



ORCHARD VALE COMMUNITY SCHOOL FIRST AID AND ADMINISTRATION OF MEDICINES POLICY

The **First Aid procedure** at Orchard Vale is in operation to ensure that every pupil, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major during working hours and in term time.

The term FIRST AIDER refers to those members of the school community who are in possession of a valid First Aid certificate.

It is emphasised that this is a **Team** approach consisting of **qualified First Aiders** with the following qualifications:-

- First Aid at Work
- Paediatric Emergency First Aid
- Emergency First Aid
- Moving & Handling of Children and Young People who have Physical Difficulties

Annexed to the policy is a list of the team with their qualifications.

'Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.' - **DfEE Guidance on First Aid in Schools**

In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

The purpose of the Policy is therefore: -

- To provide effective, safe First Aid cover for students, staff and visitors.
- To ensure that all staff and students are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

FIRST AIDERS will:

- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services
- Help fellow First Aiders at an incident and provide support during the aftermath
- Act as a person who can be relied upon to help when the need arises



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- Advise that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of **all** head injuries promptly

Ensure that a child who is sent to hospital by ambulance is either: -

- Accompanied in the ambulance at the request of paramedics
- Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted
- Met at hospital by a relative
- Advise senior Management of a serious incident requiring the completion of the PO3 Serious Incident Form
- The First Aider need not be the member of staff to accompany the casualty to hospital; however, an appropriate person should be sent
- Liaison **must** occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher
- Keep a record of each student attended to, the nature of the injury and any treatment given, in the book provided in the First Aid Room. In the case of an accident, the Accident Book must be completed by the person or persons administering the first aid
- Ensure that they have a current medical consent form for every student that they take out on a school trip which indicated any specific conditions or medication of which they should be aware
- Have regard to personal safety
- Ensure that everything is cleared away, using gloves, and every dressing etc. should be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

LUNCHTIME STAFF will:

- Ensure that the duty first aider for that day will wear a green bib with a white cross
- Ensure that the First Aid Box, book and ice packs are taken to the playground
- It is the duty of the First Aider to copy all relevant paperwork etc. at lunchtime, pass this to the child's class teacher and file the original in the First Aid Records File held near the School Office



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The Local Governing Body will:

- Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981
- Monitor and respond to all matters relating to the health and safety of all persons on school premises
- Ensure all new staff are made aware of First Aid procedures in school

The Head of School and Senior Management Team will:-

- Ensure that all first aiders qualifications and insurance [provided by the school] are always up to date
- Ensure that first aid cover is available throughout the working hours of the school week
- Ensure that they always obtain the history relating to a pupil not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the pupil to feel unwell
- Ensure that in the event that an injury has caused a problem, the pupil **must** be referred to a First Aider for examination
- Ensure that the Serious Incident Form PO3 is completed by all relevant parties
- At the start of each academic year, provide the first aid team with a list of students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness or allergy which may be relevant
- Have a file of up to date medical consent forms for every student in each year and ensure that these are readily available for staff responsible for school trips/outings.

TEACHERS will:-

- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are
- Be aware of specific medical details of individual students when publicised by the Senior Management Team (SMT) and these are clearly displayed in the Staff Room and in the front of the First Aid Book
- Ensure that their pupils are aware of the procedures in operation
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger



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- Send for help to the School Office as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained
- Reassure, but never treat, a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed
- Ensure that they have a current medical consent form for every student that they take out on a school trip which indicates any specific conditions or medications of which they should be aware
- Have regard to personal safety

OFFICE STAFF will:-

- Call for a qualified First Aider, unless they are one themselves, to treat any injured pupil, parent or member of staff or other adults giving the specific location of the casualty
- Support the First Aiders in calling for an ambulance or contacting relatives in an emergency

PARENTS will:-

- Assume in the event of an accident basic first aid treatment will be given to their child by a first aider
- Be informed of any head injury/serious incident and the treatment given
- Inform the school of any specific medical needs, asthma, allergies or any specific requirements
- Ensure any medication is in date and given to a member of staff e.g. epi-pens/asthma inhaler
- Complete administration of medicines form

FIRST AID EQUIPMENT will:-

- Be kept in each classroom near the sink area, displayed clearly
- A full and complete box of first aid equipment will be kept in the black box outside KS1 classes



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- Yellow Asthma boxes will be kept in each classroom with clearly labelled bags for each child with up to date asthma cards/inhalers
- Asthma boxes taken to the hall, outside during PE lessons/trips etc.
- First Aid boxes stocked by school staff
- Resources ordered by school staff
- First Aid boxes are kept in the nursery kitchen and are to be maintained by nursery staff

ADMINISTRATION OF MEDICINES

Prescribed and Non Prescribed Medicines

1.7 It is important that responsibility for the young person's safety is clearly defined and that each person involved with individuals with medical needs is aware of what is expected of them. Close co-operation between children, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children and young people with medical needs.

1.10 A young person with specialist needs may require a Health Care Plan to be produced in consultation with establishment staff, parents, registered nurse and the pediatrician. The main purpose of an individual health care plan for the young person with medical needs is to identify the level of support that is needed, who will carry that support and how the setting will deal with any problems or emergencies.

1.11 This document should be made known to all members of staff who may be involved in administering medicines to young people. Establishments will need to produce clear and unambiguous procedures and arrangements based on this guidance to ensure that individuals with medical needs receive proper care and support whilst at a DCC establishment and whilst taking part in a DCC activity in other locations.

EMPLOYEE HEALTH AND SAFETY ISSUES

1.13 This guidance should also be read in conjunction with DfES guidance "Managing Medicines in Schools and Early Years Settings", the DCC HS0026 Infection Control Guidance Note and DCC Medication Policy.

ADMINISTERING MEDICINES IN ESTABLISHMENTS

Parents are responsible for their child's medication. The manager is normally responsible for deciding whether the establishment can assist an individual who requires medication. Such decisions should, as far as practicable, encourage regular attendance and full participation in the establishment's life.



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It is the responsibility of parents to inform DCC establishments whenever the young person is receiving prescribed medication. This applies to medication prescribed on both a regular and intermittent basis.

CONSENT ARRANGEMENTS

No medication should be given to a young person without written consent obtained from the person with parental responsibility for the young person. Procedures must be in place to ensure that this consent is obtained in all cases.

These medicines need to be clearly labelled with the child's name and Form ED2Y 94, plus the Green Permission Form and Care Plan (if appropriate) should be available with the medicine and with any other appropriate information staff may need.

REFUSAL TO TAKE MEDICATION

If the young person refuses to take medication, staff should not force them to do so. The establishment should inform the parents as a matter of urgency. If a refusal to take medicines results in an emergency, the establishment's emergency procedures should be followed.

EQUIPMENT

All medical equipment may need to be locked away, however, a risk assessment needs to be undertaken for individuals as to their ability to manage their condition and carry or access equipment themselves. For example, in the case of a diabetic, where blood and urine testing equipment may be needed urgently.

OFF SITE ACTIVITIES

It is good practice for establishments to encourage individuals with medical needs to participate in off site visits, trips and sporting activities. However, in such circumstances where additional risks and difficulties may be encountered, careful planning is required, and a suitable risk assessment should be carried out. Information is available in the "Outdoor Education, Visits and Off-Site Activities" (revised January 2008).

Where required, staff will take charge of the medicines and return the remainder on return to the setting or to parents, as appropriate. Where a young person is self medicating this should continue whilst on an off site visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

Individual health care plans should include instructions as to how to manage in an emergency, and identify the role and responsibilities of staff during the emergency.

Where possible staff and other young people should know what to do in the event of an emergency, and all the staff should know how to call the emergency services.



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A member of staff should always accompany a young person taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car unless accompanied by another member of staff and only then in extreme emergencies.

TYPES OF MEDICATION TO BE ADMINISTERED

Non-prescribed medicine should not be administered by DCC staff unless there is a clear and pre-agreed system in place, e.g. in the event of a residential home, on residential visits etc.

In circumstances when a young person suffers headaches, menstrual pains or toothache, the manager or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve the pain. Analgesics will only be given to children under the age of 16 when parents have given **prior written permission**. In these circumstances, specific members of staff will be authorized to issue tablets and they will keep a record of issues including name of the young person, time, dose given and the reason.

On no account will aspirin, or preparations containing aspirin, or medicines containing ibuprofen, be given to children unless prescribed by a doctor. This is particularly important where children under 16 years of age concerned

Please note: The national standards for under 8s day care providers (Day care, Creches, Out of school care); make it clear that non-prescription medicines should not normally be administered.

DELIVERY, RECEIPT, STORAGE AND DISPOSAL

Medicines must always be provided in the container **as originally dispensed** by the pharmacist. This should be clearly marked with the young person's name, date of dispensing and the name of medication, and include the prescriber's instructions for administration. The label on the container supplied by the pharmacist must not be altered under any circumstances.

Consideration should be given to arrangements for the safe delivery of medicines into the establishment, in their original dispensed container. It is not suitable for young children to bring in their own medication. Therefore parents or carers should hand this directly to the manager or another nominated responsible person.

Medication must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicine cupboard/cabinets must be of a suitable size to store all medication, and have a quality lock fitted where this is assessed as required. In the event of storage of a controlled drug the storage container must be secured to a wall when not in use.

Rooms in which drugs are kept should not be accessible to students. For example, drugs requiring refrigeration should be stored, clearly labeled in a box in a fridge in a staff room not used by



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students, unless special secure storage requirements are necessary. The storage of drugs could be considered in the context of the establishment's COSHH and Security Risk Assessment process. If an establishment locks away medicine a young person might need in an emergency, all staff should know where to obtain keys.

Individuals who have an Individual Health Care Plan who are known to be possible emergency cases but do not administer their own medication, should have their medicines stored securely as close as is reasonably practicable to their classroom. Access to medication and emergency procedures are important issues to consider when planning journeys out of establishment.

All DCC establishments should never accept medicines that have been taken out of the container as originally dispensed, nor should they make changes to dosages on parental instructions.

DISPOSAL OF MEDICINES

Parents should ensure that medicines given to a DCC establishment on a child's behalf are "in date" for the period of administration. Non residential settings should not dispose of any medication. Therefore, if medicines become out of date or the treatment ceases, parents should be informed immediately and asked to collect, dispose and replace if necessary.

TRAINING

As the vast majority of medicines are given by mouth in liquid form, or as tablets, little or no training is required. However in some circumstances, medicine may be given by other routes. If a member of staff volunteers to assist a service user with invasive medical needs, the Manager should arrange appropriate training through the Public Health Nursing Service.

Each establishment has an allocated registered nurse who will provide or organize training for staff to administer invasive procedures. In particular circumstances a pediatric specialist nurse may be called in to train for use of other medications.

First Aid arrangements in the establishment should cover aspects of risk which the Administration of medicines could present, e.g. what to do if the individual has an asthma attack, epileptic fit or a severe allergic reaction. If there are young people with disabilities, long standing medical conditions or allergies which require special attention, individual advice should be sought.

SPECIFIC MEDICAL CONDITIONS

- **Asthma:** Asthma can be a life threatening condition and an attack can start very rapidly. It is essential that a young person with asthma have immediate access to their reliever inhalers when they need them e.g. carried by the young person. If the parents wish this, it should be specifically mentioned in their written request. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the individual's



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name. Some people may require some assistance when using their inhaler and some are usually able to decide for themselves when to use their inhalers and how to do so. Most young people with asthma should have a written Asthma Plan and this will be followed up by the Asthma Management Nurse. Further advice is available from Asthma UK, website: www.asthma.org.uk, who has produced an Information Pack. A free copy can be obtained by telephoning 0207 704 5888.

- **Diabetes:** Most individuals with diabetes have the condition controlled by injections of insulin morning and night and will not generally require injections at the establishment. Most young people are taught to do their own injections from an early age but may require supervision if very young. Parents will need to indicate the requirements. It is important that establishments should know if a young person is diabetic and what measures need to be taken in the case of hypoglycaemia (low blood sugar). All young people with diabetes are supported by Paediatric Clinical Nurse Specialists who are happy to provide advice. Further information is available from Diabetes UK which has information on Diabetes in Establishments. A downloadable version is available on www.diabetes.org.uk. Copies can also be ordered by telephoning 0800 585 088.
- **Epilepsy:** Most medication for epilepsy is programmed to be given outside school hours. Young people with epilepsy sometimes require a dose of an emergency anti convulsant in the event of a seizure. This may be in the form of a rectal suppository. Members of staff willing to administer rectal suppositories will require appropriate training. However, young people who require emergency anti-convulsion's can be given medication by mouth. An Individual Health Care Plan may be required. Sapphire Nurses can support those with epilepsy. Further information can be obtained from the National Society for Epilepsy and the British Epilepsy Association has information for schools called "Epilepsy – A Teacher's Guide" available from www.epilepsy.org.uk or telephone 0808 800 5050.
- **Anaphylaxis:** Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. In the most severe cases of anaphylaxis the medication prescribed may include antihistamine, adrenaline injection, Epinephrine. Pre-loaded injection kits are available and staff willing to administer the medication should receive appropriate training. An Individual Health Care Plan for a young person with this condition is recommended. The anaphylaxis campaign website contains 'Guidance for Schools' and a sample protocol. www.anaphylaxis.org.uk and a helpline is available 01252 542029.
- **Attention Deficit and Hyperactivity Disorder (ADHD):** Young people who have had a formal diagnosis as having ADHD should be following a behaviour management programme and, in some cases, with medicine prescribed by a child psychiatrist or pediatrician. Further information is available from the NHS Direct website www.nhsdirect.nhs.uk.

SUMMARY

The Health and Safety Executive takes the view that, provided the establishment management and staff act in accordance with the Health and Safety Policy and Guidelines issued by the LA, seeking advice if in doubt then there should be no difficulty in meeting health and safety



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obligations. This approach will also ensure that head teachers, managers, governors and staff (including escorts) remain within the protection of the LA's insurance policies.

While general staff cannot be compelled to administer medicines for young people, it is hoped that the support given through parental consent, the support of the County Council through these guidelines, and the help of staff of the Primary Care Trust will

encourage staff to see this as part of their pastoral role. If the manager is concerned about whether the establishment can meet a young person's needs or where parents' expectations appear unreasonable, advice should be sought from the Registered Nurse or the GP and if appropriate, the LA. Where these arrangements fail, it is the responsibility of parents/carers to make alternative arrangements.

Record Keeping:

Clear records will be maintained of all prescribed medicines brought into the school by using the Administration of Medicines in Schools form (ED2Y 94) It is a requirement that this form be kept with the medicine in the cabinet.

The Medications Register will:

- Be in an approved format
- Show the name of the person for whom the medicines were supplied
- Give the name of the medicine supplied
- Detail of the quantity supplied
- Detail the amount administered each time

Register Entries Must:

- Be made in ink
- Be in chronological order and made at the time of administration
- Show the date the medicine was obtained or supplied
- Show the name of the person who accepted the medication
- Show the name of the person for whom the medication was prescribed
- Show the amount of the medication supplied
- Show the form in which it was supplied (e.g. liquids, capsules)

Epi-pens and inhalers

These are considered to be part of our first aid provision; however they must all be entered into the Medicines Register as above if used.

- All staff are expected to familiarise themselves with the children in school who need epi-pens



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- Details of all serious medical conditions and allergies are clearly displayed in the staffroom and are circulated via our database records annually
- All staff are expected to familiarise themselves with those children who carry inhalers
- Children with inhalers are expected to have been educated in their use by parents or carers
- Children with inhalers are expected to know their whereabouts

This Policy was originally compiled by:-

Fiona Pearce	-	Senior Management Team
Chris Mason	-	TA Manager
Rachel Worsley	-	KS 2 First Aider
Maggie Coleman	-	Foundation and KS 1 First Aider
Janet Cowie	-	Chair of Governors

Ratified by Governors on: - 19 November 2009

Amended by Caroline Harding for Senior Management Team in conjunction with the school nurse Winnie Zurybida in October 2011.

To be reviewed annually.

Epi Pen Training	All Staff – September 2007 All Staff – May 2010 All Staff – September 2012
Epilepsy Awareness	All Staff – March 2009 All Staff – May 2010 All Staff – September 2012

*First Aid box will be checked by:- First aid box reps in teams.