



First Aid and Medicines Policy

Date Adopted:	September 2023
Next Review Date:	September 2024
Signature of Chair of Governors:	
Signature of Headteacher:	

First Aid and Medicines Policy

At Hollingbourne we believe it is essential to have in place adequate first aid provision and medical care for all pupils and school personnel.

Aims

- To provide adequate first aid provision and medical care for pupils and school personnel.
- To have in place qualified first aid personnel.
- To have in place adequate first aid equipment.
- To have in place excellent lines of communication with the emergency services and other external agencies.

Strategy

Identification & Awareness	<ul style="list-style-type: none">• Parents must inform the school of their child's medical history that may be a cause for concern.• School personnel must be suitably trained in identifying pupils with expected problems.• School personnel must report any concerns they have on the medical welfare of any pupil.
Training	<ul style="list-style-type: none">• For all personnel to undertake training in first aid, administration of medicines and awareness of medical problems in pupils.
Administration of Medicines	<ul style="list-style-type: none">• A procedure must be in place for the administration of medicines for pupils.• Before the school administers any medication the parent must complete the necessary paper work.• Records must be kept of the administration of medicines.
House Keeping	<ul style="list-style-type: none">• All medicines must be securely stored in a central location.
Emergencies	<ul style="list-style-type: none">• A procedure for dealing with accidents must be in place.
Records	<ul style="list-style-type: none">• Records are to be kept for all pupils.
Reporting	<ul style="list-style-type: none">• Parents are to be informed of all accidents especially head injuries.

We believe the strategy is effective in the provision of medical and first aid care within the school.

Managing children with allergies, or who are sick or infectious

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

When parents start their children at our school they are asked if their child suffers from any known allergies. This is recorded on the Medical Record form. If a child has an allergy this is noted along with the resulting reaction and any necessary medication with instructions of its use to alleviate the reaction. If it is necessary to administer special medication (e.g. epipen or similar) then this is recorded on an individual healthcare plan (see medical needs policy) and staff undergo any necessary specific training to ensure that they know how to administer the medication correctly.

We limit the likelihood of allergic reactions where possible for example, we do not permit nuts in school and limit the use of nut products. Parents are regularly reminded of this.

If children appear unwell during the day- have a temperature, sickness, diarrhoea or pains particularly in the head of stomach- a member of SLT is consulted and then parents contacted, asking them to collect the child or send a known carer to collect on their behalf.

If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water but kept away from draughts. Temperature is taken using an electronic in the ear thermometer kept in the first aid cupboard. This action can be taken by all staff.

In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.

After sickness/diarrhoea parents are asked to keep their child home until the symptoms have stopped and the parents consider the child is well enough to return to school. The school can refuse admittance to children who have a temperature, a contagious infection or disease or who have been sick/ had diarrhoea within 48 hours. Clear guidance is set out in: ***Guidance on infection control in schools and other childcare settings April 2010- Health Protection Agency*** which the school refers to.

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency. The school will then act on the advice from the Health Protection Agency. It may also be necessary to inform Ofsted (advice from Local Authority would be sought).

Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Medicines

It is not our policy to care for sick children, who should still be at home until they are well enough to return to school, however we will agree to administer **prescribed medicine** as part of maintaining their health and well-being or when they are recovering from an illness. We will also administer over the counter medicines such as Calpol or Nurofen if it is absolutely necessary.

Medicines should only be given where it would be detrimental to the child's health if not given within school time.

Children taking the medicine must be well enough to attend school. All medicine must be in date. Prescribed medicine must be prescribed for the current condition). They must be stored in their original containers, clearly labelled (with pharmaceutical label) and inaccessible to children- stored in line with the conditions set out in the instruction booklet.

Managing medicines on school premises and record keeping

At Hollingbourne School the following procedures are to be followed:

- No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- With parental written consent we will administer non-prescription medicines except never aspirin or containing aspirin except prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Hollingbourne Primary School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispense a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the office. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, Mrs Rout, Mrs Smith and Mrs Bradley-Wyatt.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available state and not locked away. Asthma inhalers should be marked with the child's name. Some pupils will be able to self manage their medication and can keep it in class.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required.

- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. Hollingbourne School will keep a record (see template B of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. The administering of any medicine should be witnessed by a second adult;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Parents give prior written permission for the administration of medication. For non prescribed medicine this will be bought in at the time of illness. The medicines will not be kept in school over night.

The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- Full name of child and date of birth
- Name of medication and strength
- Who prescribed it
- Dosage to be given in the setting (and time if possible)
- How the medication should be stored and the expiry date
- Any possible side effects that may be expected should be noted
- Signature, printed name of parent and date.
- The time the last dose was given so the child is not given an overdose in school.

See template A

The administration of medicine is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of medicine. The medication record book records:

- Name of child
- Name and strength of medication
- The date and time of dose

- Dose given and method
- Signature by staff member and parent signature at end of day

See template B

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. For example, inhalers can be kept in class rather than the school office if the pupil is able to manage their need.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in name which room to ensure that the safeguarding of other children is not compromised. Hollingbourne School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan if there is one in place or alternatively parents will be informed so that alternative options can be considered.

Please refer to the additional guidance for further information: ***Guidance to refer to: Managing Medicines in Schools and Early Years Settings DfES 2005***

Accidents- recording and reporting

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents. Please refer to: ***A guide to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995- HSE 2012.***

Our accident book is kept safely and accessibly (to all staff who know how to complete it) and it is regularly reviewed to identify potential or actual hazards.

Where possible, parents are informed about accidents in person at the end of the day. Parents are formally told about more serious accidents by putting a sticker on the child concerned and ensuring the parent is verbally informed at the end of the day. Where at all possible, parents are informed of head bumps and more serious injuries by phone at the time the first aid treatment is being given. If this is not possible they are informed as soon as possible afterwards. In order to meet the requirements of the EYFS, in the Early Years Foundation Stage white accident forms are completed and given to parents for any minor accident which has required any first aid treatment.

When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises we make a report

to the Local Authority using the electronic form on KELSI. If necessary, the Health and Safety Executive is also informed using the format for the RIDDOR.

First aid.

At Hollingbourne, all staff are able to take basic action to apply first aid treatment in the event of an accident involving a child or an adult. At least one member of staff with first aid training is on the premises or on an outing at any one time. The first aid training within the Early Years Foundation Stage is Paediatric First Aid and in line with the requirements set out in the Early Years Foundation Stage Statutory Requirements.

Our First Aid supplies ensure we can manage first aid treatments and complies with relevant regulations. These supplies are kept in the first aid cupboard in our waiting area. First aid resources are kept easily accessible to adults and kept out of the reach of children. Stocks within the first aid cupboard and first aid kits are checked regularly and restocked by **Helen Bradley-Wyatt** (HT), **Lindsey Tong** (paediatric first aid trained) and **Zara Rout** (secretary).

At the time of admission to the school, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

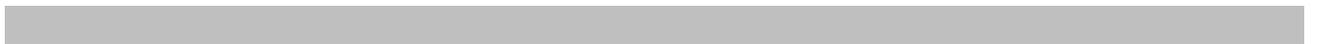
Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

Any staff can carry out basic first aid treatment. Basic first aid includes treatment for e.g. minor grazes, minor bumps (other than to the head) minor nosebleeds.

Bumps to the head, or serious accidents, cuts, burns should be referred to a trained First Aider for appropriate treatment advice.

Any children in the Early Years Foundation Stage requiring treatment from a first aider must be treated by a first aider with the paediatric qualification.

A list of staff who are currently First Aid trained can be found in/on the first aid cupboard.





Template A: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template B: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Witnessed by			
Witness signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Witnessed by			
Witness signature			