



# Fairisle Junior School Managing Medicines & First Aid Policy

ISSUE DATE: March 2017

Fairisle Junior School is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which we will take to ensure full access to learning for all our children who have medical needs and are able to attend school.

The medical needs of new pupils will be planned and prepared for as soon as is practical, though parents/carers are fully responsible for informing the school of these. The school nurse will attend an annual transition meeting prior to children in Year 2 arriving at the school. The school medical board is updated annually and when new children join the school. Each class and the school office has a file with these children's basic medical notes in. However, where concerned or there are queries the member of staff should speak to the Assistant Headteacher, as these are not a full account of the child's medical needs and history.

Fairisle Junior School undertakes to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and ensures best practise by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities. Responsibility for first aid at Fairisle Junior School is held by the Headteacher. The responsible manager is the Assistant Head Teacher (Welfare & Inclusion).

- All staff have a statutory obligation to follow and co-operate with the requirements of this policy.
- All our information and guidance concerning First Aid (including accident records and forms) are kept in the school office until such time they are archived.

Where a major incident occurs in school this is reported to Southampton City Council.

The school has a lift. This can be used with supporting written evidence from a medical practitioner.

## Managing Medicines

**N.B. Paragraph numbers refer to the DfE publication 'Supporting pupils at school with medical conditions April 2014'.**

### **1. Managing prescription medicines which need to be taken during the school day**

1.1 Parents/carers should provide full written information about their child's medical needs.

- 1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. If the period of administering medicine is 8 days or more, there must be an individual Pupil Health Care Plan. (Paragraph 15)
- 1.3 The school will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages. (Paragraph 35)
- 1.4 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Pupil Health Care Plan. The school will inform parents of this policy. (Paragraph 35)
- 1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession but Fairisle Junior School will not allow this unless in exceptional circumstances. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy. (Paragraph 35)
- 1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
  - Name of child
  - Name of medicine
  - Dose
  - Method of administration
  - Time/frequency of administration
  - Any side effects
  - Expiry date (Paragraph 35)
- 1.7 The school will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.
- 1.8 The school keeps five 'spare' asthma blue inhalers that can be used by any child where written permission has been received.
- 2. Procedures for managing prescription medicines on trips, outings and during sporting activities**
- 2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children. (Paragraph 40)
- 2.2 If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the HSE guidance on planning educational visits. (Paragraph 41)

- 2.3 Fairisle Junior School will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their individual Pupil Health Care Plan. (Paragraph 41)
- 2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made. (Paragraph 41)
- 2.5 Fairisle Junior School will cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs. (Paragraph 42)

### **3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines**

- 3.1 Close co-operation between schools, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 3.3 Fairisle Junior School will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 3.4 Fairisle Junior School will always designate a minimum of two people to be responsible for the administering of medicine to a child.
- 3.5 Staff will never give a non-prescribed medicine to a child unless this is part of an individual Pupil Health Care Plan, involving specific written permission from the parents/carers. Where the Headteacher agrees to administer a non-prescribed medicine it must be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Form 5 or 6 and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.
- 3.6 National Guidance states: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' Fairisle Junior School will inform parents of this policy. (Paragraph 35)
- 3.7 Any controlled drugs which have been prescribed for a child are kept in safe custody.
- 3.8 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed. (Paragraph 34)

3.9 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.

**N.B. The DfE guidance document gives a full description of roles and responsibilities. (Paragraph 22)**

#### **4. Parental responsibilities in respect of their child's medical needs**

- 4.1 It is the parents/carers' responsibility to provide the Headteacher with sufficient written information about their child's medical needs if treatment or special care is needed.
- 4.2 Parents are expected to work with the Headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3 The Headteacher needs to have written parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child.
- 4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.
- 4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school has day-to-day contact.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child using the standardised school forms.

#### **5. Assisting children with long-term or complex medical needs**

- 5.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, an Individual Pupil Health Care Plan (IHCP) should be completed, either using:
- 5.1.1 Form 2 Pupil Health Care Plan
  - 5.1.2 Asthma IHCP
  - 5.1.3 Allergy/Anaphylaxis IHCP
  - 5.1.4 Diabetes IHCP
  - 5.1.5 Epilepsy IHCP
- Completing these forms involves both the parents/carers and relevant health professionals.
- 5.2 A Pupil Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. Where required staff will be guided by the school nurse or the child's GP or paediatrician.
- 5.3 The school will agree with parents/carers 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. (Paragraph 17)

5.4 The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.

5.5 Developing a Pupil Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child. (Paragraph 15)

5.6 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

- Headteacher or Assistant Headteacher (Welfare & Inclusion)
- Parent or carer
- Child (if appropriate)
- Class Teacher
- Year Leader
- Care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures (Paragraph 122)

5.7 The school will consult the DfE publication 'Supporting pupils at school with medical conditions April 2014' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis (Paragraphs 131 – 193)

5.8 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

## **6. Off-site Education**

6.1 The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the trip and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the host to undertake a risk assessment to identify significant risks and necessary control measures when pupils are on site. (Paragraph 127)

**7. Policy on children carrying and taking their prescribed medicines themselves**  
(An example of this would be a child with asthma using an inhaler)

- 7.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded. (Paragraph 32)
- 7.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Please refer to Form 7. (Paragraph 32)
- 7.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate. (Paragraph 35)

## **8. Staff support and training in dealing with medical needs**

- 8.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 8.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- 8.3 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.
- 8.4 Fairisle Junior School will ensure that staff receive proper support and training where necessary, in line with the contractual duty on Headteachers to ensure that their staff receive the training. The Headteacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager. The Headteacher will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs. (Paragraph 23)
- 8.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 8.6 The child's parents/carers and health professionals should provide the information specified above.
- 8.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 8.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 8.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

## **9. Record keeping**

- 9.1 Parents/carers 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. However staff should make sure that this information is the same as that provided by the

prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.  
(Paragraph 36)

- 9.2 The school will use Form 3A to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 9.3 The school will use Form 3B to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 9.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility.
- 9.5 Form 4 be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child. (Paragraph 36)
- 9.6 Although there is no legal requirement for schools to keep records of medicines given to pupils, and the staff involved, Fairisle Junior School will do so. Records offer protection to staff and proof that they have followed agreed procedures. Fairisle Junior School keeps records in folders and Forms 5 and 6 are completed. (Paragraph 36)

## **10. Safe storage of medicines**

- 10.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child.
- 10.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 10.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date (Paragraph 35).
- 10.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 10.5 Non-healthcare staff will never transfer medicines from their original containers.
- 10.6 Children will be informed where their own medicines are stored and who holds the key.
- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 10.8 Schools may allow children to carry their own inhalers. Fairisle Junior School will do so where it is deemed appropriate.
- 10.9 Other non-emergency medicines will be kept in a secure place not accessible to children.  
(Paragraph 108)

10.10 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.

10.11 Access to Medicines - Children need to have immediate access to their medicines when required. Fairisle Junior School will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines. (Paragraph 35)

## **11. Disposal of Medicines**

11.1 Staff will not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents should be documented. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process should be documented.

11.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

## **12. Hygiene and Infection Control**

12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

12.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

12.3 As required by the School Premises Regulations 2012 Fairisle Junior School has a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It contains a washbasin and is near a water closet. This room is not teaching accommodation. This room is used almost entirely for medical purposes. The responsibility for providing this facility rests with the Local Authority.

## **13. Access to the school's emergency procedures**

13.1 As part of general risk management processes the Fairisle Junior School has arrangements in place for dealing with emergency situations. (Paragraph 37)

13.2 Children know what to do in the event of an emergency, ordinarily telling a member of staff.

13.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1.

13.4 All staff know who is responsible for carrying out emergency procedures in the event of it being needed.



- 13.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 13.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available. (Paragraph 115)
- 13.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance. (Paragraph 116)
- 13.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover or may be required to use their own car. (Paragraph 116)
- 13.9 Individual Pupil Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will be very clear of their role.

#### **14. Risk assessment and management procedures**

- 14.1 This policy will operate within the context of the school's Health and Safety Policy.
- 14.2 The school will ensure that risks to the health of others are properly controlled.
- 14.3 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 14.4 The school will be aware of the health and safety issues relating to dangerous substances and infection.

#### **15. Home to School Transport**

- 15.1 The school will ensure that there is effective liaison with drivers and escorts providing home to school transport.
- 15.2 Prior to transport commencing, transport staff need to be fully briefed about the medical needs of pupils being transported. Briefing will be given by a nurse in school, or by another appropriately informed member of staff. In this school, briefing will be carried out by the school nurse in conjunction with the school, parents and carers and health professionals.
- 15.3 There will be regular reviews of the situation, so that drivers and escorts have up-to-date information.
- 15.4 Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans will specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

## First Aid

### Aims and Objectives

Our first aid policy requirements are achieved by:

- Determining the first aid provision requirements for our school. This is reviewed periodically or following any significant changes that may affect first aid provision.
- Ensuring that there are a sufficient number of trained first aid staff on duty and available numbers and risks on the premises.
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid.
- Ensuring the above provisions are clear and shared with all who may require them
- The responsible manager will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

### Training

#### Appointed Persons

At Fairisle Junior School there are 5 appointed persons who are in the following roles:

Peter Howard (Headteacher)

Beverley Bessey (Deputy Headteacher)

Holly Cleveley (Assistant Headteacher)

Robin Hayes (Assistant Headteacher)

Dee Goodwin (Business Manager)

The school reserves the right to delegate this role where required.

A member of staff is not always on premises during clubs to administer first aid if needed. All club personnel have access to pupil's information in folders kept in the school office and hall, as well as the school medical information board.

Through law the minimum legal requirement is to appoint a person (the Appointed Person) to be on site at all times during the working day. These 'Appointed persons' are in place to take charge of first aid arrangements including looking after equipment and calling emergency services. Appointed Persons are not necessarily First Aiders and should not provide any first aid for which they have not been trained.

#### Fairisle Junior School First Aid Trained Staff

- Year Leaders
- Lunchtime Supervisors
- Headteacher, Deputy Headteacher, Assistant Headteacher
- Office Staff

These staff are responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises i.e. providing first aid to other staff/children. Other responsibilities which are identified and delegated to these first aiders include re-stocking and inspecting first aid kits.

### Equipment Organisation

We have the following first aid kit requirements:

- 10 first aid kits on the premises
- These first aid kits are situated in the school office.

### Designated Rooms

Outside the Business Manager's office is designated as the first aid room for treatment, sickness and administering of first aid during the school day. Lunchtime supervisors should use the same room as the first aid point for treatment, sickness and the administering of first aid during lunch, though carry first aid kits for administering first aid on the spot.

The first aid area has the following facilities:

- First aid kits (these are carried by Lunchtime Supervisors).
- Bed
- In the event of an accident the first aider/appointed person takes charge of the first aid emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance. (If unsure at any time the first aider will call NHS Choices for further advice).

### Telephoning an Ambulance

The first aider/appointed person will always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever the first aider is unsure of the severity of the injury
- Whenever the first aider is unsure of the correct treatment

If an ambulance is called, the caller must speak to the emergency services and give the following information

1. State what 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

If an ambulance is not called after a serious accident, parents/carers are free to assess the child at school or telephone an ambulance themselves. Parents will be contacted in these instances.

### Telephoning an Ambulance

The school has a defibrillator located near the Business Manager's office. The school has notified the local NHS ambulance service of its location.

### Notification of Parents/Carers/Senior Staff

In the event of an accident involving a child, where appropriate, it is our policy to always notify parent/carer of their child's accident:

- If it is considered to be serious (more than minor injury)
- Injury to the head

- Requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable. In the event that parents cannot be contacted a message will be left. If this is not possible we may reattempt to make contact with the parents as is practical.

If required, in the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required). In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person /another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Parents/carers have prime responsibility for their child's health and should provide schools with information about their child's medical condition prior to starting school. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician or other health practitioner.

In all cases where an ambulance is called a member of the Headship team must also be notified as soon as is practical. The school reserves the right to delegate this role where required.

If a child is unwell during the school day, the final decision over whether that child is sent home rests with the Senior Leadership Team.

#### First Aid on out of school on trips or residential visits

In the event of children needing first aid on school trips:

- All staff have first aid packs and mobile phones with them.
- The first aider deals with minor ailments.
- For major ailments the school is informed and advice sought. Parents/carers are also informed by the school office or teacher in charge of trip.
- For any incident that the first aider is unsure of, a second opinion from another first aider is sought, or by calling NHS Choices (dial 111).
- Gloves are ALWAYS worn when treating injuries.
- Any accident or incident is reported back at school and the 'Out of School Accident Book' filled in as soon as possible.
- No medication may be given to a child unless prescribed by a doctor signed and dated and a signed letter from parents for consent. An administration of medicine form must be signed and dated by first aider in charge. NO other medication MUST be given by anyone.
- For any head injuries the school and the parents are informed immediately by telephone.
- If children are sent home, they must be collected by a responsible adult.
- In the event of a serious incident an ambulance is ALWAYS called.
- A member of staff may accompany the child in the ambulance, whilst the school contacts the parent/carer and arranges for them to meet the child and staff at the hospital. This may be only one member of staff.

#### Residentials Specific:

- First Aid should only be carried out by qualified First Aiders.

- All First Aid must be logged for Medical Records using the 'Out of School Accident Folder'.
- Medicines of any description (including Pain Killers) are NOT to be administered to any child unless they are the designated person responsible and have a written signed consent form. Medicines should be administered in accordance with instructions on/in packaging.
- Class Teachers are usually designated persons on residential.

#### Record Keeping

- All accidents requiring treatment are recorded with the following information.
- Name of injured person
- Name of qualified/emergency/school first aider or appointed person
- Date of accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken.

Policy to be Reviewed: Spring term 2019