cupboard.

Guidance on the use of ice packs:

- Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 - 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack.
- With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

### **Precautions when using ice and heat**

Do not use ice or heat:

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- Areas with known poor circulation
- In the presence of visible or known infection(s)

### **TREATMENT OF ASTHMA**

We have several children at St Edward's with asthma. All inhaler and spacers should be sent to school labelled by the parents and then kept in the teachers cupboards in the classroom, out of sight and reach of the children.

In the event of an attack, the inhaler must be given to the child.

All inhalers and spacers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc.

Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated.

An emergency inhaler and spacer may be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). There are three emergency kits in the Medical Room cupboard which are clearly labelled for use in school, on trips and in the event of an evacuation.

Always seek the advice/attention of a qualified first aider in the event of an asthma attack.

## **USE OF EPI-PENS**

All Epi-Pens are labelled and kept in the relevant classroom teacher's cupboard.

Staff have Anaphylaxis and Epi Pen Training. These include senior leaders, First Aiders and the staff working with children who currently have an Epi-Pen.

Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered.

*From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).*

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

Children on the AAI register who have parental consent for the use of the emergency AAI are clearly indicated. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

## **TRAINING**

A central record of all training related to first aid is held by the School Business Manager and reviewed annually to ensure that certificates are renewed within timescales.

<b>Reviewed:</b>	Headteacher	November 2021
<b>Approved:</b>	Curriculum Committee	March 2022
<b>Ratified:</b>	FGB	March 2022
<b>Review frequency</b>	Annually	
<b>Signed by Chair of Governors</b>		
<b>Signed by Headteacher</b>		



**St Edward's Catholic First School, Parsonage Lane, Windsor, Berkshire SL4 5EN**

**MEDICATION CONSENT FORM**

The school is not obliged to undertake this duty. All medication must be clearly marked with your child's name and class and medicines must be in the original container as dispensed by the pharmacy.

<b>Child's Name:</b>	<b>Date:</b>	<b>Class:</b>
<b>Parent Name:</b>		
<b>Emergency Contact Number:</b>		
<b>Doctor's Name:</b>	<b>Surgery:</b>	
<b>Medication:</b>	<b>Storage Instructions:</b>	
<b>Dosage:</b>	<b>Duration of Dosage e.g. 1 day, 1 week:</b>	
<b>Special Guidance:</b>		
<b>Action Required if Treatment Missed:</b>		
<b>Parental Declaration:</b> The information above is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.		
<b>Parent/Carer Consent:</b> I understand that this task is being undertaken voluntarily and that the school will make every effort to administer this medication on time and as required. The member of staff in school undertaking the administration of medication can make no guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.		
<b>Signature:</b>	<b>Date:</b>	
<b>Whenever possible, the school will endeavour to inform parents/carers of expired medication. However, the ultimate responsibility remains with the parents/carers to ensure that all medication held in school is in date and any which has expired is replaced.</b>		

