

# Emmbrook Infant School



## Medical and First Aid Policy – Including First Aid Procedures (Supporting Pupils for Medical Conditions)

<b>Approved by:</b>	Children & Learning Committee	<b>Date:</b> 17 <sup>th</sup> April 2018
<b>Last reviewed on:</b>	C&L (79.17/18) Dated 17/4/18 FGB (75.17/18) Dated 25/4/18 C&L 07/07/21	<b>Frequency of review:</b> 3 years
<b>Next review due by:</b>	Summer 2024	
<b>Changes made on Review</b>	<b>Date</b> <b>April 18</b>	Addition of school epi-pens and inhalers. Updated staff training numbers. Parents administering non-prescribed medicines Addition of risk assessments to name children with allergies or medical conditions.
	<b>April 2021</b>	Addition of spacers required with all inhalers. Update to locations of first aid boxes. Update to accident procedures. Updated staff training numbers.

### SUPPORT FOR CHILDREN WITH MEDICAL NEEDS

Parents have the prime responsibility for their child's health and should provide School with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed.

Parents should provide the School Office with full information about their child's medical needs, including details on medicines their child needs.

### NON-PRESCRIPTION MEDICINES

Non-prescription medicines should not be brought to School. If a parent chooses to administer a non-prescribed medicine, this must be recorded in the Non-Prescribed Medicines register and signed by the parent.

In exceptional circumstances only (e.g. severe eczema), a parent may apply to the school for a medicine or cream to be applied/administered by school staff. If agreed

by the Headteacher, this will be recorded in the Non-Prescribed Medicines register and signed by the staff member and parent.

## **PRESCRIBED MEDICINES**

Medicines should only be brought 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'. School can only accept medicines that have been prescribed by a doctor. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

School cannot accept medicines that have been taken out of the containers as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are requested to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

## **SHORT-TERM MEDICAL NEEDS**

Many children will need to take medicines during the day at some time during their time in School. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion.

However, such medicines should only be taken to School where it would be detrimental to a child's health if it were not administered during the day. Again, they must be supplied in their original container, with prescribers' dosage instructions and written consent from a parent or guardian. Medicines are kept in a fridge in the medical room.

## **LONG-TERM MEDICAL NEEDS**

- Details of a child's condition
- Special requirements, e.g. dietary needs, pre-activity precautions
- Any side effect of the medicines
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

## **ADMINISTERING MEDICINES**

No child under 16 can be given medicines without their parent's written consent either by letter or form from the school office. Any member of staff giving medicines to a child will check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff will not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue will be discussed with the parent, if appropriate, or with a health professional attached to the School or setting.

## **SELF-MANAGEMENT**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and School encourages this.

Children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

For conditions such as asthma, diabetes and severe allergies, children's medication is kept. Staff will supervise or administer medicines in the medical room. Children with a short term need to finish a course of prescribed medicine may also bring their medicines to School. Children will have the medicine given to them only after a medical consent form has been filled in at the School Office.

## **REFUSING MEDICINES**

If a child refuses to take medicine, staff will not force them to do so. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the School's emergency procedures will be followed.

## **RECORD KEEPING**

Parents should tell the School about the medicines that their child needs to take and provide details of any changes to the prescription or the support required in writing. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

## **TRIPS AND VISITS**

Children with medical needs will be encouraged to participate in trips and visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines

will also need to be taken into consideration. Staff supervising excursions should always be made aware of any medical needs and relevant emergency procedures by the parent on the consent form. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

All risk assessments must identify any children who have medical conditions or allergies and make appropriate arrangements for their care during the trip.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, advice will be sought from parents and/or health professionals.

## **ROLES AND RESPONSIBILITIES**

**Parents and Carers** should provide the head with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the head, reach agreement on the School's role in supporting their child's medical needs, in accordance with the school's policy. The head will seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

For a child with medical needs, the head will need to agree with the parents exactly what support can be provided.

Parents should keep any child at home when they are acutely unwell in order to reduce the spread of infection. This is to protect other children with medical conditions such as asthma and diabetes, for whom illness can produce complications.

**Teachers and Other Staff** will have access to information on children's medical conditions and action to take in an emergency, provided the parents have given consent for this. Teachers will take all reasonable care to accommodate medical needs in their lesson planning.

## **STORING MEDICINES**

Large volumes of medicines should not be stored. School will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Parents should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children will be made aware of where their own medicines are stored. The Head is responsible for making sure that medicines are stored safely.

## **ACCESS TO MEDICINES**

Children need to have immediate access to their medicines when required.

## **DISPOSAL OF MEDICINES**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each day/term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

## **EMERGENCY PROCEDURES**

In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If a parent is unable to get to School, a member of staff will accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Please see the Rainbow plan for details of dealing with emergencies.

## **CO-ORDINATING INFORMATION**

Coordinating and sharing information on an individual pupil with medical needs will be done with parental consent to ensure child's safety. A medical register is kept with details of name, year group, medical conditions and treatment for all pupils with a medical condition unless permission is withheld.

## **CONFIDENTIALITY**

The Head and staff will always treat medical information confidentially. The Head will agree with the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **DRAWING UP A HEALTH CARE PLAN**

### **Purpose of a Health Care Plan**

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

## **MANAGING MEDICAL CONDITIONS**

### **Asthma**

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicine. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and Emmbrook Infant School will encourage this.

Children who are able to use their inhalers themselves will be encouraged to do so under supervision. If the child is too young staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. **A spacer must be kept in school to use with the child's inhaler.** Inhalers should always be available during physical education, sports activities and educational visits.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the School if required. Children should have a reliever inhaler with them when they are in School. The school has its own inhaler which will only be used in an emergency if the child's inhaler is empty or cannot be located or at the request of the emergency services. Use of this inhaler must be recorded by a member of staff and the headteacher informed.

The School's environment endeavours to be asthma friendly, by removing as many potential triggers for children with asthma as possible, i.e. spray deodorants / perfumes etc.

### **Diabetes**

Children with diabetes will be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Children with diabetes should bring an 'emergency snack box' containing glucose tablets or a sugary drink to School. This can be kept in the Medical Room.

### **Anaphylaxis**

The decision on how many adrenaline devices the School should hold, and where to store them, has to be decided on an individual basis between the Head, the child's parents and medical staff involved.

Epi-pens will be accessible at all times. The school has its own Epi-pen which will only be used in an emergency at the request of the emergency services. Use of this Epi-pen must be recorded by a member of staff and the headteacher informed.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the School and the treating doctor.

**FIRST AID – see First Aid Procedures Policy (attached below)**

### **Training and Qualifications**

Key staff are trained in first aid and early years. Other key members of staff such as PE teachers, classroom assistants and administration staff will also be offered training in *Emergency Aid* every three years. A list of qualified staff is held in the Medical Room.

Staff have undertaken paediatric first aid training.

Where plasters are applied, sterile wipes and/or gauze swabs used a note will be made of the batch number and expiry date.

### **Infection Control**

Disposable gloves will be worn when cleaning wounds to prevent cross-contamination.

### **Disposal of Waste**

Disposal of clinical waste and bodily fluids will be carried out in accordance with the protocols laid down in the Health and Safety Policy.

# **Emmbrook Infant School**



## **First Aid Procedures**

### **First Aid Procedures**

The Governors and Head Teacher of Emmbrook Infant School accept their responsibility under Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995 (RIDDOR).

The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in school.

### **Statement of First Aid Organisation**

The school's arrangements for carrying out the policy include these key points:

- Places a duty on the Governing body to approve implement and review the policy
- Place individual duties on all employees
- To report, record and where appropriate investigate all accidents

- Records all occasions when first aid is administered to employees, pupils and visitors
- Provide equipment and materials to carry out first aid treatment
- Make arrangements to provide first aid training to employees every 3 years, Epi-Pen training annually and maintain a record of that training and review annually
- Establish a procedure for managing accidents in school which require first aid treatment
- Provide information to employees on the arrangements for first aid
- Undertake a risk assessment of the first aid requirements of the school

#### **Aims:**

- To administer first aid to children when in need in a competent and timely manner
- To communicate children's health problems to parents when considered necessary
- To provide supplies and facilities to cater for the administering of first aid
- To maintain a sufficient number of staff members trained with a First Aid Certificate.

#### **Information on First Aid arrangements**

The Head Teacher will inform all employees at the school of the following:

- The arrangements for recording and reporting accidents
- The arrangements for First Aid
- Those employees with qualifications in First Aid
- The location of the First Aid kits

In addition the Head teacher will ensure that signs are displayed throughout the school providing the following information:

- Employees with first aid qualifications
- Location of first aid boxes

All members of staff will be made aware of the school's first aid policy and will receive first aid training every 3 years.

All members of staff will receive Epi-Pen training at the start of each academic year.

#### **Arrangements for First Aid**

##### **Materials, equipment and facilities**

The school will provide materials, equipment and facilities as set out in DfEE 'Guidance on first Aid for schools.'

The location and contents of First Aid kits in school are:

- Medical Room. The Medical room does not need to be used solely for first aid purposes but must be readily available when needed for minor and major incidents



- The contents of the medical room and kits will be checked on a regular basis by appointed First Aider
- Medication for named individuals such as inhalers should be kept within the classroom and where necessary in the school office with the child's name, consent form and individual care plan.
- Named Epi-Pens are to be kept in the **medical room** with the consent forms.
- In some cases children with severe allergies will have the Epi-Pen with them at all times around school.
- Whole staff training on First Aid (4 hour course) will be undertaken every three years and all teaching and support staff will be invited to attend when necessary.
- The school Epi-pen and inhaler can be located in the **medical room** in a clearly marked red box file on the shelf.

### **In the event of an accident**

- All staff are expected to do all they can to secure the welfare of the pupils
- Minor accidents that may occur for instance on the playground that might involve such things as a grazed knee, elbow or hand can be dealt with by the teacher on duty at break time or designated lunchtime controller at lunchtime. The person must decide whether further treatment is necessary and if so must send the child to the school office.
- The child must be accompanied either by an adult or if appropriate another pupil.
- **Minor injuries will be notified to parents verbally and they can attend the school office to request more information if needed. Office staff will check the first aid record and provide this information to parents.**
- All head injuries however minor must be dealt with by the designated first aider.
- Where emergency treatment is not required a Head Bump letter will be sent home to the child's parents or guardians.
- Head bump letters are kept in the medical room and in the medical box.
- Child will be sent home if the Head Bump occurred on hard surface or against a hard object while inside the school, in the playground or on the school premises. Parents/Carers will be given a head bump information sheet when collecting their child.
- If a more serious accident occurs requiring first aid, a qualified first aider should either be summoned to the scene of the accident, or the person involved in the accident taken to the school office, where possible.
- The first aider will need to assess whether:  
An ambulance needs to be called **or** a parent/guardian/carer/next of kin should be informed of the accident immediately.
- If there is any doubt about the nature or severity of an injury, the parents/carers/guardians/next of kin will be informed immediately and asked to collect their child seek medical advice from a GP

### **Administration of drugs and medicines**

- Medicines should not be brought into school unless prescribed by a doctor. These can be brought to the school office by a parent/carer with child's name clearly on the label.
- A form detailing dosage and times when the medicine should be taken, must be completed by the parent/carer signed and dated.
- Please see Emmbrook Infant School Medical Policy for further information.

- **Off Site activities**
- At least one first aid kit will be taken on all off site activities along with individual pupil's medication such as inhalers, epipens etc.
- Details of all pupils
- A person who has been trained in first aid will accompany all off site visits.
- The same procedures in terms of administering first aid, should be followed as they would be if the accident occurred in school. The teacher in charge should of course take advantage of any first aid expertise and/or facilities available at the visit site as appropriate.
- Risk assessments will include specific details of children who have medical conditions or allergies and arrangements that have been made for them.

### **Recording accidents, informing parents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**

- A record of all accidents requiring treatment must be kept.
- Accident forms and accident log are kept in the medical room and with the medical box that is used at break and lunchtime.
- Information slips and bumped head stickers are also with the Accident book informing parents of the nature of the accident and treatment administered. These must be given to the children to take home that day.

The Governing Body will implement the LA's procedures for reporting:

- All accidents to employees
- All incidents of violence and aggression

The governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety executive and it applies to employees.

- An accident that involves an employee being incapacitated from work for more than three consecutive days
- An accident which requires admittance to hospital for in excess of 24 hours
- Death of an employee
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or:
- It is an accident in school which requires immediate emergency treatment at hospital

For instance where the Head teacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought.

Where a pupil has an accident it will be reported to the LA

All accidents to non –employees e.g. visitors which result in injury will be reported to the authority.

### **Transport to hospital or home**

- The Head teacher will determine what is reasonable and sensible action to take in each case.
- Where the injury is an emergency an ambulance will be called following which the parent will be called.
- Where hospital treatment is required but is not an emergency, then the head teacher or member of staff will contact the parents for them to take responsibility for the child.
- If the parents cannot be contacted the head teacher will decide that the child should be transported to the hospital by 2 members of staff.

When the head teacher makes arrangements for transporting a child then the following points will be observed:

- Only staff cars insured to cover such transportation will be used
- No individual member of staff should be alone with a pupil in a vehicle
- The second member of staff will be present to provide supervision for the injured pupil.

### **Staff who are first aid trained:**

3 x staff 12 hr Paediatric trained

2 x staff first aid at work trained

18 x staff 6 hour general first aid trained

# Emmbrook Infant School

## Parental Agreement for School to Administer Medicine

The School has a policy that staff can administer medicine.  
The School will not give your child medicine unless you complete and sign this form.

<b>Date</b>	
<b>Child's Name</b>	
<b>Class</b>	
<b>Name and strength of medicine (as given on container)</b>	
<b>How much to give (i.e. dose to be given)</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Note: Medicines must be in original container as dispensed by the pharmacy</b>	
<b>Daytime phone no. of parent or adult contact</b>	
<b>Name and phone no. of GP</b>	
<b>Date last dose is required or agreed review date to be initiated by School's administrator</b>	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to School staff to administer medicine in accordance with the School's policy. 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.

**Parent's signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

## EMMBROOK INFANT SCHOOL

### Record of medicines administered in school to children

Date							
Time							
Child's Name							
Name of Medicine							
Dose given							
Any Reactions							
Signature of Staff							
Print Name							

# EMMBROOK INFANT SCHOOL – Contacting Emergency Services

## Request for an Ambulance

Dial 999, ask for an ambulance and be ready with the following information

1. Your telephone number **0118 9784259**
2. Give your location as follows: **Emmbrook, Wokingham, Berks**
3. State that the postcode is **RG41 1JR**
4. OS Grid Reference **SU 79846 69993**
5. Give exact location in the school: **Off Emmbrook Road**  
**School drive is on left if approaching from the mini roundabout**  
**School drive is on right if approaching from Matthewsgreen Road, over bridge**
6. Give your name .....
7. Give name of child .....
- and brief description of child's symptoms .....
- .....
- .....
8. Inform Ambulance Control that school gate will be open, to drive straight up the drive where crew will be met and taken to child.

Then open gate and be ready to direct crew or arrange for another member of staff to do this.

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED.**

Put a completed copy of this form by the telephone.