

Title: <b>First Aid Policy including Policy for the Administration of Medication in School</b>		Policy Lead: ACS	Page: 1 of 7
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## First Aid Policy including the Policy for the Administration of Medication in School

### 1.0 INTRODUCTION AND PURPOSE

Stoke College undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for pupils (including those in the EYFS), staff, parents/guardians and visitors and will make sure that procedures are in place to meet that responsibility. This policy complies with the School's Health and Safety policy and is reviewed annually.

#### Aims & Objectives

- To identify the first aid needs of the School in line with the Health & Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1992 & 1999.
- To ensure that first aid provision is available at all times while people are on the school premises, and also of the premises whilst on school visits.
- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School and to maintain a record of that training and review annually.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To provide awareness of Health and Safety issues within the School and on School trips, to prevent, where possible, potential dangers or accidents.
- To inform staff and parents/guardians of the School's First Aid arrangements.
- To report, record and where appropriate investigate all accidents.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995 (RIDDOR).

### 2.0 POLICY FOR First Aid including the Administration of Medication in School

#### 2.1 FIRST AID PROVISION

2.1.1. The location of first aid containers in the school are:

- Station 1 – Main Reception

- Station 2 – Lower Prep School
- Station 3 – Science Block
- Station 4 – DT/Food Tech Block
- Station 5 – Main Sports Hall
- Station 6 – Music Room
- Station 7 - Workshop
- Station 8 – EYFS Classroom
- Station 9 – Dining Hall (Burns kit in this location also)

2.1.2. The First Aid Technician will :-

Check the contents of each First Aid box and Eyewash station every term, re-stock as necessary and maintain a log of inspection.

Ensure current list of First Aiders and Emergency contacts is displayed by each station.

Ensure the First Aid boxes/Eye Wash stations are clearly labelled and have the correct signage around them.

2.1.3. The Medical room is designated as the First Aid room for treatment, where appropriate, sickness and the administration of First Aid. This room will be checked weekly by the First Aid Technician.

2.1.4. If a pupil is unwell during lessons they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will, accompanied as necessary, be told to go to see the receptionist who will decide on the next course of action and provide first aid as required. The pupil may be taken to the Medical room along the corridor from reception where there are first aid facilities including a sink and bed for use as required.

2.1.5. Parents/guardians, including those of children in the EYFS, will be informed of any accidents or illness or injuries sustained as well as details of the first aid treatment given involving their child on the same day or as soon as reasonably practicable. Written records will be kept by staff at the school.

2.1.6. We will notify local child protection agencies and the Health & Safety Executive of any serious accident or injury to, or death of, any child whilst in our care and will act on any advice given.

2.1.7. Staff training will ensure that they have read the School's First Aid Policy.

2.1.8 It is the responsibility of staff taking children on school trips or matches to be aware of any pupils' medical conditions and make sure pupils have any medication they need.

2.1.9 All staff have a responsibility to sick and injured pupils to ensure they receive appropriate first aid.

## 2.2 FIRST AID TRAINING

2.2.1 The Senior Leadership team will ensure that there is an adequate number of qualified First Aiders/ Appointed Persons and that the required training is undertaken at the required intervals.

2.2.2 Staff will be trained in the use and administration of auto-injectors as required.

## **2.3 QUALIFIED STAFF**

2.3.1. The names of all trained First Aiders are listed at each First Aid Station and as an appendix to this document.

## **2.4 HEAD INJURIES**

2.4.1. Accidents involving a pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time. All Head Injuries should be monitored closely and a head injury report form should be completed and given to the parents/guardians.

2.4.2. Any serious Head Injury should always be referred for Hospital treatment (please follow the section for Emergency Arrangements).

## **2.5 EMERGENCY ARRANGEMENTS**

2.5.1. Where the injury is an emergency, an ambulance will be called following which the parents/guardians will be contacted. Where hospital treatment is required but it is not an emergency, then the First Aid Officer will contact the parents/guardians for them to take over the responsibility of the child. In the event that the parents/guardians cannot be contacted, the receptionist will accompany the child to hospital and remain with them until the parents/guardians can be contacted. In the receptionist's absence an Appointed Person is to always call an ambulance on the following occasions:-

- In the event of a serious injury
- In the event of any significant head, neck or back injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a serious fracture or where this is suspected
- Suspected Stroke or Heart Attack
- Anaphylactic shock / use of epipen

Seriously sick or injured pupils or adults must not be left alone.

## **2.6 HYGIENE/INFECTION CONTROL**

2.6.1. Hands must be washed before and after giving First Aid. Single-use disposable gloves must be worn when treatment involves blood or other body fluids. Any soiled dressings etc must be put in a yellow clinical waste bag and disposed of in the clinical waste box located in medical room. Any body fluids on the floor should have absorbent granules sprinkled on to them, then swept up with

the designated dustpan and brush available from the medical room. This should also go in a yellow bag and be disposed of in the clinical waste box. The area should be disinfected. Body fluid spillages on hard surfaces should be cleaned up then disinfected. Exposed cuts and abrasions should always be covered.

## **2.7 INCIDENT REPORTING**

2.7.1. All incidents/injuries/head injuries/ailments and treatment are recorded either in the accident book or the sickness book held in the Prep school or at reception AND in the pupil's medical file. Parents/guardians are informed of any head injury. The First Aid Officer will contact the parents/guardians if they have any concerns about the injury, or needs to send a child home through illness. Any significant injury also needs to be filled out in the Accident Book. This needs to be completed by the person administering First Aid and by the person who has had the accident. It is recommended that these records are kept for 7 years. If the nature of the accident involves contacting Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995 (RIDDOR Tel: 0845 300 99 23) then the Bursar will make contact within 14 days.

## **2.8 SHARING OF INFORMATION**

2.8.1. At the start of the academic year all parents/guardians are asked to complete a medical information sheet. The office will provide relevant members of staff with a list of pupils who are known to have medical problems along with the individual care plan showing the appropriate treatment and actions with training as appropriate. This will be reviewed at each change of circumstance. Care plans will be available on request. Specific members of staff are trained in the use of auto-injectors and how to deal with conditions such as epilepsy and asthma.

2.8.2 The confidentiality and rights of pupils as patients are appropriately respected by the school. This includes the right of a pupil deemed to be "Gillick Competent" to give or withhold consent for his/her own treatment. [Fraser guidelines, more commonly referred to as Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed].

2.8.3 Medical information about pupils, regardless of their age, will remain confidential. However, in providing medical care for a pupil, it is recognised that on occasions first aiders may liaise with parents or guardians, the Head or other academic staff and boarding staff, and that information, ideally with the pupil's prior consent, will be passed on as appropriate. With all medical matters, staff will respect a pupil's confidence except on the very rare occasions when, having failed to persuade that pupil to give consent to divulgence, it is considered in the pupil's better interests, or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

## 2.9 EYFS REQUIREMENTS

- 2.9.1. At least one person on the premises and at least one person on outings has a paediatric first aid certificate.

## 3.0 POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

- 3.1 The Board of Governors and staff of Stoke College wish to ensure that pupils with medication needs receive appropriate care and support at school. The school will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

**Please note that;**

**The policy is applicable to all pupils including those in the EYFS.**

**Parents/guardians should keep their children at home if acutely unwell or infectious. Pupils should not return to school for at least 48 hours after the last bout of vomiting or diarrhoea etc.**

**Parents/guardians should notify the school in the case of any sickness or notifiable disease.**

**We will not administer non-prescribed medication to a pupil such as paracetamol, calpol, piriton etc without prior written authorisation from a parent, blanket permission is now acceptable for non-prescribed medication.**

- 3.2 Parents/guardians are responsible for providing the school with comprehensive information regarding the pupil's condition and medication. Parents have responsibility to notify the school if their child has a physical or mental condition and failure to do so is a breach of the parent contract.
- 3.3 Prescribed medication will not be accepted in school without complete written and signed instructions from the parent for each and every medication for the whole course of the treatment. The prescription must come from a doctor, dentist, nurse or pharmacist (medicines containing aspirin will only be given if prescribed by a doctor).
- 3.4 Medicines (both prescription and non-prescription) will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent.
- 3.5 Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
- 3.6 Where the pupil travels on school transport with an escort, parents/guardians should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

- 3.7 Each item of medication must be delivered to the school, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

1. Pupil's Name. 2. Name of medication. 3. Dosage. 4. Frequency of administration. 5. Date of dispensing. 6. Storage requirements (if important). 6. Expiry date.

**The school will not accept items of medication in unlabelled containers.**

- 3.8 Pupils and staff medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet. Some medication will be stored, as required, in a fridge well away from pupil access.
- 3.9 The school will keep records (date, time, amount of medication and name of person administering), and, for those children in the EYFS, a copy will be given to parents/guardians.
- 3.10 If children refuse to take medicines, staff will not force them to do so, and will inform the parents/guardians of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 3.11 It is the responsibility of parents/guardians to notify the school in writing if the pupil's need for medication has ceased or changed.
- 3.12 It is the parents/guardians' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 3.13 The school will not make changes to dosages on parental instructions.
- 3.14 School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- 3.15 For each pupil with long-term or complex medication needs, the Deputy Head, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
- 3.16 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/guardians will be asked to confirm in writing if they wish their child to carry their medication with them in school. A risk assessment will be carried out before this is allowed. Self-medication is allowed in the boarding house once assessed by the Head of Boarding. In all other cases, medication is administered under staff supervision.
- 3.17 If a boarder needs to be isolated eg they have a hacking cough or a sickness bug, in the first instance we endeavour to have the child collected from school by a parent or another authorised adult. If this is impossible the child is isolated in any appropriate room that is empty or can easily be made empty.

If this is impractical then the final solution would be to use sick bay. Boarding staff will make regular checks on the pupil or appoint an appropriate person to do so.

- 3.18 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- 3.19 The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- 3.20 Pupils with Asthma should carry an inhaler with them at all times especially when doing games, swimming, etc. A spare inhaler should be kept in the medical room.
- 3.21 In case of a medical emergency:

It is essential to remain calm and to protect yourself. Before you enter a scene ensure it is safe from risk of fire, electricity, traffic, smoke, water, poisonous gases, etc. Your personal safety takes precedence.

If you are a trained first aider you may take appropriate action. Do not move the victim unless necessary to save his or her life or to prevent further injury.

Make sure the appropriate emergency services have been called. Make sure either you or any assistant making the call knows which emergency service is required (i.e. Police, ambulance, or Fire)

- The nature of the emergency
- The address or location of the casualty
- The telephone number you are calling from
- Your name

Above all, stay calm

#### **4.0 CONTACT AND REVIEW**

Key contact with regard to this policy: A Coole Swingler

Next Review date: March 2019