

# **Roby Mill C.E. Primary School**

## **Whole School Policy for First Aid and Administration of Medication**

This policy is embedded in the school's mission statement which is;

*As a family, we play, learn and grow together, guided by the values of our faith*

### **First Aid Policy Statement**

#### **Rationale**

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines to dealing with Asthma, eczema and some other conditions only after having been agreed in writing by the headteacher.

#### **Purpose**

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

#### **Guidelines**

New staff to the school are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated.

#### **This policy has safety as its priority:**

- **safety for the children and adults receiving first aid or medicines**
- **safety for the adults who administer first aid or medicines.**

#### **Conclusion**

The administration and organisation of first aid and medicines provision is taken very seriously at Roby Mill CE Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Lancashire County Council. The school also discusses its first aid and medicines procedures with the school nurse each year. Adjustments are made immediately if necessary.

### **First Aid Policy Guidelines**

#### **First aid in school**

#### **Training**

All staff, including non-teaching staff, are offered emergency first aid training and all staff undertake a rolling program of retraining.

## **First aid kits**

First aid kits are stored in the staffroom and, in the front office and small emergency first aid kits are available for use out of school visits.

## **Cuts**

The nearest adult deals with small cuts. All open cuts should be covered after they have been cleaned with water. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing.

Minor cuts should be recorded in the accident file and parents informed.

## **ANYONE TREATING AN OPEN CUT SHOULD USE PROTECTIVE GLOVES PROVIDED IN THE FIRST AID BOXES.**

## **Bumped heads**

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed in person or BY TELEPHONE, if we can't get hold of parents a 'Bumped Head note' will be sent home that day. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident file.

## **Accident file**

An accident book is located in the front office; it has carbon copies of the notice sent to parents. Old accident books are stored in the school office/admin store.

For major accidents, an HSI and RIDDOR form must be completed as soon as possible after the accident. These are available on the school portal and within the first aid folder on the shared file.

## **Calling the emergency services**

In the case of major accidents, it is the decision of the first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of the staff, should wait by the school gate on School Lane and guide the emergency vehicle into the school. If the casualty is a child, their parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

## **Medicines in School**

### **What can be administered?**

There are many times when children recovering from a short-term illness are well enough to return to school whilst still receiving medication. Where this is necessary, we ask that the medicine/tablets be given at home. In many instances the dosage is such that could be conveniently administered immediately before and after school. A responsible adult (over 18 years old) is welcome to come into school to administer any medicines at any time.

School prefers not to administer any routine medications, and with the exception of medications such as inhalers, no children should bring medication to self-medicate. However individual medication cases should always be discussed with the school, and where school has agreed to administer medication, a single dose should be sent into school daily, be clearly labelled with the child's name, class, drug name and dosage.

There is a form to fill in giving staff in school permission to medicate a child, and has clear indications of what it is and when the last dose was.

The school can also administer regular medication in line with the directions of a care plan produced by the school nurse team at the health centre. Parents/carers of children with long-standing medical conditions (e.g. diabetes, epilepsy,) should contact the school for clarification of the schools', "administration of medication policy."

### **Creams**

Non-cosmetic, medicated creams can be applied in school creams for skin conditions. Staff will supervise pupils applying creams; however, staff must not rub cream onto a child's body unless agreed with the parents. With agreement, application of these creams will be made under the observation of another adult. Again, the Medication Form needs to be filled in with the name and amount of the substance that needs to be applied.

### **Parental permission**

In the event of a child coming into school with medicines without a permission slip, we will attempt to gain consent for administration over the phone. If we are unable to contact parents this way then the medicine will not be administered.

### **Where medicine is stored**

No medicines should be kept in the class or in the child's possession (except inhalers). All medicines are kept in the staff room fridge or the locked cupboard. Administration of medicines takes place in the school office and will be witnessed by an additional adult.

### **Administration of medicines file**

When medicine is administered, staff must sign and have witnessed the dosage. Where this is a regular medication, a signing record sheet will be completed for individual pupils. Before administering medicines, staff should read this and check the dates entry section of the record to check that the medicine has not already been administered. This file will be kept in the school office.

### **Asthma and other medical problems**

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the class register. A list is compiled and kept on the wall in the headteacher's office and in the kitchen.

### **Epipens and anaphylaxis shock training**

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens are all kept securely but accessible in the child's classroom. Children who require these epipens are listed as above.

### **Inhalers**

Children have their inhalers with them at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key stage 1 children will keep their inhalers with their class teacher for safety.

### **Asthma sufferers should share inhalers in emergencies only.**

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents

cannot be located, then the emergency services will be contacted and another child's relief inhaler (usually blue) can be administered.

### **Headlice**

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform you for you to examine them and request that they are treated as soon as possible. When we are informed of a case of headlice in school, we send a standard letter/text to all children in the school.

### **Vomiting and diarrhoea**

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

### **Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and we would seek the child's permission.

If your child has any of these infections, they will need to stay off school for a prescribed period of time. The Headteacher or school office will advise on timescales.

### **Residential and out of school visits**

The school will make every effort to continue the administration of medication to a pupil whilst on visits away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to manage an individual pupil's condition safely and this will feature as part of the risk assessment.

This policy will be reviewed every 2 years.

Karen Stephens

January 2019.

Agreed by Governors 11<sup>th</sup> March 2019