



Accidents, Illness and First Aid  
Appendix to SLT Medical Conditions in School Policy  
Local Conditions – March 2017

The aim of this appendix is to provide further detail to procedures in place at Ashby Willesley Primary School. This document should be read alongside the Symphony Learning Trust Medical Conditions in School Policy.

**General**

We believe it to be important that parents should not send a child to school if he or she is unwell. However, some children may be well enough to attend school provided they receive the appropriate medication.

Where a child has a long term medical need a written health care plan will be drawn up with the parents and health professionals. It is crucial that parents inform the school about any particular medical needs before a child is admitted or when a child first develops a medical need.

The Head Teacher will accept responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the school day.

Where possible children should be encouraged to self-administer under supervision.

It must be stressed that where prescription drugs are administered, it shall be by those members of staff who have volunteered to do so, since the school does not employ any medically trained staff. It should **not** be assumed that a qualified first aider will fulfil this role. Non-prescription drugs will not be administered

Any staff who agree to administer medicines to pupils in school do so on an entirely voluntary basis: there is no obligation on staff to volunteer to administer medicines. The Governors of Ashby Willesley Primary School acknowledge that staff who do agree to administer medicines are acting within the scope of their employment.

If a child refuses medication or treatment to be administered by school staff, then the school will:

- **Not** force the child to take the medicine / treatment;
- If considered necessary, call an ambulance to get the child to hospital;
- Inform the child's parents / carers immediately.

**Non-Prescribed Medication**

The school will not store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines). Parents need to make arrangements to come into school and administer these medicines if they are to be given.

**Prescribed Medication**

Prescribed medicine will NOT be administered by staff unless clear written instructions to do so have been provided from the child's parents or carers. Support is available for the completion of the relevant form, available from the school office, for parents who have literacy problems or where English is not their first language.

All medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. They must be clearly labelled with:

- Name of child;
- Name of medicine;
- Dose;
- Method of administration;
- Time/frequency of administration;
- Any side effects;
- Expiry date.

## **Roles and Responsibilities**

### **Parents / Carers**

Parents / carers of children who require medication in school, whether on a short-term, long-term, routine or emergency basis, are required to:

- a) Provide the school with written information about their child's condition and required medication, in the form of a General Care Plan and Consent Form (see Appendix A of Medical Conditions Policy) or Individual Care Plan, as appropriate;
- b) Ensure that the school is supplied with reasonable quantities of in-date medication. Reasonable quantities shall normally be considered to be sufficient for a maximum of 4 weeks supply.
- c) If the pupil travels on school transport with an escort, ensure that the escort has a copy of written instructions relating to medication for the individual;
- d) Notify the school promptly, in writing, of any changes in prescription drug issued by the GP;
- e) Collect and restock medication from the school at the start and end of every day / term;
- f) Ensure that all medication supplied to the school is in a secure labelled container as originally dispensed.

### **School**

The school is required to:

- a) Store medication in a known safe secure place (not necessarily locked away), recognising that some drugs may require refrigeration;
- b) Ensure that where emergency medication is prescribed it must remain in the Medical Room so as to be accessible to all staff to assist with administration (e.g. Epipens, asthma inhalers);
- c) Maintain and record the dosage prescribed / administered on Medication Forms;
- d) Identify staff volunteers to administer medication;
- e) Identify any standard or additional training that may be required by staff, ensure that this is sourced / delivered in a timely manner and maintain training records;
- f) If a medical emergency develops, activate the relevant procedures and call 999.

### **Medical Professional (e.g. GP, Consultant, Nurse, etc)**

Medical professionals are required to:

- a) Complete an Individual Care Plan for children with long term medical needs;
- b) Provide training, as appropriate, for staff who will be administering prescribed medication;

c) Prescribe the appropriate medication. Prescriptive labelled drugs must display:

- Pupil's name;
- Name of medication;
- Dosage;
- Frequency of administration;
- Date of dispensing;
- Storage requirements (if important) e.g. refrigeration;
- Expiry date.

### **Procedure – Simple, Short-term Medication Needs (e.g. antibiotics)**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Parents must complete a consent form / general care plan on the first day that the medication is required in school. The completed form, together with the medication, should be handed in at the school office.

Medication will be kept in a safe secure place (not necessarily locked away). It is acknowledged that some drugs may require refrigeration.

Staff administering the medicine will record the following on the reverse of the authorisation form:

- Date administered
- Time administered
- Dose given
- Who administered the medicine

Medicines must be collected from the office at the end of each day, by a parent / carer.

### **Procedure - Long Term / More Complex Medication Needs**

#### **General**

The school acknowledges that medicines in this category are largely preventative in nature and that it is essential they be given in accordance with instructions; otherwise the management of the medical condition is hindered.

In the first instance the Head Teacher should be informed of an individual child's diagnosis and prescription medication.

An individual health care plan must be drawn up for the pupil.

An appropriate volunteer(s) will be identified and, if necessary will meet and discuss the issues with the parents/carers of the pupil. The volunteer(s) will be offered professional training and support in relation to the needs of the individual child, as required. This will be provided by a suitably competent person (who may or may not be a qualified trained nurse).

The school may seek parents / carers permission to explain the use of medication to a number of pupils in their child's class so that peer support can be given. This will only occur where it is considered such action would be helpful and/or necessary.

Medication will be kept in a known safe secure place (not necessarily locked away). It is recognised that some drugs may require refrigeration.

#### **Injections**

There are certain conditions (e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders) which

are controlled by regular injections. Children with these conditions are usually taught to give their own injections, or the injections are required outside of the school day. Where this is not the case an individual care plan will need to be developed before the child joins the school, and training provided to staff who agree to administer the injections. The care plan must include agreed back up procedures in the event of the absence of trained staff. Special arrangements may also need to be considered in the event of school trips.

## **Emergency Treatment**

Where emergency medication is prescribed this must remain in the Medical Room so as to be accessible to all staff to assist with administration as required by the pupil (e.g. EpiPen, asthma inhalers)

- a) No emergency medication should be kept in school except that specified for use in an emergency for an individual child.
- b) A care plan must be in place in all cases where a child has been prescribed emergency medication / treatment. See Appendices of SLT Medical Conditions Policy for guidance and template documentation.
- c) Emergency medications must be clearly labelled with the child's name, action to be taken, delivery route, dosage and frequency (see paragraph 2.6).
- d) In the event of the absence of all trained staff, parents / carers will be notified immediately and agreement reached on the most appropriate course of action.
- e) If it is necessary to give emergency treatment, a clear written account of the incident will be recorded and retained by the school: a copy will be given to the parents / carers of the child.
- f) In all circumstances, if the school feels concerned they will call the emergency services on 999.

With regards to medications for long term/more complex needs

- a) When specifically prescribed, a supply of antihistamines or pre-prepared adrenalin injection should be used if it is known that an individual child is hypersensitive to a specific allergen (e.g. wasp stings, peanuts, etc). Immediate treatment will be given before calling the emergency services.
- b) A supply of "factor replacement" for injections should be kept in school where it is required for a child suffering from a bleeding disorder. If injection is necessary it is usual for the child to be able to self-inject. If this is not the case the parents / carers will be contacted immediately. If contact cannot be made emergency advice will be taken from the Bleeding Disorders Clinic at Leicester Royal Infirmary (0116 258 6500) or the emergency services will be called.
- c) For children who have repeated or prolonged fits and require the administration of rescue medication, a small supply of Buccal Midazolam or Rectal Diazepam may be kept in school for administration to a specifically identified child. The SLT Medical Conditions Policy provides guidance and documentation relating to the administration of these rescue medications.

Where either of these rescue medicines have been administered an ambulance will be called to take the child to the nearest hospital receiving emergencies, unless the parent / carer or a healthcare professional indicates otherwise and this is acceptable to the school.

- d) A supply of glucose (gel, tablets, drink, food etc) for treatment of hypoglycaemic attacks should be provided by parents / carers of any child suffering from diabetes mellitus. If, after an initial recovery, a second attack occurs within 3 hours, the treatment will be repeated and the child taken to the nearest hospital receiving emergencies.

## **Educational Visits**

Any medical problems must be highlighted by parent / carers prior to their child's participation in an educational visit.

Where insurance cover is obtained by or through the school, medical conditions must be disclosed, otherwise insurance cover may be refused or be invalid.

A named person will be identified to supervise the storage and administration of all medication whilst on the visit.

Where medication needs to be kept refrigerated, parents / carers may be asked to supply a cool box / bag and ice packs for use on educational visits. Care must be taken to ensure that the medication does not come into direct contact with the ice packs.

Wherever possible children should carry their own reliever inhalers or emergency treatment, but it is important that the visit leader is aware of this.

In the event that emergency medication or treatment is required whilst transporting a pupil, it may be deemed appropriate to stop and park the vehicle in the first instance, for safety reasons. A "999" call will then be made to summon emergency assistance.

## **Arrangements for First Aid**

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on 'First Aid for schools'.

The Admin and Finance Assistant will regularly check that first aid materials and equipment are available. They will order new materials when supplies are running low.

The School Business Manager is responsible for the arrangement of adequate First Aid training for staff. At Ashby Willesley Primary School, all Learning Support Assistants will receive training in First Aid Training to include Paediatric.

The school has a Medical Room, a Medical First Aid bag (used outside at break and lunchtimes, and First Aid Boxes in both the Oak and Treetops buildings. A supply of First Aid bum-bags are available and are used for visits and off site activities.

It is the responsibility of the adults of that activity/visit to notify the appointed person if stocks in the trip bags are running low.

If First Aid boxes need replenishing the Admin and Finance Assistant should be immediately notified and extra supplies should be requested.

Any major accident needs to be reported to the Headteacher/School Business Manager. If an ambulance is called the Headteacher needs to be notified immediately, (or the person in charge, eg; Deputy Headteacher, Assistant Headteacher)

The nearest adult will deal with minor cuts and grazes. A fully trained first-aider must be called for all other accidents/injuries.

Severe injuries/cuts and any head injury should be recorded on an Accident Slip and parents informed by phone call where appropriate.

All major incidents should be reported to the Headteacher and School Business Manager whom will report the incident using the AssessNet system. Where necessary, HSE / RIDDOR will be informed.

## **School Illness Exclusion Guidelines**

Parents / carers are asked to ensure their child knows how to wash his/her hands thoroughly to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day.

Parents are expected to adhere to the following guidelines in the event of their child contracting particular illnesses / conditions:

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and / or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
German measles / rubella	Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member .
Hand, foot and mouth disease	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).