

**ALPINGTON & BERGH APTON  
CHURCH OF ENGLAND V.A.  
SCHOOL**

**FIRST AID POLICY AND  
MEETING THE NEEDS OF PEOPLE  
WITH MEDICAL  
CONDITIONS/MEDICINE POLICY**

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APPROVED BY THE GOVERNORS:

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# **FIRST AID POLICY AND MEETING THE NEEDS OF PEOPLE WITH MEDICAL CONDITIONS/MEDICINE POLICY**

**Alpington & Bergh Apton CE VA Primary School** is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regards to all staff, pupils and visitors.

**Alpington & Bergh Apton CE VA Primary School** will take every reasonable precaution to ensure the safety and wellbeing of all staff and pupils. Details of such precautions are noted in the following policies:

- **Health and Safety Policy**
- **Behaviour Policy**
- **Safeguarding Policy**
- **Administration of medicines Policy**
- **Educational Visits and School Trips Policy**

**The Headteacher** has overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed. However the day to day management of resources is delegated to **Marie Blazer and Samantha Connor who have completed the First Aid at Work – 4 day course.**

## **Aims**

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid.

All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

Anyone on the school premises is expected to take reasonable care for their own and others' safety.

The aim of this policy is to:

**Ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.**

**Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.**

**Ensure that medicines are only administered at the school when express permission has been granted for this.**

**Ensure that all medicines are appropriately stored.**

**Promote effective infection control.**

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy, and make clear arrangements for liaison with ambulance services on the school site.

To achieve the aims of this policy, the school will have suitably stocked first aid boxes. Where there is no risk special risk identified, a minimum provision of first aid items would be:

- A leaflet giving general advice on first aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- Two sterile eye pads;
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins;
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings; and
- One pair of disposable gloves.
- Equivalent or additional items are acceptable.

**Marie Blazer and Samantha Connor** are responsible for examining the contents of first aid boxes. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

First aid boxes are located in the following areas:

- Cupboard in the main corridor
- Kitchen in hall
- Staffroom

## **First aiders**

The main duties of first aiders are to give immediate first aid to pupils, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.

First aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the office administrator. **All staff** have completed the one day Emergency First Aid at Work training, updated every 3 years.

**Marie Blazer and Samantha Connor** have completed the First Aid at Work – 4 day course. This is refreshed every 3 years and updated annually. **Marie Blazer, Samantha Connor and Claire Petch** have completed the Paediatric First Aider course updated every 3 years.

The main duties of first aiders are to give immediate first aid to pupils, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.

First aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the school administrator Karen Reeman

## **Emergency procedure in the event of an accident, illness or injury**

If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aid administration.

In the event that the first aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:

**Administer emergency help and first aid to all injured persons. The purpose of this is to keep the accident victim(s) alive and, if possible, comfortable, before professional medical help can be called. Also, in some situations, action now can prevent the accident from getting more serious, or from involving more victims.**

**Call an ambulance or a doctor, if this is appropriate – after receiving a parent's clear instruction, take the accident victim(s) to a doctor or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.**

**Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.**

**See to any children who may have witnessed the accident or its aftermath and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted. Younger or more vulnerable children may need parental support to be called immediately.**

**When the above action has been taken, the incident must be reported to:**

The **headteacher**

The **parents/carer of the victim(s)**

### **Reporting to parents**

In the event of incident or injury to a pupil, at least one of the pupil's parents must be informed as soon as practicable.

Parents must be informed in writing of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop.

In the event of serious injury or an incident requiring emergency medical treatment, the pupil's class teacher will telephone the pupil's parents as soon as possible.

A list of emergency contact details is kept at **school office**.

### **Accident reporting**

The Headteacher and Assistant Headteacher will be responsible for making sure significant accidents and incidents which occur are reported via the online Health & Safety Incident Management System.

All other accidents to pupils will be recorded in the First Aid Book kept in the corridor.

### **Visits and events off-site**

Before undertaking any off-site events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. First aid kits as well as individual children's inhalers and medication will be taken on all off-site trips. It is the responsibility of the staff accompanying the children to ensure they take the necessary kits.

Please see the separate **Educational Visits and School Trips Policy** for more information about the school's educational visit requirements.

### **Illness**

Parents should advise the school when a child has a chronic medical condition so that staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy and diabetes.

When a child becomes ill during the day, the parents/carer will be contacted and asked to pick their child up from school as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents/carer to arrive to pick them up. Pupils will be monitored during this time.

### **Asthma sufferers**

Parents are asked that as well as the reliever inhaler the child or young person should bring daily to school, all parents should provide a spare inhaler to the school. Changes in legislation will allow an emergency salbutamol inhaler to be stored and used in school if the pupil's prescribed inhaler and spare inhaler are not available (for example, because they are broken, or empty).

See **Guidance on the use of emergency Salbutamol inhalers in School Sept 2014**

From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler 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.)

Where pupils might need to use an inhaler in school, a flexible approach will be adopted. After discussion with the parent, the child and the doctor, some children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases the inhaler will be kept in a secure place. The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child. Staff are made aware of the need for asthmatics to carry medication with them (or for teachers to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

The school will:

- have written parental consent for use of the emergency inhaler included as part of a child's medication plan.
- ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- keep a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.

**Marie Blazer and Samantha Connor** are responsible for checking that emergency inhalers are obtained when expiry dates approach and replacement inhalers and spacers are available following use. Regular checking inhalers and spacers are present and in working order, and the inhaler has sufficient number of doses available will also take place

The emergency inhalers are kept in the staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

**There is no compulsory requirement for schools to hold an inhaler for emergency use – this is a discretionary power enabling schools to do this if they wish.**

## **Epilepsy**

When a child has a particular medical condition such as epilepsy then professional advice and training will be sought as the child commences school. This will be refreshed as often as advised by the appropriate health professionals.

Appropriate medication will be kept in the child's classroom. It will be the responsibility of the staff in that class to check that the medication is in date and that there are sufficient doses available after use. All staff will know where the medication is stored.

**When to call 999** – if it is a first seizure, if injury has occurred, if the seizure does not stop after 5 mins, if one seizure follows another without them regaining consciousness in between, if you feel they need medical attention, if you have been told by an appropriate health professional to do so

Medication will be administered only by the staff who have undergone specific training for this purpose. They will call 999, as advised by the Epilepsy Nurse, and inform parents immediately. Should parents not arrive before the ambulance then a member of staff will accompany the child to hospital.

A form kept with the child's emergency medicine will be completed by the staff attending the child.

## **Consent**

1. Parents complete an Admission Form when their child is admitted to school which includes emergency numbers, name of GP and surgery, whether their child uses an inhaler and other medical information relevant to their child's development and school life, e.g. hearing, sight, allergies, diabetes and epilepsy.
2. Staff do not act 'in loco parentis' in making medical decision as this has no basis in law – staff always aim to act and respond to accidents and illness based on what is reasonable under the

circumstances and will always act in good faith while having the best interests of the child in mind.

### **Children with Short-term or Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behavior or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments regularly special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

This can include:

- details of a child's condition
- special requirements, e.g. dietary needs, pre-activity precautions
- any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### **Procedures for Managing Prescription Medication Needed in the School Day**

1. Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. Medicines should always be provided in the original container as dispensed by a pharmacist and include the instruction for administration.
2. Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
3. Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
4. No child under 16 should be given medicines without their parent's written consent.

**A child under 16 should never be given aspirin or medicines containing Ibuprofen unless prescribed by the doctor**

5. A few medicines may need to be refrigerated.
6. Any member of staff giving medicines to a child should check:

the child's name  
prescribed dose  
expiry date  
written instructions provided by the prescriber on the label

If in doubt about any procedures, staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

7. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Staff members must complete and sign **Form Med 2 – Record of Medicine Administered to an Individual Child** each time they give medicine to a child. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult. Good records help demonstrate that staff have exercised a duty of care.
8. If a child refuses to take medicine, staff should not force them to do so. Parents should be informed of the refusal on the same day. If a refusal to take medicine results in an emergency, the school or setting's emergency procedures should be followed.

## **Self-Management**

The school will liaise with parents to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely.

## **Procedures for Administering Medication on Educational Visits**

1. It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.
2. Arrangements for taking any necessary medicines will also need to be taken into consideration.
3. Staff supervising excursions should always be made aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should see parental views and medical advice from the school health service or the child's GP.
4. Staff should follow points 6, 7 and 8 from above.

## **Roles and Responsibilities**

### **Governors**

The employer is responsible for making sure that staff have appropriate training to support children with medical needs. Employers should also ensure that there are appropriate systems for sharing information about children's needs in each school or setting for which they are responsible. Employers should satisfy themselves that training has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training on a regular basis. A health care professional should provide written confirmation of proficiency in any medical procedure.

### **Headteacher**

Day to day decisions will normally fall to the head or to whosoever they delegate this to. Equally, there is a contractual duty on headteachers to ensure that their staff receive the training. As the manager of staff it is likely to be the headteacher who will agree when and how such training takes place. The head should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The head should also make sure that the appropriate systems for information sharing are followed. For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should see advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer. In early years settings advice is more likely to be provided by a health visitor.

## **Teaching and Support Staff**

Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

## **Parent/Carer Responsibilities**

Parents should be given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care is needed. They should jointly with the head, reach agreement on the school's role in supporting their child's medical needs. Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child. Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## **Monitoring and review**

This policy is reviewed **annually** by the **headteacher in conjunction with the governing body**; any changes made to this policy will be communicated to all members of staff.

All members of staff are required to familiarise themselves with this policy.