

First Aid and Administration of Medicines Policy

Approved by **RET Board**

Approved on **August 2020**

RET contact **Headteacher**

Revision due **Every 2 years**



1. Aim

- a. The school aims to respond quickly and effectively to medical crises, delivering first aid where appropriate, and ensuring that regulations and guidelines are followed scrupulously.

2. First Aiders

- a. The school will ensure that sufficient qualified first aid trained personnel (first aiders) and appointed persons are on duty for all school activities. The level required is contained in the school's First Aid Risk Assessment.
- b. Personnel will be trained to one of three levels
 1. First aid at work - 3 day course, 2 day update after three years
 - to give immediate help to casualties with injuries and illnesses and those arising from specific hazards at school within the scope of their training
 - ensure that an ambulance or other professional medical help is called when necessary
 2. Emergency first aid at work - 1 day course, renewed after three years
 - to give immediate help to casualties with injuries and illnesses and those arising from specific hazards at school within the scope of their (more limited) training
 - ensure that an ambulance or other professional medical help is called when necessary
 3. Appointed person (NOT FIRST AID TRAINED)
 - look after the first aid equipment and ensure that first aid kits are always fully stocked
 - take charge when someone is injured or becomes ill
 - ensure that an ambulance or other professional medical help is summoned when appropriate.
- c. Additionally, some of the first aiders will be trained in paediatric first aid.
- d. The school will maintain and display a list of trained first aiders in:
 1. The staff room
 2. Reception
 3. The medical room
- e. Through induction and annual briefing the school will ensure that all staff are aware of:
 1. When to summon first aid assistance
 2. How to summon first aid assistance
 3. Who is trained to give first aid

3. Trips and Activities

- a. All off-site trips and activities for school staff and students will have first aid staff at the levels detailed in the educational visits policy and procedures.
- b. On site activities taking place outside school hours will have first aid staff at the levels detailed in the first aid risk assessment.
- c. The responsibility for first aid for on-site activities not involving school staff or students is the responsibility of the outside agents organising it and this will be clear in the letting arrangements / contract.
- d. All accidents occurring on school premises or on school activities will be recorded in the accident book whether involving staff, students, visitors or other site users.

4. First Aid Accommodation and Equipment

- a. The school maintains a medical room equipped with a washbasin, bed and nearby WC. It displays a first aid notice on the door. It has a confidential file containing every student's medical summary and locked cupboards for the storage of medication and spare first aid equipment for re-stocking.
- b. First Aid Containers stocked to HSE recommendations are kept in clearly signed accessible locations.
- c. A copy of these locations is on the staff notice board under medical information, reception and medical room, together with lists of First Aid personnel and contact telephone numbers.
- d. All containers are marked with a white cross on a green background.

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- e. Re-stocking is done on a regular basis and staff are required to inform the school office when they have used items from a first aid box. Extra stock is stored in the medical room. All items are safely discarded after expiry date.
- f. Eye wash solutions are kept in Science, Design & Technology and the First Aid room.
- g. Travelling First Aid Containers are available in the medical room for offsite activities.
- h. Single use disposable gloves are provided in all first aid boxes and the medical room. All staff must take precautions to avoid infection and must follow basic hygiene procedures and must wash their hands after any incident.
- i. The maintenance staff are trained to deal with spillage of blood and other bodily fluids. There are bodily fluid disposal kits in the medical room. All materials used in these incidents are disposed of as directed in their instructions.

5. Risk Assessment of First Aid Needs

- a. All areas deemed to be of higher risk due to hazardous substances, dangerous tools and machinery or the nature of the activity have at least one first aid box.
- b. The medical information board in the staff room informs staff of any students with special health needs or disabilities.
- c. Staff working regularly with students who have particular first aid or medical needs will be separately briefed in appropriate detail (e.g. anaphylaxis)

6. Accident recording

- a. All accidents are recorded in the school accident books held locally in:
 - Medical room
 - PE department
 - Site manager's office
 - Prep room
 - Reception
 - (Additional books may be taken on off-site activities if appropriate (e.g. residential trips))
- b. After local recording all incidents are recorded in the school's central accident record held in the school office.
- c. Information on accident reporting is given to new staff during their induction sessions.
- d. Accident books and records are kept indefinitely.
- e. All reported accidents to both staff and student are to be checked by the H&S coordinator within three days. This enables a risk assessment to be carried out if needed and a RIDDOR report to be made where applicable. The H&S coordinator will investigate if necessary and a report will be made to the Site Manager if applicable.
- f. Recording and reporting accidents to contractors at the school is the responsibility of their employer. The school will note them but has no responsibilities under RIDDOR. If any injury could be attributed to a failure on the part of the school, a civil claim may follow, and so records should be kept.
- g. Accidents on the way to or from school, to students or to staff, are not reportable unless it is on school business.
- h. Accidents during activities which are not part of the school's operations are not normally reportable, even if they occur on the school premises, but will be noted by the school. PTA, parent led clubs and lettings would need to make their own report.

7. Treatment Book

- a. The Treatment Book collates reports of interactions between a first aider and a student, member of staff or other person seeking attention.
- b. It is kept securely and maintained by the Headteacher's PA.

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- c. The first aider should list names and treatment on a separate Treatment Form, which will be collated into the Treatment Book by the Head's PA.
- d. The Head's PA may choose to withhold certain interactions from the Book, recording them for her own reference in a suitable, secure way.

8. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) requires reporting the following incidents:

- a. Death or major injury
- b. Over three-day injury - one which does not allow a person to return to work for three days or more (including days they are not expected to work such as weekends) or to return but only for "light duties" for more than three days.
- c. Disease - when a doctor informs the school of a notifiable disease.
- d. Dangerous Occurrences – when an incident occurs which does not result in a reportable injury but clearly could have done.
- e. Sports Injuries - are reportable to RIDDOR if the student goes straight to the doctor, hospital or dentist following the injury, within ten days.

9. Medicines

- a. Parental Responsibilities - Parents should provide details regarding any medicines their child requires
 1. Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
 2. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
 3. A signed and dated letter of authorisation to administer the medication must be provided by the parent.
 4. The school office should be informed of any medication brought into school at any time.
 5. Information regarding any prescribed medication should be made available to the school office.
 6. In the event of any special form of administration of medication being required, the parent must contact the school so that arrangements can be made for this to occur
- b. Teachers and other staff administering medicine.
 1. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if they occur.
 2. It is suggested that the First Aiders undertake this responsibility.
 3. They should act in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2002a) and Guidelines for the administration of medicines (NMC 2112b).
 4. In administering any medication, or assisting or overseeing any self administration of medication, First Aiders must exercise their professional judgement and apply their knowledge and skill in the given situation.
- c. **Administration of Medicines**
 1. No child under 16 should be given medicines without a parent or carer's written consent.
 2. The school maintains an annual medication consent form for all students covering prescription and non-prescription medicines.
 3. Any member of staff giving medicines should check:
 - The child's name
 - Prescribed dose
 - Expiry date
 - Written instructions provided by the prescriber on the label or container
 - Contra-indications

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- When medication last taken
- Whether they have eaten prior to taking the medication.
- 4. If in doubt about any procedure staff should not administer the medicines but check with the parents / carers before taking any further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent / carer.
- 5. Staff must complete and sign a record each time they give medicine to a child. Staff to write each student's record on a separate sheet of paper for the head's PA to add to his / her medical file.
 - Students should be given a medical note stating medication given and dose taken which is signed and dated.
 - 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.
- d. **Controlled Drugs**
 1. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs Regulations 2001 allows "any person" to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.
 2. Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for safety and audit purposes.
- e. **Non-prescription Medicines**
 1. Medicines should be given by nominated staff only.
 2. Staff nominated should normally be first aid trained.
 3. Nominated staff should never give a non-prescribed medicine to a child unless there is a specific prior written permission from the parents. Annual medication consent forms are kept in the medical room.
 4. Where a non-prescribed medicine is administered by nominated staff to a child it should be recorded and the parents informed.
 5. **A CHILD UNDER 16 SHOULD NEVER BE GIVEN ASPIRIN.**
- f. **Self- management for Emergency Medicines**
 1. Generally, students should not carry medicines whilst at school. However, students will be encouraged to carry and be responsible for their own emergency medicines, when staff in conjunction with parents (bearing in mind the safety of other children and medical advice) judge that they are sufficiently capable and competent to do so.
 2. Other non-emergency medicines should generally be kept in a secure place, not accessible to children.
 3. Medications should be handed into reception on arrival at school and then locked in the drug cupboard in the medical room.
- g. **Refusing Medicines:**
 1. If a child refuses to take medicine, staff should not force them to do so, but should note this in their records. Parents/ carers should be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

10. Procedures

- a. **Illness in the School**
 1. If a student becomes ill in a lesson and the teacher feels that medical treatment is required, reception should be called and the student taken to student reception where there is a qualified first aider.
 2. The School has a strict policy that no medication or treatment will be given orally or externally unless permission has been given by the parent. Parents will be contacted depending upon the nature of the medical problem.
 3. If the teacher feels that the student is too ill or injured to be moved, then a designated First Aid member of staff should be called. First Aid should be administered, as appropriate. If it is thought that follow-up treatment is required, the parent will be contacted or a letter sent home with the student.

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4. In more serious cases, where hospital attention is deemed necessary, the School will contact parents, who will be expected to take their child to hospital.
5. In an emergency, an ambulance must be called and the parent contacted by the School. In the absence of a parent, a member of staff must accompany the student to the hospital and remain there until the parent arrives.
6. If a parent cannot be contacted, the School will act in loco parentis and give permission for any emergency treatment.

11. Policy on specific medical issues

- a. The School welcomes all students and encourages them to participate fully in all activities.
- b. The School will advise staff on the practical aspects of management of:
 1. Asthma attacks
 2. Diabetes
 3. Epilepsy
 4. An Anaphylactic Reaction
- c. The School will keep a record of students who may require such treatment.
- d. The School expects all parents whose children may require such treatment to ensure that appropriate medication has been lodged with the School together with clear guidance on the usage of the medication.
- e. The School will store additional inhalers, insulin and epi-pens at the written request of parents. These will be kept in the first aid room.

12. Policy on intimate medical care

- a. The School is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- b. The School recognises that there is a need to treat all students with respect when intimate care is given. The student's welfare and dignity is of paramount importance. Staff will work in close partnership with parents/carers to share information and provide continuity of care.
- c. Intimate care can be defined as an activity which meets the personal care needs of a student. Examples include care associated with continence and menstrual management, as well as tasks such as help with toileting, washing and dressing. It does not include assisting with wiping intimate personal areas, but may involve prompting a student to do so.
- d. It also includes supervision of students involved in intimate self-care.
- e. All staff in the school must follow the procedures and advice outlined when carrying out intimate care of students.
 1. Ensure they are aware of the Safeguarding Policy and Procedures in place within the school. If concerned about a student's actions or comments whilst carrying out intimate care, this should be discussed with the school's designated person for safeguarding
 2. Use the nature of the incident/care required, and knowledge of the student to make a judgement on how many adults should be involved in intimate care. In some cases, it may be advisable to have two adults in attendance, particularly depending on the gender of the student. This could also be in cases where the student is vulnerable or where knowledge of the student or family indicates there could be difficulties/allegations made.
 3. If possible a student should be assisted/supervised in a disabled toilet to allow for privacy/supervision.
 4. Students should always be encouraged to carry out intimate care as independently as possible.
 5. Consider the dignity of the student and allow them to make a decision on how they would like to be assisted. Ask the following if relevant:
 - Would you like some help?
 - Would you like me to help you?
 - What would you like me to help you with?
 - Would you like me to come with you and wait outside the door in case you need any help?

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6. If the student requires assistance with intimate care regularly, a care plan should be in place which is agreed and signed by their parent. Two or three members of staff should be identified who will carry out this care. They should ensure that this care is shared so that the student is not always assisted by the same person.
7. When unplanned intimate care is required, a second member of staff (e.g. class teacher or teaching assistant) should be informed of what is happening and if necessary assist.
8. A bag of equipment for use during unplanned intimate care will be kept in the medical room. This will contain gloves, wipes, bags for putting soiled clothing in and sanitary towels. If any of these items are used they must be replaced. Spare underwear and clothing will also be kept in the office. The supplies in this bag will be monitored and replenished as needed by the office.
9. If it is suspected that the student has soiled themselves and it is denied by the student, the matter should be referred to the parent for advice. They should either come into school to assist the student or take them home and return them to school when they have been changed.
10. If a student has been assisted with intimate care which is not planned, a parent must be contacted as soon as possible to inform them of what has happened and how the student was assisted.
11. If a student has been assisted with intimate care, this should be recorded and dated in the treatment book by the member of staff carrying out the care.
12. Confidentiality should be maintained at all times between student, school and parent/carer.

13. Monitoring and Review

- a. The Headteacher will report on the management and progress of the policy to the Governors annually.