

Priestley Primary School

First Aid Policy

Reviewed Autumn 2022



Philosophy:

First Aid is defined as 'the first assistance of treatment given to a casualty for any injury or sudden illness before the arrival or intervention of qualified professional aid'.

Appendix 1 The First Aider in the Workplace Job Description

Principles:

To ensure all our children and adults are safeguarded there is a need for good quality First Aid provision. Clear and agreed systems should ensure that all staff children and visitors are given the same care, and understanding, in our school.

It is therefore our policy to ensure that appropriate first aid arrangements are in place for our staff, pupils and any visitors to our premises. This includes providing sufficiently trained employees and maintaining an adequate supply of first aid equipment.

It is the school's aim to comply with the relevant First Aid at work legislation and the school's policy and procedure are written with the following documentation in mind.

- The Health & Safety at Work etc. Act 1974
- The Health & Safety (First Aid) Regulations 1981, as amended 1992
- The Reporting on Injuries, Diseases and Dangerous occurrences Regulations 1995
- The Control of Substances Hazardous to Health Regulations 1999

This policy should be read in conjunction with the school Safeguarding and Health and Safety policies.

Procedures:

First Aid Post

The first aid post is located at the school office.

Accident Reports

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the person can walk, sends him/her to the first aid post with another child and calls for a first aider.
- The first aider administers first aid and records in our Accident Book. If the child has had a bump on the head, they must be given a "head bump" sticker.
- If the injury is an injury such as: fracture (finger, thumbs, and toes), cuts/abrasions, bruising, strain/sprain, minor burn/scald, foreign body in eye, assault, minor electric shock/burn. If a major injury such as: fracture, amputation, dislocation, loss of sight, eye injury, electric shock/burn, hypothermia, needing resuscitation, loss of consciousness, harmful substance, acute illness then an Accident Record and AIR1 form must be completed and filed in the school office.
- If the patient has more than 3 consecutive days absent from school or work, then a form F.2508 must be completed and sent to the HSE within 10 days of the incident. Contact Wiltshire H&S Department to discuss prior to sending form.
- If there is a fatality, contact Wiltshire H&S Department, phone HSE immediately and complete form F.2508.
- There are two forms F.2508 – one is for an injury or dangerous occurrence, and one is to report a case of disease. All of these forms are available from the school office.

School Visits

In the case of a residential visit, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of day visits, we will seek permission from the pupil's parent/guardian to administer first-aid wherever necessary.

Administering Medicines in School

Priestley operates a policy that members of staff will not give medicines at all. In the case of a pupil needing medication during the day parents are welcome to come into school to administer correct dosages. For the majority of medicines a dose before and after school is perfectly adequate. In any case where the administering of medicines

is necessary during the day and it cannot be undertaken by the parent, agreement should be sought from the headteacher and the appropriate paperwork completed by both the school and the parent that would allow the child to administer the medication by themselves under supervision of a staff member. Naturally the parents should consult doctors before giving any form of medication.

All inhalers, which must be clearly labelled with the pupil's name. Inhalers will be stored in a medical box kept in the child's classroom cupboard. Older pupils may keep the labeled inhaler with them in the classroom with the teacher's knowledge. Non-prescribed medicines may not be taken in school.

Storage/Disposal of Medicines

All medicines must be stored either in the classroom cupboard in designated medical boxes, the school office, or the fridge in the Headteacher's office, depending on the storage instructions. It is the responsibility of the parents to collect unused medicines/inhalers from the school and dispose of them accordingly.

Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive urgent medical treatment. When an ambulance has been arranged, parents will then be informed and arrangements can be made where they should meet their child. In the absence of the parent a member of staff will always accompany the child in the ambulance and meet the parent at the hospital. However the member of staff accompanying the child to hospital will not take responsibility for making any medical decisions in the absence of the parent, hospitals will follow their own procedures whilst waiting for the parent to arrive. In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

Pupils with Special Medical Needs – Individual Healthcare Plans (See Administering of Medication Policy)

Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be: epileptic, asthmatic, have severe allergies, which may result in anaphylactic shock.

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician.

Staff Training

As a matter of course the school uses a Teacher Development Day once every three years to ensure all staff employed by the school receive the 'Emergency First Aid For Appointed Persons' training by an accredited provider.

Pupil Playtime First Aiders

Several staff members are trained in training pupils to administer very basic first aid at break times; these pupils are able to deal with grazes & bumps.

Staff Medicines

All staff medicines must be kept out of the reach of children; either in the office/staff room or the staffroom fridge, dependent upon storage instructions.

'There is no legal duty which requires school staff to administer medication; this is purely a voluntary role'

Performance:

This policy will be reviewed by the Governing Body annually as part of the school's safeguarding procedures & First Aid Statistics will be monitored throughout each academic year in order to highlight any potential Health & Safety issues.

**ALL SAFEGUARDING POLICIES SHOULD BE CONSIDERED IN RELATION TO EACH OTHER AT ALL TIMES.
(Child Protection, Prevent, Internet Safety, Acceptable Usage, Anti-Bullying, Behaviour, Physical Intervention, First Aid & Administering of Medication, Intimate Care, Health & Safety, Fire Safety, Safer Recruitment, Off-Site Visits, Whistle Blowing, Complaints Policies)**

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Administering of Medication Policy

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Under the Disability Discrimination Act (DDA) 1995/Disability Equality Act 2010 schools and settings should be making reasonable adjustments for children and young people with disabilities, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children and young people with medical needs to participate fully in all areas of school life, including educational visits and sporting activities.

Health Care Plans

Where appropriate schools and settings should also draw up a personal Health Care Plan for any child or young person with medical needs.

All staff in school have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child. However, there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.

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Staff, including supply staff, must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent confirmed by either doctor's /pharmacist prescription.

Staff will not give a non-prescribed medicine to a child. Only reasonable quantities of medication should be supplied to the school (4 weeks supply).

PARENTS/CARERS

It is the responsibility of parents/carers to:

- (a) inform the school of their child's medical needs;
- (b) provide any medication in a container clearly labelled with the following;
 - CHILD'S NAME
 - NAME OF MEDICINE
 - DOSE AND FREQUENCY OF MEDICATION
 - SPECIAL STORAGE ARRANGEMENTS
- (c) collect and dispose of any medicines held in school at the end of each term;
- (d) ensure that medicines have not passed the expiry date.

SCHOOL STAFF

It is the responsibility of:

- (a) the office Admin Officer to identify children with medical needs from new starter information/data collection forms and report to the SENCO.
- (b) the SENCO to ensure staff have received appropriate training with school nurse, with regard to children and their medical needs, eg asthma.
- (c) The SENCO to review medical needs and health care plans on a regular basis and update staff and medical boxes accordingly.
- (d) classroom teachers to ensure all adults associated with their class, including cover teachers and PPA providers, are familiarised with the medical needs of the children in their class.

- (e) Classroom teachers also to ensure that medical boxes are taken out when children are carrying out activities away from the classroom for long periods, such as PE. Medical boxes should also be taken to assembly point during fire evacuations.

PUPIL INFORMATION

Parents/carers should be required to give the following information about their child's long-term medical needs and to update it at the 'start of each school year':

- (a) Details of pupil's medical needs;
- (b) Medication, including any side effects;
- (c) Allergies;
- (d) Name of GP/consultants;
- (e) Special requirements eg. dietary needs, pre-activity precautions;
- (f) What to do and who to contact in an emergency;
- (g) Cultural and religious views regarding medical care.

ADMINISTERING MEDICATION

Priestley operates a policy that members of staff will not give medicines at all. In the case of a pupil needing medication during the day parents are welcome to come into school to administer correct dosages. For the majority of medicines, a dose before and after school is perfectly adequate. In any case where the administering of medicines is necessary during the day and it cannot be undertaken by the parent, agreement should be sought from the headteacher and the appropriate paper work completed by both the school and the parent that would allow the child to administer the medication by themselves under supervision of a staff member. Naturally the parents should consult doctors before giving any form of medication.

All inhalers, which must be clearly labelled with the pupil's name and are kept in the child's classroom cupboard in a designated medical box. Older pupils may keep the labeled inhaler with them in the classroom with the teacher's knowledge. Non-prescribed medicines may not be taken in school.

STORAGE

All medicines must be stored either in the designated medical box in child's classroom cupboard, school office, or the fridge in the Headteacher's office, depending on the storage instructions. It is the responsibility of the parents to collect unused medicines/inhalers from the school and dispose of them accordingly.

RECORDS

Staff will complete and sign a record sheet each time medication is taken by a child and these will be kept in the office.

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher. The parents will be informed of the refusal.

TRAINING

Training and advice will be provided by health professions for staff involved in the administration of epi-pens/buccal midazolam.

HEALTH CARE PLAN

Where appropriate, a personal Health Care Plan will be drawn up in consultation with the school/setting, parents/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed annually.

INHALERS

Schools are legally entitled to purchase salbutamol inhalers to keep in school for use in an emergency.

Inhalers purchased by the school may be used for children who already have one prescribed but have left at home, lost or run out of medication.

If a school inhaler is used in an emergency, parents will be informed and asked to replace the inhaler.

SCHOOL TRIPS

To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

Residential trips and visits off site:

- (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip;
- (b) If it is felt that additional supervision is required during any activities eg. Swimming, school/setting may request the assistance of the parent/carer.

EMERGENCY PROCEDURES

The Headteacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

CARRYING MEDICINES

For safety reasons children are not allowed to carry medication. All medicines must be handed to the school administration staff or the class teacher on entry to the school/setting premises

ALL SAFEGUARDING POLICIES SHOULD BE CONSIDERED IN RELATION TO EACH OTHER AT ALL TIMES.

(Child Protection, Prevent, Internet Safety, Acceptable Usage, Anti-Bullying, Behaviour, Physical Intervention, First Aid & Administering of Medication, Intimate Care, Health & Safety, Fire Safety, Safer Recruitment, Off-Site Visits, Whistle Blowing, Complaints Policies)

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