Treeton Church of England Primary School

Policy for the Management of Medication Incorporating Administration of First Aid

Reviewed September 2024 By Emma Minhas

Section 1- Management of Medication

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1. Introduction

Parents, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school and be able to participate in the curriculum as normal. However, we recognise that there may be occasions where parents/carers are advised that their child may return to school while still needing to take medicines. We will ensure that parents/carers provide school with sufficient information about their child's medical condition and any treatment or special care needed at school, on admission, and keep us informed of any new or changing needs. If there are any special religious and/or cultural beliefs which may affect any medical care that the pupil needs, particularly in the event of an emergency, we rely on parents/carers to inform us and confirm this in writing. Such information will be kept with the pupil's personal record. This policy was drafted in consultation with staff.

This policy is made available to all staff and parents.

2. Aims and Objectives

Most pupils will, at some time in their school career, have a medical condition which may effect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication. We aim to maintain close co-operation with pupils, parents and health professionals to provide a supportive environment for any pupils with medical needs.

We aim to address the following issues;

· Short term medical needs	· Refusing medication
· Long term medical needs	· Self-management
· Informed consent	· Staff training
· Administering medication	· Emergency procedures
· Non-prescription medication	· Creating healthcare plans
· Record keeping	· Confidentiality

3. Management of medication within the school

Parents/carers are asked to provide the school with full information about their child's health needs. If a member of staff notices deterioration in health of any pupil over time they will inform the head teacher who will let the parents/carers know.

a) Short term medical/health needs

We recognise that some children may need to take medication at school at some time in their school life e.g. antibiotics. However, medication should only be taken at school when absolutely necessary. As much medication

can be prescribed to avoid school hours we will encourage parents/carers to seek advice about this with the prescribing doctor.

b) Long term medical health needs

We will endeavour to create individual healthcare plans for pupils with long term needs thus maintaining adequate support to maintain attainment and attendance. This information will be recorded on Medical Tracker.

c) Informed Consent

Parents must request the school to administer prescribed medicines during the school day. The school will then consider this request in relation to the nature of the medication.

Staff at this school are unable to give medication to pupils without the consent of parents/carers. We also require that the first dose of any medication is given at home. Parents/carers will be asked to complete a consent form, giving details of any medication and dosage.

Medicines administered by school staff must be prescribed by a doctor or other health care professional for the child.

This consent form will be kept in the medical folder in the staff room, until the medication is stopped. Renewed written instructions will be requested in the event of any changes to the original arrangements.

d) Administering Medication

Any members of staff who administers medication will follow the agreed procedure. (Recording folder is kept in the staffroom.)

- · Confirm the pupils name and the name written on the medication
- · Check the written instructions provided by the parent/carer/doctor/issuing pharmacist*
- · Check the prescribed dose
- · Check the expiry date on the medication
- · Administer the medication this will be done at the chairs outside the main hall unless otherwise agreed by the headteacher.
- · Record the date and time and sign the record sheet at the time of administration in the medicines folder.
 - A 2nd member of staff will countersign that this medicine has been administered.

On completion, this record sheet is placed in the child's personal file in the office.

· If there is any doubt about any of the details, staff will double check with parents/carers before giving the medication.

Records are located in the staffroom near to where the medicines are stored (in the fridge or the cupboard above) and will be kept until the pupils listed no longer require the medication. If a pupil refuses to take their medication no member of staff will enforce the dose. We will however inform parents/carers of the situation as soon as possible. Unless it is an emergency, medication will be administered as stated above. School staff will **not** give non-prescription medicines to pupils in school.

If a pupil regularly suffers from acute pain (e.g. migraines, toothache etc) parents/carers may authorise and supply prescribed paracetamol (Calpol) in appropriate doses with written instructions about when the pupil may take it. The pupil will be administered the medicine when necessary and school will notify parents/carers in writing on the day the pain relief was taken.

*In March 2018, following national public consultation, NHS England published national guidance on reducing the prescribing of Over The Counter medicines for minor, short-term health conditions. Consequently, GP practices NO LONGER provide prescriptions for medicines that you can buy at a pharmacy, supermarket or elsewhere. To comply with school requirements that items be labelled, these medicines can now be labelled by a pharmacist at the point of purchase. Staff will check these details when medicines are brought into school.

The school has a list of participating pharmacists if parents need further information.

e) Storing Medication

Medicine is kept in the staffroom (unless agreed otherwise with the HT or Exec HT) and all staff and pupils who need their medication know where it will be stored and who will administer their medication to enable easy access. Medicine is sent home every day/weekend (unless there are 2 sets). Inhalers are checked termly for dates, where possible we will ask parents/carers to provide the doses required on a daily basis. We will not store large quantities of medication. We ask that all medication is supplied in an airtight container clearly labelled with the pupil's name, class and the medication dose required. Any pupil needing more than one medication will require a separate container for each medication. The Head Teacher is responsible for ensuring that medicines are stored safely. Pupils will, however, know where their medication is stored and who will administer this. If medication requires refrigeration it will be kept in the staffroom refrigerator. We will not dispose of any medication but will ask parents/carers to collect and dispose of any medicines left at school.

f) Self- Management

All asthma inhalers are kept in the staffroom **or** by the class teacher in the classroom cupboard (out of reach of children). Children can access them at any time. This is safer than children having responsibility for their safe-keeping. However, the date and time of each dose must be recorded by an adult in a separate child's book, which should be kept with the inhalers.

g) Residential Visits

When children are away from home on residential visits there may be a need to take over the counter medicines which have not been prescribed by a doctor, e.g. hayfever tablets, paracetamol for isolated pain or antacid tablets. These over the counter medicines can be authorised and labelled by the pharmacist supplying the medication. It is also acceptable for these medicines to be administered provided they have been handed over by the parent directly to the visit leader, the necessary documentation completed and dosage confirmed. Medicines will be stored securely throughout the residential visit by the visit leader. Parents will also have completed a Medical Information form prior to the visit and handed this to the visit leader.

During daily activities on the residential visit, children will carry their own blue reliever inhalers and use as necessary, but staff are required to record their use on the visit specific medicine forms.

4. Staff Development

All staff who undergo any related training in this field will keep a record of dates and the focus of the training in their performance management folders.

a) Emergency procedures

All staff are aware how to call the emergency services. Staff are also aware who is responsible for carrying out emergency procedures in the event of a need. Any pupil taken to hospital by ambulance will be accompanied by a member of staff who will remain with the pupil until a parent arrives. All calls to emergency services will be recorded and appropriate documents completed. (See First Aid Policy for clarification)

b) Specific training

All staff who are required to deal with specific issues or specific health needs will receive appropriate training from health professionals. We will respect any concerns of individual staff regarding administering medication but hope that appropriate training and support will enable staff to feel confident to fulfil this caring role.

5. Healthcare Plans

All pupils who have particular on going health needs have an individual healthcare plan. The purpose of this is to identify the level of support that a pupil requires in school. It is a written agreement that clarifies for staff, parents and pupils the help that school can provide and receive. Each pupil's healthcare plan has a regular review date with parents, pupil and a member of staff and/or health worker. Each plan clearly states what information may be shared and with whom. These plans are kept in the school office, on Medical Tracker and by the relevant teacher / TA will take a copy.

6. Equality of opportunity

a) School visits and residential visits

Pupils will be encouraged to participate in these activities if it is deemed safe to do so. Risk assessments will be carried out, provision will be made in individual health care plans and staff will receive suitable training.

b) Sporting activities

Our PE curriculum and provision of sporting activities is flexible enough for all pupils to take part in ways which are appropriate to their abilities. Any restrictions on a particular pupil's ability to participate in PE will be clearly identified and incorporated into the pupil's individual healthcare plan.

7. Confidentiality

Medical and health information will be treated confidentially and information about pupils only shared with those whom the parents/carers or pupil have given consent for. However, we will ensure that important information about particular health needs will be clearly communicated to relevant teaching and support staff. Specific health needs of individual pupils will only be shared with peers after consent from the pupil. This will help to normalise any special needs and establish a sense of caring.

Section 2 - Administration of First Aid

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1. Introduction

Treeton C of E Primary School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regards to all staff, pupils and visitors.

Treeton C of E Primary School will take every reasonable precaution to ensure the safety and wellbeing of all staff and pupils.

Designated First Aiders have overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.

This policy has due regard to statutory legislation, including, but not limited to the following:

- 1) The Health and Safety (First Aid) Regulations 1981 and approved code of practice and guidance
- 2) Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance

The aim of this first aid policy is to:

- 1)Ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
- 2) Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid.

All staff will endeavour, at all times, to secure the welfare of the pupils.

Anyone on the school premises is expected to take reasonable care for their own and others' safety.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy, and make clear arrangements for liaison with ambulance services on the school site.

2. First aiders

The main duties of first aiders are to give immediate first aid to pupils, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.

First aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the school business manager.

Each classroom's first aiders have a responsibility to ensure their individual first aid kit is properly stocked and maintained. The first aid appointed person(s) will be responsible for maintaining whole school supplies.

The current first aid designated person is:

Tara Payne (HLTA)
(Pulse First Aid at Work – 30.6.22 – valid for 3 years)

Pediatric First aiders are:

Amy Leonard (Reception class teacher)
Anna Rooke (Teaching assistant)
(January 23)
Jacki Habershon (Nursery Teacher)
Zoe Elliott (Teaching assistant)
(1.11.23)
Debbie Shaw (Reception class teacher)
(17.2.22)

All valid for 3 years.

All other staff in school should have undertaken training in basic first aid. New staff without a current certificate will be offered training at the first available opportunity.

3. First Aid Boxes

To achieve the aims of this policy, the school will have suitably stocked first aid boxes. Where there is no special risk identified, a minimum provision of first aid items would be:

- Eye wash pods
- Lint free gauze pads for wound cleaning.
- Sterile antiseptic wipes
- Individually wrapped sterile adhesive dressings
- One sterile bandage dressing

- One triangular bandage
- Individually wrapped sterile non-adherent dressings
- Microporous tape
- Disposable gloves
- Scissors
- Equivalent or additional items are acceptable.

The lead first aiders are responsible for regularly examining the contents of first aid boxes. These should be checked frequently and restocked as soon as possible after use – this is the responsibility of the person who has administered first aid. Items should be discarded safely after any expiry date has passed.

4. Emergency procedure in the event of an accident, illness or injury

If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for a first aider or send for an ambulance immediately.

If called, a first aider will assess the situation and take charge of first aid administration.

In the event that the first aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.

In the event of an accident or injury, the first aider will take the following action:

- i) Evaluate the situation and ensure that it is safe to administer first aid, or assess to see if there is a risk of further injury to anyone present.
- ii) Assess whether they are able to manage the situation, or need further help or advice.
- iii) Complete appropriate physical checks to assess for injuries, as per first aid training. Call 999 at this stage if necessary.
- iv) Administer appropriate first aid to ensure the victim(s) is kept safe and comfortable. Seek professional help if needed (999)
- v)Ensure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- vii) Ensure that any children who may have witnessed the accident or its aftermath are taken away from the accident scene and comforted. Younger or more vulnerable children may need parental support.

Parents should be contacted at the earliest opportunity and asked to come to into school. If an ambulance is called but a parent cannot get to the school in time, with parent's permission a staff member may accompany the accident victim(s) to hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.

All incidents must be reported to:

- The Headteacher (Emma Minhas HOS or Sharon Patton Executive Headteacher)
- The parents/carer of the victim(s) if not already aware.

If medical attention is needed following an accident, an 'Accidents to Children' form must be completed – this is available from the school office. If in doubt seek further advice.

5. Reporting to parents

In the event of incident or injury to a pupil, at least one of the pupil's parents must be informed as soon as practicable. Minor injuries are reported through our Medical Tracker online program. If this is not available, then it must be reported via the accident book/slip system. If the injury has resulted in a significant mark on a child's body parents must be informed as soon as possible.

Parents must be informed of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop. This again is done via our accident book/slip system.

In the event of serious injury or an incident requiring emergency medical treatment a member of staff will telephone the pupil's parents as soon as possible.

Emergency contact details are obtained from the main office or via Medical Tracker.

6. Visits and events off-site

Before undertaking any off-site events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. This will be reviewed by the school business manager before the event takes place.

Please see the separate Educational Visits Policy for more information about the school's educational visit requirements.

7. Illness

If a child becomes ill during the day, the parents/carer will be contacted and asked to pick their child up from school as soon as possible. The headteacher must be informed if a child is to be sent home.

A quiet area is set aside for pupils to sit while they wait for their parents/carer to arrive to pick them up – this is outside the main hall. Pupils will be monitored by an appropriate staff member during this time.

Parents/carers must report to the main office to collect their child, and sign them out when leaving the premises.

8. Consent

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.

8. Monitoring and review

This policy is reviewed annually by the Designated First Aiders in conjunction with the Headteacher and governing body; any changes made to this policy will be communicated to all members of staff.

All members of staff are required to familiarise themselves with this policy.

Related Policies

Supporting Children with Medical Needs Policy

Policy Review

This policy will be reviewed in September 2025