



FIRST AID AND MEDICINES POLICY

Approved by: Governing Body Date: 01.07.21

Last reviewed: Summer 2021

Next review due by: Summer 2022

REVIEW PROCEDURES

The First Aid and Medicines Policy for Southfields Primary School is to be reviewed annually by the Headteacher

AMENDMENTS

It is the responsibility of the Headteacher to ensure that the complete amendment is incorporated into all copies of the document and recorded accordingly on the Amendment Sheet. Copies of pages made redundant by the amendment are to be disposed of immediately and not to be retained for any reason.

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		Name	Signature	Date
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FIRST AID AND MEDICINES POLICY

STATEMENT OF INTENT

SCHOOL NAME	SOUTHFIELDS PRIMARY SCHOOL
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The Governors and Headteacher of Southfields Primary School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

Name: _____ **Signature:** _____ **Date:** _____

Headteacher

Arrangements

The First Aid Team

The first aiders in school who are able to administer medicines are:

- All staff

First Aid Boxes

The first aid posts are located:

- The School Office
- The Early years Unit
- The staff room
- Each classroom has a first aid bag

Medication

Pupils' medication is stored in:

- The Community Room fridges in the children's kitchen or in a secure cupboard in the school office

First Aid

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records in our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note.
- Full details of the accident are recorded in our accident book
- If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Local Authority.
- If it is a serious injury/head injury it needs to have the incident logged on CPOMs with as much information as possible

School Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

Administering Medicines in School

Prescribed medicines may be administered in school (by any of the first aid team) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.

Staff will ensure that records are kept of any medication given.

Non-prescribed medicines may not be taken in school.

Storage/Disposal of Medicines

Medicines must be stored either in the school office, or the staff-room fridge, depending on the storage instructions. The exception to this rule is inhalers, which must be clearly labelled with their name and kept in the child's classroom where they can be easily reached when necessary.

It is the responsibility of the parents to collect unused medicines from the school and dispose of them accordingly.

Accidents/Illnesses requiring Hospital Treatment

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

It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

Pupils with Special Medical Needs - Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with support from the school can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition.

Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. A school nurse may also provide additional background information and practical training for school staff.

Appendix

Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan

Form 3:	Parental agreement for school to administer medicine
Form 4:	Record of regular medicine administered to an individual child
Form 5:	Indication for administration of medication during epileptic seizures
Form 5A:	Epileptic seizure chart
Form 6A:	Emergency instruction for an allergic reaction - EpiPen®
Form 6B:	Emergency Instructions for an allergic reaction - Anapen®
Form 7:	Medication given in school (note to parent/carer)
Form 8:	Record of staff training

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

.....

2. Give your location as follows (*insert school address*)

.....

.....

3. State that the postcode is:

.....

4. Give exact location in the school (*insert brief description*)

.....

5. Give your name:

6. Give name of child and a brief description of child's symptoms

.....

.....

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information is if asked

Put a completed copy of this form by the telephone

FORM 2

Individual Health Care Plan

Name of school _____

Child's Name _____

Group. class/form _____

Date of birth _____/_____/_____

Child's address _____

Medical diagnosis or condition

Date _____

Review date _____

Family Contact Information

Name _____

Phone no. (work) _____

(home) _____

(mobile) _____

Clinic/Hospital Contact

Name _____

Phone no. _____

G.P.

Name _____

Phone no. _____

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (*state if different for off-site activities*)

Form copied to

FORM 3A

Parental agreement for Southfields Primary School to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child _____

Date of Birth _____ / _____ / _____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine
(as described on the container) _____

Date commenced _____ / _____ / _____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the
School should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

I understand that I must deliver the medicine safely to school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature _____

Print Name _____ Date _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4

Record of regular medicine administered to an individual child

Name of school _____

Name of child _____

Date of medicine provided by parent _____ / _____ / _____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given	_____	_____	_____
Dose given	_____	_____	_____

Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Form 4 (continued)

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given _____

Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____

Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___

Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

FORM 5

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criteria is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. This criteria will be reviewed annually unless change of recommendations instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

FORM 6A

EpiPen®

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



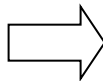
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

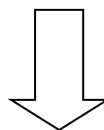


ACTION

- Give _____ (antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



FORM 7

Medication given in School (note to parent/carer)

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

ANNEX C

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/