



Achieve, Challenge, Enjoy

Moorgate

Primary Academy

First Aid Policy Statement

ACADEMIES TRUST

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines to dealing with Asthma and headlice.

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the academy and on visits

Guidelines

New staff to the academy are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

Conclusion

The administration and organisation of first aid and medicines provision is taken very seriously at Moorgate School. There are annual procedures that check on the safety and systems that are in place in this policy. The academy takes part in the Health and Safety checks by Staffordshire County Council – these happen in the autumn term each year. The academy also discusses its first aid and medicines procedures with the academy nurse each year. Adjustments are made immediately if necessary.

First aid kits

Midday Assistants are issued with their own first aid kit and carry this with them at lunchtime.

First aid kits are stored in the classrooms and the staffroom



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Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a medi wipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file.

Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. Minor cuts should be recorded in the accident file and parents informed.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES. All blood waste is disposed of in the yellow bin, located in the first aid boxes around school.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed BY TELEPHONE. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident file.

Accident file

The accident file is located in the main academy office, hanging on the notice board. Each year there is a new file. Old files are stored in the academy office store.

For major accidents, a further county form must be completed within 24 of the accident. These forms are located in the red accident file. These forms need to be signed by the Headteacher, a copy taken and placed in the child's section and the original copy forwarded to county.

Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school



In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the academy gate on Moorgate and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and give 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 clearly located in the academy office.

School staff have no legal obligation to administer medicines to pupils

unless they have been specifically contracted to do so. It is generally accepted, and stated in LA policies, that all staff are acting voluntarily. Staff may volunteer to assist in administering medicines to pupils but must be given training and guidance. Where they decide that they will administer medication, schools should ensure that they have sufficient members of staff who are appropriately trained to manage medicines as part of their duties. It is the responsibility of the Headteacher to ensure that all staff are trained appropriately and have read and understood the current medication policy and the LA guidance document. Also see LA guidance – ‘Guidance on the administration of medication’

Procedure for the administration of medicines in school:

All medicines that are to be administered in school must be accompanied by written instructions from the parent or GP. A parental request form (see enclosed) must be made available and completed by parents – consent to share with staff should be sought. Copies of this should be filed in an ‘Administration of medicines’ folder in the school office. Teaching staff of that pupil should also receive a copy of the form, along with the medication, to ensure correct procedures are followed. The medicine should be in its original packaging with a pharmacy label. This label must state the Childs name, dose, expiry date, name of medicine and enclosed safety leaflet. The medicine should be accompanied by a school procedure leaflet which also contains a picture of the child in question. Parents who decide to nominate another adult to administer medicine to their child must be the parent with ‘parental responsibility’ and this decision MUST go through the Headteacher at all times

IF THE ABOVE CONDITIONS ARE NOT MET THE MEDICATION SHOULD NOT BE TAKEN FROM THE PARENT.



Storage of medicines:

Medicines must at all times be stored in the original containers they were dispensed in. Medicines should be kept in a safe and accessible place:

Inhalers –

EYFS/Key stage one – in a class lunchbox on a shelf out of the reach of children, with all staff aware of their location

Key stage 2 – in an accessible place for self-administration under staff supervision. A discussion on safety will need to be addressed to the whole class at least each term.

Epi-pens – these will be stored in the child's classroom, out of the reach of the children. With all staff aware of their location. Spare epi-pens will be kept in the office, again out of the reach of children.

Controlled drugs (such as Buccal Midazolam) – will be kept in a locked cupboard. A lockable cupboard will be available in the Hygiene Room with key entry. All staff will be aware of where the key is kept (lockable key cupboard in the main school office). See further guidance on page 6.

Self-administration of medicines:

It is good practice to support and encourage children, who are able, to take responsibility for managing their own medicines from a relatively early age and schools should encourage this. Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent or setting staff.

The age at which children are ready to take care of, and be responsible for, their own medicines, varies. There is no set age when this transition should be made, and there may be circumstances where it is not appropriate for a child of any age to self-manage. Where this is agreed it must be added to the Parental Consent Form. Health professionals need to assess, with parents and children, the appropriate time to make this transition. If children can take their medicines themselves, staff will still be required to supervise and suitable storage arrangements must still be provided.

Controlled Drugs Register

It is essential practice for this to keep a separate record of controlled drugs to include the receipt, administration and possible disposal of controlled drugs. These records must be kept in a bound book or register with numbered pages (This can be purchased from a pharmacist).

The book will include the balance remaining for each product with a separate record page being maintained for each child. It is recommended that the balance of controlled drugs be checked at each administration and also on a regular basis e.g. monthly. The book should be locked away (in the drugs cupboard) when not in use.



Storage of Controlled Drugs Primary Academy

In all settings, controlled drugs must be stored behind double lock and key. This must be a metal cupboard with an inner lockable cupboard or a metal lockable container within a cupboard. The cupboard must be secured to the wall.

Administration of Controlled Drugs

Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed and they should do so in accordance with the prescriber's instructions in the presence of another member of staff as witness.

The administration of controlled drugs is recorded using the Controlled Drugs Register which can be purchased from a pharmacist and on the Medication Administration Record sheet. Staff **MUST NOT** sign the record of administration unless they have been involved in the administration of the medication and have checked details.

The recommended procedure for the administration of controlled drugs is as follows:

1. Check the child's care plan for details of dosage required etc.
2. Verify the quantity of medication as stated on the controlled drug register to ensure that the dose has not already been given
3. Ensure two members of staff are present; one member of staff must witness the other administer the medication to the young person.
4. Both staff must sign the Medication Administration Record sheet and controlled drug register to confirm that the dose was given and the amount remaining.

If medication is refused or only partly taken both staff must witness the disposal of the remaining medication and record the details and sign to that effect.

If a dose of medication is refused or only partly taken then the parents/carer/paramedic or GP should be contacted for advice on any adverse reactions and risk to the young person.

Return or Discontinued Controlled Drugs

A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

Staff training:

The Headteacher will ensure that all relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication.

The Headteacher will keep a record of all relevant and approved training by staff. Prior to any medication being administered by staff the Headteacher will be satisfied that the staff member is



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competent. It is good practice to keep a detailed record of all training, with staff names and dates, to ensure re-training takes place at appropriate intervals.

WHERE TRAINING HAS NOT BEEN GIVEN THE EMPLOYEE MUST NOT UNDERTAKE THE ADMINISTRATION OF MEDICINE AND MUST IMMEDIATELY INFORM THE HEADTEACHER/ASSISTANT HEAD.

Safety guidelines:

Each person who may administer medication must:

Have received appropriate training

Receive a copy of this policy and LA guidelines

Ensure they have read and understand all care plans

Ensure they have a witness before administering the drug

Check the medication belongs to the named pupil and it is within the expiry date

Record the administration as soon as possible on the records sheet

Understand and take appropriate hygiene precautions to minimise cross infection

Ensure all medications are returned for safe storage or handed to paramedics

Notify the Headteacher as soon as possible after the administration, especially if further medical assistance is required

Record of pupils on long term medication/care plans:

A record of pupils on long term medication/care plans will be kept with the staff training register. This will be distributed to all staff on an annual basis, or when new additions are made. Staff must be aware of the confidentiality of this document. A copy should also be kept in the safeguarding confidential records file.

Care Plans:

For all pupils who may require specialist individual treatment a clear care plan will be set up. School will liaise with parents and the school nurse to ensure that this is provided. The care plan will be provided to the school and fully agreed before any medical treatment will be carried out. Full training will also be given if required. The plan will be reviewed annually, preferably with parents and school nurse.

UNDER NO CIRCUMSTANCES WILL SCHOOL PROVIDE ANY MEDICAL CARE OR TREATMENT UNTIL A CARE PLAN IS AGREED, IN PLACE AND FULL TRAINING GIVEN.

If the child transfers to another school a copy of the care plan will be provided as soon as possible.



Educational visits:

The administration of medicines during educational visits and other out of school activities requires special attention and pre-planning. Staff should liaise with the educational visits coordinator, parents, Headteacher and medical professionals, if required. The guidelines and procedures as already outlined must be applied in this situation.

No educational visit must take place without prior planning in this area. School staff will be expected to alert off site trainers or centre staff of a child's medical condition and care plan, if necessary – please discuss this need with parents prior to the visit so they are aware of the information you are sharing.

Extra curricula activities, after school clubs, swimming etc:

Schools must ensure that any arrangements made for pupils to receive medication during normal school hours are also available at other times when pupils are in the care of the school. It is recommended that pupils requiring inhalers, if possible, should be the responsibility of the child able, or a nominated member of staff made responsible for the inhalers safe keeping. In the case of controlled drugs the responsible and trained member of staff should keep the medication and care plan about their person at all times and be readily available if required. Other staff members should be aware of the responsible and trained member of staff. It is recommended that the child who may require the medication is always in the care of this person e.g. in their group. School staff will be expected to alert off site trainers or centre staff of a child's medical condition and care plan, if necessary – please discuss this need with parents prior to the visit so they are aware of the information you are sharing.

*Staff should be aware of 'Normal Operating Procedures' of other establishments and notify their staff of any potential issues surrounding care plans, keeping in mind child confidentiality.

Employee medicines:

An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that pupils have no access to them e.g. locked in a locker in the staff room. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.

Medical confidentiality:

Staff in school have no automatic right to be informed of any medical condition suffered by any pupil. However, in order that pupils can receive the best possible care, parents should advise school of conditions that may require intervention during the school day. Any medical or related information provided to the school either by parents or health professionals must always



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be treated in the strictest confidence. Information should only be shared with staff members whose role may lead them to provide treatment or other intervention, as previously agreed.

Equal Opportunities Statement:

The County Council is fully committed to ensuring equality in the delivery of this guidance to all young people, regardless of their gender, ethnicity, sexuality and ability.

Last reviewed: Autumn 2018 (J.Williams HT)

Next to be reviewed: Autumn 2020