

# Broughton Fields Primary School



## **First Aid, Illness, Medicines and Medical Conditions Policy**

**September 2023**

Next review date: September 2025

## **Introduction**

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.

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. It is the responsibility of the Headteacher or, in their absence, their deputy to ensure that this policy is effectively implemented and adhered to.

## **First Aid organisation**

The school's arrangements for carrying out the policy include eight key principles.

- Places a duty on the Governing body to approve, implement and review the policy.
- Place individual duties on all employees to report, record and where appropriate investigate all accidents.
- Records all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

## **First Aid Training**

All teaching assistants, office staff and other key teaching staff undertake full training in accordance with current legal requirements (i.e. all staff attend a basic six-hour course every three years). The school maintains an up-to-date list of those employees who have undergone emergency first aid training. We also have two members of staff in school with a paediatric first aid certificate.

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

## **First Aid Equipment**

The medical room, with a fixed locked store for medication, a fridge, a bin for waste materials and a wash basin is available for incidents occurring on the school site. This room is located near to toilet facilities. Details of children with severe medical conditions are stored in the first aid room with a copy in the office – including a copy of their care plan.

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

The checking and ordering of stock is carried out by the admin staff, who fill the boxes around school, dispose of any out of date items and ensure that enough stock is maintained to supply the school.

There is no first-aid budget; stock is purchased on a need basis.

## **Accident Procedures**

During playtimes and lunchtimes injuries that require first aid treatment should be dealt with in the first instance by the staff on duty. For injuries that require closer attention children should be sent to the medical room where the admin staff are available.

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.

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

### **Pupil accidents requiring hospital treatment.**

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 parents cannot be contacted a member of staff will accompany the child and stay with them until the parents arrive.

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

### **Pupil accidents involving their head.**

The Governing body recognises that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time. Where emergency treatment is not required, a blue wrist band will be placed on the child to indicate to all staff that they have had a head bump and that monitoring is needed. A text will then be sent to inform the parents.

Whenever treatment is administered to a child, this must be recorded on the school CPOMS system as soon as possible after the incident. The record should show the nature of the injury, how it occurred and what treatment was given.

## **Illness**

Children who feel unwell should be brought to the school office by an adult, where staff will make an informed decision as to whether to contact parents.

### **Vomiting and diarrhoea**

There are buckets in the First Aid room for pupils who feel sick. Sani-Dri (Emergency spillage absorbent material), 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.

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 24 hours after the last symptom has elapsed. Where there is a known bug in school, this period of absence may be extended to minimise the risk of transmission to other pupils.

**In ALL situations, there must be a cross check to see if the child who shows signs of sickness or nausea has had a head bump recorded, or has taken place off site, in the last 48 hours. If this is the case, parents must be notified immediately as a precaution.**

### **Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, a member of staff will look at their arms or legs. To look at a child's back or chest would only be done if the school were concerned about infection to other children. In this case another adult would be present and would not be completed without the child's consent.

If a child has any of these infections they will need to stay off school for a prescribed period of time. The Headteacher or school office will advise timescales based on the latest guidance from the local Public Health board.

## **Pupils with Medical Conditions**

Where a pupil has a pre-existing medical condition such as an allergy, diabetes, sickle cell or epilepsy they will have a care plan in school. This care plan will have been put together by the school nurse or a specialist nurse involved in the child's care. All staff working with that child, as well as office and senior

staff, will be aware of the child's condition, symptoms and treatment. Appropriate training will be offered by relevant health care professionals. Care plans will clearly inform staff what they should do in the event of a deterioration in their condition. Those leading extra-curricular clubs or peripatetic music lessons will also be informed of the child's needs.

When planning visits and other extra-curricular activities staff will consider those with medical conditions. If appropriate, they will put additional measures in place to ensure that the child is able to access the visit and, where necessary, a risk assessment will be produced.

Where a condition requires a child to have medication in school this will be detailed on their care plan and the "Administration of Medicines" procedures outlined later in this policy will be adhered to.

Where a pupil requires specialist care for their condition for example; intimate care or injection of medicines, specific adults will be trained and responsible for this. It might be possible for the child to take responsibility for the administration of their medication/care needs. If this is appropriate a member of staff will always monitor.

## **Head lice**

Staff do not examine children for head lice. If we suspect a child has headlice we will inform the parent/carer and ask them to examine their child.

Where a parent informs us that their child has head lice, a letter prompting parents to check and treat head lice will be issued to all class members.

## **Pastoral Care**

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 Mid-Day Supervisors will take pastoral care of the child ensuring his/her well-being. If they require additional support they will seek the support of a member of the Senior Leadership Team or Children and Families Officer.

If any member of staff is unsure whether a child is unwell, requires First Aid or requires pastoral care then they are encouraged to send them to the medical room with a support assistant.

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

## **Administration of medicines**

Ideally, it is preferable that parents, or their nominee, administer medicines to their children, this could be effected by the young person going home during a suitable break or the parent visiting the school. However, this may not be appropriate. In cases where medication is prescribed for administration of 4+ times per day, a request must be made for medicine to be administered to the young person by staff using the appropriate form. This must contain clear instructions regarding dosage. Each request for medicine to be administered to a young person in school will be considered on its merits and, on some occasions, medication to be given 3 times per day may be administered.

### **Medicines**

Medicines that have been prescribed by a doctor, dentist or nurse prescriber should always be provided in the original container as dispensed by a pharmacist and include the *prescription* instructions for administration. **We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.**

In some instances, we will administer medicines that have been bought over the counter such as Piriton and Calpol, however staff will **never** give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents.

**A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

Medicines brought into school are kept in the fridge or the lockable first aid cupboard in the medical room. They are stored strictly in accordance with the product instructions and in the original container in which dispensed.

A record of when medication has been administered, the dosage and details of the member of staff administering is stored with the child's medication and should always be checked prior to administering a dose to ensure that it has not already been given.

### **Epi pens, Inhalers, Insulin**

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away, but stored so that access is restricted to other pupils.

Where appropriate members of staff will be trained to deliver specific medication. Sufficient staff are suitably trained. The number of staff trained is dependent on need and to provide cover in the case of staff absence and to accompany pupils on visits/residential.

This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's care plan. This should be provided by the specialist nurse, school nurse, other suitably qualified healthcare professional, or the parent and discussed with relevant staff. The specialist nurse, school nurse or other suitably qualified healthcare professional will confirm their competence, and that school keeps an up-to-date record of all training undertaken and by whom.

Training includes storage before and after use. In the case of sharps what to do if a sharps injury occurs.

What actions must you take in the event of a sharps injury?

### **What to do if you receive a sharps injury**

- Encourage the wound to gently bleed, ideally holding it under running water.
- Wash the wound using running water and plenty of soap.
- Don't scrub the wound while you are washing it.
- Don't suck the wound.
- Dry the wound and cover it with a waterproof plaster or dressing.
- Where appropriate seek urgent medical advice (for example from your occupational health service) as effective prophylaxis (medicines to help fight infection) are available.
- Report the injury to your employer.

This school disposes of needles and other sharps in line with local policies. Access to Sharps boxes is restricted but accessible to staff and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures

### **Unacceptable Practice**

The following practice is not acceptable at Broughton Fields:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Governing Body Responsibility**

It is the responsibility of the governing body to ensure that this policy is adhered to and that the complaints policy is followed in the event of a challenge.

The Governing Body of Broughton Fields Primary School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

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

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