

# St. Joseph's Catholic Primary School



## First Aid and Medicine Policy

## **MISSION STATEMENT**

“Live, love and learn in a caring Catholic community.”

As a Catholic school community with Christ at its centre, St Joseph's seeks to bear witness to the Catholic faith, which is the foundation and inspiration of all its endeavours.

### **1. INTRODUCTION**

- 1.1. The Governors and Headteacher of St Joseph's Catholic Primary School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.
- 1.2. We are committed to the authority's procedure for reporting accidents and recognise our statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- 1.3. The provision of First Aid within the school will be in accordance with the DfE Guidance on First Aid for Schools.

### **2. STATEMENT OF ORGANISATION**

- 2.1. The school's arrangements for carrying out the policy include eight key principles.
  - 2.1.1. Places a duty on the Governing Body to approve, implement and review the policy.
  - 2.1.2. Place individual duties on all employees.
  - 2.1.3. To report, record and where appropriate investigate all accidents.
  - 2.1.4. Record all occasions when first aid is administered to employees, pupils and visitors.
  - 2.1.5. Make arrangements to provide training to employees, maintain a record of that training and review annually.
  - 2.1.6. Establish a procedure for managing accidents in school which require First Aid treatment.
  - 2.1.7. Provide information to employees on the arrangements for First Aid.
  - 2.1.8. Undertake a risk assessment of the first aid requirements of the school.

### **3. MATERIALS, EQUIPMENT AND FACILITIES**

- 3.1. The school will provide materials, equipment and facilities as set out in the DfE Guidance on First Aid for Schools.
- 3.2. Regular checks will ensure that materials and equipment are available and new materials are ordered when supplies are running low.
- 3.3. The appointed person is responsible for the arrangement of adequate First Aid training for staff.
- 3.4. All the First Aid supplies are stored in the clearly marked cupboard in the staff room. There are First Aid bags for use by TAs and MTAs at playtime and lunchtime, and to be taken on trips. There are First Aid supplies available in each classroom. These must be returned and replenished by the adult using it after each use.
- 3.5. Ice packs are stored in the freezer in the staff room.

### **4. CUTS AND GRAZES**

- 4.1. The First Aider on duty deals with cuts and grazes. All open cuts should be treated with an antiseptic cleansing wipe. A plaster may be applied after the child has been asked if they normally use plasters at home.
- 4.2. Minor cuts and grazes should be recorded in the accident book. Severe cuts and grazes should be recorded in the accident book and parents informed by a phone call from office staff.
- 4.3. Major injuries need to be dealt with by a First Aider and reported to the appointed person.
- 4.4. Anyone treating an open cut or graze must wear latex gloves.
- 4.5. All materials used to treat the wound, including gloves, must be disposed of in the yellow bin bag

in the disabled toilet.

## **5. HEAD INJURIES**

- 5.1. Any bump to the head, no matter how minor, is treated as serious. All bumped heads should be treated with an ice pack. Children should receive a bumped head sticker. The incident must be recorded in the accident book and parents informed immediately by a phone call from the administrator.
- 5.2. Class teachers are informed and keep a close eye on the child.
- 5.3. If there are obvious signs of concussion after a head injury, the child will need to be taken to hospital.

## **6. CALLING THE EMERGENCY SERVICES**

- 6.1. In case of a major accident, it is the decision of the trained First Aiders and appointed person if the emergency services are to be called. Staff are expected to support and assist in the decision.
- 6.2. The Headteacher or Assistant Head should be informed if a decision has been made, even if the accident happened on a school trip.
- 6.3. If the casualty is a child, their parents/carers should be contacted immediately and given 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 available from the school office.

## **7. ANAPHYLAXIS AND EPI-PENS**

- 7.1. All staff are trained in recognising the signs of serious allergic reactions and in the administration of Epi-Pens.
- 7.2. The emergency services should be called immediately if an adult or child suffers a severe allergic reaction and an Epi-Pen is administered. Parents should be informed immediately. A member of staff should accompany a child and take the administered Epi-Pen canister with them.
- 7.3. In the case of a less serious allergic reaction, a First Aider should follow the Medical Care Plan instructions.
- 7.4. Two Epi-Pens are kept in school in named containers with emergency instructions. One in the office and one in the child's classroom in a well-labelled location known to all adults in the school. The appointed person will ensure that all adults, including supply teachers, know where Epi-Pens are kept for each child.
- 7.5. Parents are responsible for providing two Epi-Pens and ensuring they are in-date. The appointed person keeps a record of expiry dates.

## **8. ASTHMA**

- 8.1. Children with Asthma do not require a Medical Care Plan. In order for children's inhalers to be kept in school, parents must fill out an Asthma Form (APPENDIX A).
- 8.2. Only blue inhalers should be kept in school.
- 8.3. It is the parents' responsibility to provide the school with up-to date Asthma inhalers for their children.
- 8.4. All inhalers must be clearly named. Children are not allowed to share their inhalers.
- 8.5. Children should keep their inhaler in an accessible place for self-administration. Younger children may need adult support with this.
- 8.6. Class teachers should inform parents at the end of the day if their child has used their inhaler.

## **9. BODILY FLUIDS**

- 9.1. Latex gloves must be worn by the person cleaning up.
- 9.2. Biohazard Spillage Clean Up Kits are stored in the office. These must be used to clean up bodily fluids. All waste must be disposed of in the yellow bin bag in the disabled toilet.
- 9.3. Parents must be informed if a child is sick or has diarrhoea.
- 9.4. Sick bowls must be disposed of in the yellow bin bag in the disabled toilet.

## **10. ARRANGEMENT FOR MEDICINES IN SCHOOL**

- 10.1. At the beginning of the academic year, any medical conditions are shared with staff and a list of these children and their conditions is kept in the teachers' planning files and displayed in the office.
- 10.2. Children with medical conditions have a Medical Care Plan, developed by the SENCO in liaison with parents and practitioners. These are reviewed regularly. (See Supporting Children with Medical Conditions in School Policy)
- 10.3. All medicines in school are stored in a locked drawer in the office or in the fridge in the staff room.
- 10.4. **Prescription Medicines** should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP may prescribe that a medicine has to be taken during the school day. Only medicines to be taken four times a day, and which are for a long-term or re-occurring illness will be administered by school staff.
- 10.5. Parents must complete and sign a Medicines in School form for prescribed medicines (those to be taken four times a day only) to be administered by school staff. (APPENDIX B)
- 10.6. Prescription medicines can only be accepted if they are in-date, in the original packaging and labelled with the dosage and instructions.
- 10.7. **Non-prescription medicines** e.g. pain relief, cannot be administered by school staff. However, parents may call in to school to administer the medicines themselves, or inform school if a family member or friend is to do this on their behalf.
- 10.8. Staff administering medication, keep an accurate record of all medication administered, including the dose, time, date and supervising staff. (APPENDIX C)
- 10.9. If a child refused to take a medicine, staff should not force them to do so. Instead, this should be noted in the records and parents informed.

## **11. HEADLICE**

- 11.1. Staff do not touch children and examine them for head lice. If we suspect a child or children have head lice, we will inform the parents/carers.
- 11.2. A standard letter will be sent home with all the children in the class.
- 11.3. If we have on-going concerns over head lice, the school nurse will be contacted for advice to parents.

## **12. CHICKEN POX AND OTHER RASHES**

- 12.1. If a child is suspected of having Chicken Pox, measles, etc., the child's arms or legs will be looked at if the child is happy for an adult to do so. Parents will be called and told of the rash.
- 12.2. If we suspect the rash to be contagious (such as scabies, impetigo, conjunctivitis, etc.), parents will be informed and requested to seek treatment before the child is returned to school.
- 12.3. If more than one child is suspected of having the same disease/rash in one class, a letter will be sent home to all parents in the class.
- 12.4. It is the Headteacher's duty to decide if there is an outbreak of infectious disease and whether there is a need to report it to the local Health Protection Unit.

## APPENDIX A

Dear Parent/Carer

### School Asthma Care

We are committed to providing quality care for children with asthma. You will be pleased to know that this school takes its responsibilities to pupils with asthma seriously and that all staff members are aware of how to help your child manage their condition.

To ensure your child receives the best possible care at all times, we ask you to please assist with the following: -

- Sign the declaration form below
- Inform school immediately of any change of treatment (when appropriate)
- Ensure your child has a reliever (blue) inhaler for use in school which is labelled (and a spacer if this is the usual method of delivery) as well as a home inhaler. School inhaler to be kept in school during term time in the classroom.
- A medical form to also be completed giving parental permission for medication to be taken during school hours. Please complete even if your child has no symptoms at present and only has a history of asthma. We still need this information.

If you have any questions, please contact the School office or the School Nurse. Thank you for your co-operation in this important matter.

Yours faithfully,

Kelly Dunne  
Headteacher

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### St Joseph's Catholic Primary School - ASTHMA DECLARATION

I ..... (parent/carer's name) confirm that my child..... is: -

1. Able to take responsibility for the administration of their own reliever in school (blue) inhaler when required or
2. Unable to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from a member of staff during school hours.

Signed ..... (Parent\carer) Date.....

## APPENDIX B

### St Joseph's Catholic Primary School PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION MEDICINE

#### Notes to Parent / Guardians

Note 1: This school will only give your child medicine that has been prescribed and is required to be taken at least four times a day.

Note 2: This form must be completed and signed before any medicines can be administered.

Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name.

Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

#### Medication details

Date	
Student's name	
Date of birth	
Group/class/form	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
Number of tablets/quantity to be given	

Time limit – please specify how long your student needs to be taking the medication	_____day/s _____week/s
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable

**Details of Person Completing the Form:**

Name of parent/guardian	
Relationship to pupil	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by	

*\*Please delete as appropriate*

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Head Teacher (or her nominee) to administer the medicine to my son/ daughter. \*

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

I understand that I must deliver the medicine personally to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian/person with parental responsibility)

**APPENDIX C**

**RECORD OF MEDICINE ADMINISTERED TO A STUDENT**

St Joseph's Catholic Primary School

Name of student		Group/Class/Form		
Name and strength of medicine		Date medicine provided by parent		
Expiry date		Quantity received	Quantity returned	
Fully completed parental consent form received for the admin of this medicine				Y/N
Dose and frequency of medicine				

Staff signature \_\_\_\_\_

**Log of Medicines Administered**

Date	Time given	Dose given	Staff Name	Problems/side effects