

First Aid Policy

Includes:
Administering Medicines
Intimate care



St. Andrew's
Church of England Primary School

ENRICHING LIVES

Our Vision.....

We believe that every person in our school community should flourish and broaden their horizons. Therefore, it is the element of 'enrichment' that defines our school; we are a church school that endeavours to provide the widest of opportunities for all.

Within our caring and nurturing environment and guided by our shared Christian values, we aim to ensure that all voices in our school family can be heard and all are engaged in learning that develops and challenges them, excites their imagination and provides an opportunity to achieve their full potential.

We see everyone and everything as valued in the eyes of God and recognise that all the members of our family are individuals as we work together towards a society of mutual respect, compassion and justice.

Even the smallest person can change the course of the future."

..... JRR Tolkien

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1. Introduction

1.1 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.

1.2 It is our policy to ensure that appropriate first aid arrangements are in place for our staff, pupils and any visitors to our premises. This includes providing sufficiently trained employees and maintaining an adequate supply of first aid equipment.

1.3 This policy should be read in conjunction with the school Health and Safety and Administering Medication policies.

2 First Aid Training

2.1 The school maintains an up-to-date list of those employees who have undergone emergency first aid training and will meet its legal obligations. As such, sufficient staff are trained in first aid to ensure coverage for all school activities.

2.2 All staff will be informed of First Aid arrangements and made aware of this policy as part of their induction.

3 First Aid Equipment

3.1 A first aid room with:

- Ice packs (additional packs are stored in the EYFS fridge)
- a fixed locked store for medication,
- a fridge for medication
- a bin for waste materials
- a wash basin

is available for incidents occurring on the school site. This room is located near to toilet facilities and an external phone line for emergency calls. Details of children with severe medical conditions are held in the first aid room – including a copy of their health care plan.

3.2 In addition to this, portable first aid kits are provided for out of school visits.

3.3 The checking and ordering of stock is carried out by the designated member of staff, who fills the boxes around school, disposes of any out of date items and ensures that enough stock is maintained to supply the school. There is no specific first-aid budget; stock is purchased on a need basis as identified by the designated member of staff monitoring stock levels against agreed content checklists.

4 Accident Procedures

4.1 During playtimes and lunchtimes injuries that require first aid treatment should be dealt with in the first instance by the teachers / support staff on duty. For injuries that require closer attention children should be sent to the medical room where the first aider is asked to attend.

4.2 **Children must not be left in the medical room unsupervised.**

4.3 Minor incidents and accidents should be dealt with, wounds cleaned etc and the child returned to the playground when possible and practical. Persons administering first aid should wear disposable gloves where bodily fluids are involved. An adult witness should be present if tending an intimate part of the body. Any dressings or materials which have been in contact with body fluids (e.g. blood, vomit etc) must be disposed of in the designated yellow bin in the medical room. This is emptied regularly by an appointed contractor.

4.4 During lesson times if no trained member of staff is present, and the injury cannot be dealt with, the office should be phoned and the child should be sent to the office, accompanied by another child or adult.

4.5 All head bumps/injuries must be recorded (including a brief description of the incident) and parents will be notified.

4.6 If a child has an accident, which requires urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive urgent medical treatment. When an ambulance has been arranged, parents will then be informed and arrangements can be made where they should meet their child. If a parent/carer is not able to accompany their child to hospital a member of staff will stay with the child until the parent arrives.

4.7 In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child.

4.8 Any medical treatment that is administered should be recorded on the appropriate consent form previously completed and agreed by parents.

5 Illness

5.1 When children feel unwell, contact is made with the school office by the classteacher. The decision to send an unwell child home will be made by the classteacher.

5.2 When a pupil is unwell but cannot be collected immediately /whilst waiting for parents/carers, they may rest in their classroom, on a chair outside the office or on the bed in the medical room. The pupil needs to be supervised by an adult.

6 Vomiting and diarrhoea

6.1 There are buckets in the First Aid room for pupils who feel sick. Sawdust, mops and buckets may all be found in the caretaker's cupboard. Vomit must be treated as a biohazard and the area must be thoroughly disinfected.

6.2 If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

7 Chicken pox and other diseases, rashes

7.1 If a child is suspected of having chicken pox etc, the parent will be contacted immediately.

7.2 If a child has an infectious disease they will need to stay off school for a prescribed period of time. The school office will advise timescales.

8 Head lice

Staff do not examine children for head lice. If we suspect a child has head lice we will inform parents / carers and ask them to check and treat if required.

9 Pastoral care

9.1 There may be occasions that children state that they are unwell or require First Aid but actually require 'pastoral care'. Incidents requiring 'Pastoral Care' should be treated as follows:

- If an incident occurs during a teaching session, a member of staff supporting the class / year group should take 'Pastoral' care of the child ensuring his/her well-being.
- If an incident occurs at playtime the teacher on duty should take 'Pastoral' care of the child ensuring his/her well-being. It is the teacher's responsibility to inform the child's class teacher.
- If an incident occurs at lunchtime the senior lunchtime supervisor should take 'Pastoral' care of the child ensuring his/her well-being. If they require additional support they will seek the support of the Headteacher, Assistant Headteacher or a member of the senior leadership team. It is the lunchtime supervisor's responsibility to inform the child's class teacher.
- If appropriate a record will be made CPOMS..

9.23 It is the class teacher's responsibility to inform parents of significant pastoral care needs.

10 Staff requiring medical attention

The same principles for medical attention will be followed for members of the school staff.

11. Riddor Reporting

11.1 Some incidents that happen in schools, or during education activities out of school, must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). These Regulations require employers and other people to report accidents and some diseases that arise out of or in connection with work.

11.2 Under normal circumstances this will be undertaken by the Headteacher or designate in his absence.

11.3 Under RIDDOR you must report the following work related accidents, including those resulting from physical violence, if they injure either your employees, or self-employed people working on your premises:

- accidents which result in death or major injury must be reported immediately (see 'Reportable major injuries' below); and
- accidents which prevent the injured person from continuing at his/her normal work for more than three days must be reported within ten days.

11.4 You must also report, in writing, any cases of work related ill health affecting your employees that a doctor notifies you about (see 'Reportable diseases' below).

11.5 Dangerous occurrences are specified events which may not result in a reportable injury, but have the potential to do significant harm. A full list is given in *A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (see 'Useful HSE publications' for details).

11.6 Reportable major injuries

These include:

- fracture other than to fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);

- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to
- unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to:
- hypothermia, heat-induced illness or unconsciousness;
- resuscitation or requiring admittance to hospital for more than 24 hours;
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment; or
- loss of consciousness;
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

11.7 **Reportable diseases**

These include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such occupational cancer; certain musculoskeletal disorders; decompression illness; and hand-arm vibration syndrome.
- Playground accidents due to collisions, slips, trips and falls are not normally reportable unless they happen out of work or in connection with work, eg because of:
- the condition of the premises or equipment;
- inadequate supervision.

12. **Children with medical needs**

Children with medical needs have the same rights of admission to our school as other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies.

13. Legal requirements

THERE IS NO LEGAL DUTY THAT REQUIRES ANY MEMBER OF SCHOOL STAFF TO ADMINISTER MEDICINES.

14. Prescribed Medicines

14.1 Medicines should only be brought into school with the permission of the Headteacher and when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

(See Appendix A for parental agreement form)

14.2 Staff at St. Andrew's C.E. Primary School will only administer medicines prescribed by a qualified medical practitioner or chemist. Medicines will only be accepted in the original container as dispensed by a pharmacist, and should include the original instructions for administration. It is helpful if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication.

14.3 *(See Appendix B for record of medicine administered to an individual child)*

14.1 Exceptions

Prescribed medicine will not be given:

1. Where the timing of the dose is vital and where mistakes could lead to serious consequences.
2. Where medical or technical expertise is required. (Unless staff are specifically trained by medically qualified persons to do so.)
3. Where intimate contact would be necessary.

15. Children with asthma

15.1 Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place – in the green First Aid Medical Box in classrooms. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labelled and include guidelines on administration.

15.2 It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

15. Non-prescribed Medicines

We are unable to administer medicines that have not been prescribed by a qualified medical practitioner or chemist unless circumstances are exceptional and have been agreed by the Headteacher.

16. Storage of Medicines

16.1 All medicines should be delivered to the school office by the parent or carer. In no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines.

16.2 All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the cupboard or fridge in the medical room and should not be kept in classrooms, with the exception of adrenaline pens and inhalers. All medicines must be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.

16.3 All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff and kept in an agreed place in the classroom – the green First Aid medical box. Children may carry their own inhalers, when appropriate.

17. Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.

18. Trips and Outings

18.1 Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children.

18.2 The school visit co-ordinator will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication. Roles and responsibilities of parents/carers as outlined below will apply.

19. Roles and Responsibilities

19.1 Parent/Carer*

- Should give sufficient information about their child's medical needs if treatment or special care is required.
- Must deliver all medicines to the school office in person.
- Must complete and sign the parental agreement form.
- Must keep staff informed of changes to prescribed medicines.
- Keep medicines in date – particularly emergency medication, such as adrenaline pens.

19.2 Headteacher

- To ensure that the school's policy on the administration of medicines is implemented.
- There are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- Ensure that staff receive support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the school's policy on the administration of medicines.
- Ensure that medicines are stored correctly.

19.3 Staff

- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked.
- Ensure that the parent/carers completes a consent form for the administration of medicines following the prescriber's instruction.
- Ensure that a second member of staff is present when medicines are administered.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.

20 Refusal of Medicine

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably practicable.

21 Record Keeping

21.1 Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child

- name of the medicine
- dose
- method of administration
- time and frequency of administration
- any side effects
- expiry date

21.2 A parental agreement form (see appendix) must be completed and signed by the parent, before medicines can be administered. At the time of administering medicines, the member of staff must complete the medicines record sheet. No medication should be given unless it has been checked by a second adult.

22. Children with Long Term Medical Needs

It is important that the school has sufficient information about the medical condition of any child with long term medical needs. A health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

23. Confidentiality

The Head and staff should always treat medical information confidentially.

The Head should agree with the child/parent who else should have access to records and other information about a child.

24. Staff Training

Training opportunities are identified for staff with responsibilities for administering medicines.

25. Monitoring

This policy should be reviewed on the basis of the Policy Schedule or in accordance with changes to National guidance.

*Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

Appendix A- Parental agreement for school/setting to administer medicine

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

Name of School/Setting _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by [*name of member of staff*]: _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the school/setting needs to know about? _____

Self Administration: _____ Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date:

Signature(s):

Relationship to child:

The school agrees to the administration as listed.

Date:

Signature of

Headteacher

Appendix B – Record of medicine administered to an Individual Child

Name of Child: _____

Group/Class/Form: _____

Name/Type of Medicine (as described on the container): _____

Dosage and method: _____

Timing: _____

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Name of staff			
Staff Initials			

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Name of staff			
Staff Initials			

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Name of staff			
Staff Initials			

Appendix C – Intimate Care

1.0 Introduction

St Andrew's CE Primary School is committed to the safeguarding of all children and staff in accordance with national guidelines.

1.1 Staff who work with young children or children/young people* who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs. It is our intention to develop independence in each child, however there will be occasions when help is required.

1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing and bathing.

1.3 Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviours are open to scrutiny and staff at St Andrew's CE Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

1.5 St Andrew's CE Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. St Andrew's recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way which causes distress or pain.

2.0 Our Approach to Best Practice

2.1 All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

2.2 Staff who provide intimate care are trained to do so (including child protection and health and safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessments from physiotherapist/occupational therapist as required.

2.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to their children/young children as an additional safe guard to both staff and children/young people involved.

2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reason for it.

2.5 As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

2.6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, staff will ensure that they have a colleague in attendance when supporting dressing / undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed. If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carers to collect the child for changing.

2.7 Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

2.8 Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

2.9 Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

3.0 Protection of Children

3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/designated person for child protection. A clear record of the concern will be completed and referred to social services and/or the Police if necessary. Parents will be asked for their consent or informed that a referral if necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed.

*where 'children' are mentioned in this document the term will also include young people.