



Braintcroft Primary School



Medical and First Aid Policy (*January 2016*)

Rationale

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. We accept that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils. We believe that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

'Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.'

The Children and Families Act 2014, from September 2014

At Braintcroft we accept that all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved in administering medication;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Purposes

- To lay down clear guidance on the circumstances in which medication will or will not be administered by a member of the school staff
- Assist parents in providing medical care for their children
- Educate staff and children in respect of special medical needs
- Liaise as necessary with medical services e.g. paramedics, school nurse in support of the individual pupil
- arrange training for volunteer staff and employees to support individual pupils
- To ensure that all members of staff and parents are aware of the procedures for the administration of medication where this is deemed to be appropriate
- Monitor and keep appropriate records
- Ensure access to full education if possible
- To clarify roles and responsibilities with regard to medication
- To comply with the Government's statutory guidance 'Supporting Children with Medical Conditions (April 2014)'
- To ensure compliance with Brent's Health and Safety Policy

LONG-TERM MEDICAL NEEDS

Where a pupil has a chronic illness, medical or potentially life threatening condition, the school will initiate an Individual Healthcare Plan (IHP) to meet individual needs and support the pupil and it will contain the following information:

- Information about the school, child, GP and clinic/hospital contact
 - Who is responsible for providing support in school
 - Definition and details of the condition
 - Details of the medication and dosage
 - Daily care requirements
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- Specific support for the pupils educational, social and emotional needs
- Arrangements for school trips/visits
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- Consent and agreement
- Who has received copies of information
- Where information will be kept

PRESCRIBED MEDICINES

Staff will only administer medicines when it is essential, that is where it would be detrimental to a child's health if the medicine were not taken during the school day, such as 4 doses of medication a day. Medicines must be in the original container as dispensed by a pharmacy and include instructions for administration and dosage. To avoid medicines needed at home being left in school parents should ask the pharmacy to separate medicines into one for school and one for home. We would expect parents to administer medicines at home in the majority of cases (3 doses a day can be before school, after school and at bedtime).

Parents/Guardians are asked to fill in a 'Parental Agreement for Braintcroft to Administer Medicine' form which can be obtained from Ms Toots (Medical Coordinator) or Mrs Rodoslu (Welfare Support) or the office. The form requires the following information:

- Name of child including information about the school
- Information about the medical condition or illness
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication
- Any side effects
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Expiry date

No medication will be administered to a child unless this form has been completed. Written records are kept each time medicines are given. If a child refuses to take the medicine we do not force them to do so, this is also recorded. Medicines which have not been prescribed will not be given at school. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent.

Under no circumstances should non FIRST AIDER/WELFARE staff accept medicines from parents and administer them to children.

Standard Practice

When administering medication the following practice will be followed:

1. Refer to written instructions received by the school
2. Check the prescribed dose
3. Check expiry date
4. Check the prescribed frequency of the medicine
5. Measure out the prescribed dose and check the child's name again (for liquid medicines parents should provide measuring spoons or syringes)
6. Complete and sign the record sheet when the child has been given the medicine
7. If there are any uncertainties do not give the medicine but check with the child's parents or doctor.

MEDICAL CONDITIONS

Asthma (see Appendix A & B)

Inhalers need to be clearly labelled with the child's name and class. Key stage 1 children's inhalers will be stored in the KS1 medical room and Key Stage 2 inhalers will be stored in the KS2 medical room. Emergency inhalers for KS2 huts will be available for children whose classes are based there and parents have agreed. Inhalers will be taken outside for PE or other outside activities if needed. When a child goes on an educational visit their inhaler will be taken with them.

In following with the Government '**Guidance on the use of emergency salbutamol inhalers in schools' September 2014** we have 10 emergency salbutamol inhalers in school (1 in the KS1 building and 1 in the KS2 building) for use in emergencies. These will only be for use by children 'for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.' An emergency Salbutamol inhaler will be administered if a child's has been broken, is empty or any other reason deemed an emergency by the school.

Recording use of the emergency inhaler and informing parents/carers

- Use of the emergency inhaler will be recorded. This will include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. *Supporting pupils* requires written records to be kept of medicines administered to children. Guidance on the use of emergency salbutamol inhalers in schools 16
- The child's parents will be informed in writing so that this information can also be passed onto the child's GP.

All trained First Aiders will act as designated members of staff, to help administer the emergency inhaler as well as for collecting the emergency inhaler and spacer. All staff will have access to list of children in their classes or KS for quick responses if necessary.

Designated members of staff will be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

Our medical/welfare team will be responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register; supply, storage care and disposal of the inhaler and spacer.

Allergies

1. When children are admitted to the school, or when an allergy is diagnosed, parents/Guardians are required to give information about allergies and medication and will complete a (IHP). A copy of this is kept in the medical room and the office.
 2. Epi pens are stored in the medical room together with the IHP and a named photograph of the child.
 3. A named photograph of the child and a brief description of the allergy are kept by the teacher and canteen. All staff including kitchen staff are made aware of any child with an allergy.
 4. Class and Senior teachers are informed about children with allergies in their class at the beginning of the school year (or on admission if during the school year). The Class teacher and SLT ensure that Teaching Assistants are also aware.
 5. Epi pens and anti-histamines are stored in clearly marked boxes in the medical room and staff will have regular training on how to administer the pen.
 6. Welfare team and teachers ensure that the boxes are taken on any trip out of school.
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7. The lead First Aider will check pens regularly and inform parents/Guardians if they are about to become out of date.
8. In the event of a child having an anaphylactic reaction a trained member of staff will administer the Epi pen, ring 999 and then inform parent/Guardian.
9. Staff have training on how to use the Epi pen every other year or whenever there is new staff in contact with children requiring this medication.

Head Injuries

Pupils who sustain head injuries MUST be reviewed by a First Aider in school. Parents will be informed by phone or note and aftercare will be advised. The pupil can remain in school whilst being observed following discussions with the parent. The incident must be recorded in the accident book and an accident slip sent home. It is the responsibility of the welfare team to inform teachers and relevant staff if this occurs and the aftercare required if the child remains in school.

Epilepsy, anaphylaxis, diabetes and other medical needs

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An HCP will usually be compiled, detailing the course of action to be taken.

FIRST AIDER TEAM Roles and Responsibilities

1. When the school has agreed, it is the responsibility of the First Aider team to administer medication and to keep a record of this using the 'Record of Medicine Administered to an individual Child' form. They will only be required to do so if they have had appropriate training.
2. The Medical Coordinator will be responsible for keeping a record of all the medication held on the premises and will keep it up to date.
3. Teachers should not administer medication unless they volunteer to when they accompany children on a day trip or residential trip. In such a case teachers should only volunteer if the administration of the medication requires no special training and parents' consent has been gained. If in any doubt trained first aid trained staff will attend trios with particular children.
4. It is parents' responsibility to complete the appropriate forms for the administering of long-term medication and to keep the school informed of any changes.
5. It is the Head's responsibility to ensure that staff who administer medication are suitably trained in recognising and dealing with incidences involving Asthma, Allergies, the use of Epi Pens, etc...

Storage

1. Medicines must be kept in the container supplied and must be clearly labelled with a photo of the child, the name of the child and instructions for usage.
 2. Some medicines may need to be kept in the fridge (e.g. liquid antibiotics, insulin). These medicines must be placed in a suitable airtight container (e.g. tupperware box) and marked 'medicines'.
 3. All medicines must be in a secure place (e.g. easily accessible place or locked cabinet) and the children concerned, and all staff, need to know who holds the key.
 4. Asthma medication should be readily available to children and must not be locked away.
 5. Emergency Inhalers will be stored in kits in the welfare rooms in KS1 and KS2. An emergency kit will also be stored in the KS2 Huts for ease of access. The following will be adhered to:
 - on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
 - that replacement inhalers are obtained when expiry dates approach;
 - replacement spacers are available following use;
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- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
6. Any unused or surplus medication should be returned to the parent/guardian or to the local pharmacy.

Employees' Medicines

- Staff may need to bring medicine into school. They have clear personal responsibility to ensure their medicines are not accessible to children. Staff with confidential conditions must inform office manager and appropriate people informed.

Staff Protection

- All staff must wear protective gloves (available in medical room and every First Aid box or pouch) where contact with blood or other body fluids is unavoidable.
- Any material (bandages etc) coming into contact with blood or other body fluids should be disposed of in the special bin (yellow bag) in the medical room.

For the majority of First Aid, the Medical Coordinator/Welfare Support are the first point of call, however daily minor first aid situations may be dealt with by any of our other First Aiders, particularly at Lunchtimes.

First Aid Kits

All First Aid Kits have the following:

- A leaflet giving general first aid advice
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages;
- six safety pins;
- six medium sized individually wrapped sterile unmedicated wound dressings;
- two large sterile individually wrapped unmedicated wound dressings;
- Antibacterial wipes
- Four sets of disposable gloves
- A box of tissues
- A pack of wet wipes
- Sick bags (x6)
- A first aid waste disposal bag
- A record book to record incidents

Each member of the welfare team has an emergency pouch for quick administration of first aid.

The Welfare Team are responsible for the replenishment of first aid equipment throughout the school and keep resources stocked. This includes first aid kits taken out on educational visits and trips.

Location of First Aid Kits and Areas

The Medical Rooms (KS1 + KS2) – This houses a fully equipped First Aid Kit and additional equipment. Any queries or serious injuries, sickness or suspected illness is dealt with here on most occasions. Depending on assessment of needs first aid will be administered wherever it is necessary within the school.

Early Years Units – Both Early years Units have a First Aid Box which is situated in the kitchen. Staff have access to the medical equipment and an area to administer First Aid. This is

predominantly used for all minor injuries and ailments. An Accident Book is also kept in these areas.

Back office – minor injuries can also be dealt with in the back office.

Procedure for accidents/injuries involving pupils during the school day

If a pupil has had an accident or injured themselves during the school day this is the procedure that must be followed:

- 1) Pupil to be sent to the medical room (KS1 or KS2) straight away so that their injury can be assessed by a first aider.
- 2) Accident/injury to be written in the accident report book.
- 3) If the accident/injury has happened at break/lunch time/ during PPA time the class teacher must be informed (the accident report book slip is to be given to the class teacher).
- 4) If the child is collected by a parent/guardian at the end of the day the class teacher/PPA Teacher must inform the parent of the child who has had an accident/injury.
- 5) Unwell children that are sent home, must be signed out when collected by a parent/carer. The welfare staff will assist staff in getting this signed and inform office if a child is collected before afternoon registration.
- 6) A slip from the First aid staff must be given to the parent/guardian, if there is any concern re the injury or a head/back/abdomen injury of any kind.

During playtimes and lunchtimes children should be sent to the First Aider team in either the KS1 or KS2 building to be dealt with. (See First Aider timetables) The First Aider team will deal with the injury and fill out the Accident Report Book slip to give to the class teacher.

In an Emergency

If the First Aider believes that the injured person requires professional medical treatment they will consult with the Headteacher, Deputy Headteachers and:

- Arrange for the emergency services (999) to be called if necessary and follow medical advice.
- Arrange for parents to be informed

If the emergency services say that the injury is non-life threatening the school will keep the child comfortable until parents arrive. The school is not responsible for transporting children to Accident and Emergency for non-life threatening injuries.

Educational Visits

First Aid kits are prepared and ready for each educational trip or off-site activities by the Welfare Staff. Each trip/off site activity is accompanied by a trained First Aider or Emergency Aider if there are no first aid facilities at the final destination. Please see The Braintcroft Educational Visits policy for more information. Staff are responsible for recording ALL accidents or injuries in the accident book provided and informing the welfare staff on their return to school.

Record Keeping

All accidents/incidents, minor and serious are recorded appropriately within our Accident Report Book by the person who initially dealt with the incident. These entries will be signed off by the Head or Deputy and periodically checked.

All serious/major accidents/incidents/disease and dangerous occurrences will also be reported to the governor with responsibility for Health and Safety, the LA and the Health & Safety Executive as required, in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)2013. RIDDOR forms are available for completion online. This must be

completed for adult, staff and serious adult injuries. The office manager, Lorraine Draper must be informed.

Definitions

Pupils' medical needs may be broadly summarised as being of two types:

(a) Short-term affecting their participation in school activities when they are on a course of medication.

(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

Date Updated: January 2016

Review date: January 2017

Appendix A

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted

A blue / white tinge around the lips

- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
 - Has a blue/white tinge around lips
 - Is going blue
 - Has collapsed
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Appendix B

Responding to signs of an asthma attack

- Keep calm and reassure the child
 - Encourage the child to sit up and slightly forward.
 - Use the child's own inhaler – if not available, use the emergency inhaler (blue Salbutamol)
 - Remain with child while inhaler and spacer are brought to them
 - Immediately help the child to take two puffs of the salbutamol via the spacer immediately
 - If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
 - Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better and parents informed
 - If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
 - If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
 - The child's parents or carers should be contacted after the ambulance has been called.
 - A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
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