



"Learning in mind, community at heart"

LODGE FARM **PRIMARY SCHOOL**

First Aid and Administration of Medicines Policy

Responsibility: Helen Turner and Sue Padfield

Written: Spring 2017

1st Review: Spring 2018

Responsibility: Helen Turner

2nd Review: Spring 2019

1 Provision of First Aiders

1.1 The school has several members of staff trained in first aid. Please see attached for names of the staff who are trained and to what level. (*see Appendix 1*).

2 First Aid Boxes

2.1 First aid boxes can be found at the following locations:

- KS1 First Aid Room (KS1 dining room)
- KS2 First Aid Room

The boxes in the first aid rooms are restocked when needed.

3 Contents of Boxes

3.1 First Aid boxes must NOT contain drugs of any kind including Aspirin or similar pain killers and such medicines must NOT be issued to staff or pupils as there is a danger of adverse reaction in some cases. First aid boxes must NOT contain antiseptic creams or liquids etc. which may aggravate injuries in some cases, only antiseptic wipes.

3.2 Sterile First Aid dressings should be packaged in such a way as to allow the user to apply the dressing to a wound without touching that part which has come into direct contact with the wound. The part of the dressing that comes into direct contact with the wound should be absorbent. There should be a bandage or other fixture attached to the dressings. Blunt scissors are kept in the box to cut clothing if necessary.

3.3 Disposable plastic gloves are provided near the first aid materials and must be properly stored and checked regularly to ensure they remain in good condition.

3.4 Plastic disposable bags are provided for soiled or used first aid dressings.

3.5 A separate first aid box is locked in the first aid rooms if we have to give a child a controlled drug.

4 Administering First Aid

4.1 Any member of staff may administer first aid on minor injuries, following Local Authority (LA) guidelines. For more serious injuries, the named first aider should be called for and the Head/senior teacher.

4.2 MSAs are responsible for dealing with minor injuries at lunchtime.

4.3 Disposable gloves should be worn by first aiders (preferred practice). If in exceptional circumstances these are not available, first aiders must always cover any exposed cuts or abrasions they may have with waterproof dressings before treating a casualty, whether or not any infection is suspected. They must wash their hands before and after applying dressings.

4.4 Whenever blood or other bodily fluids have to be mopped up, disposable plastic gloves must always be worn and paper towels used. A disposable apron may also be worn if required. These items must then be placed in plastic bags and safely disposed of,

in the yellow bin in the disabled toilet. Clothing may be cleaned in an ordinary washing machine using the hot cycle. The Site Manager should be notified of the area in which any spills have occurred and this should be disinfected appropriately.

4.5 If direct contact with another person's blood or other body fluids occurs the area must be washed as soon as possible with ordinary soap and water. Clean cold tap water should be used if the lips, mouth, tongue, eyes or broken skin are affected and medical advice sought. Particular care should be taken when treating sporting injuries and the 'bucket and sponge' method of treatment must not be used.

4.6 Children who have been treated by an adult should have an accident report slip sent home to the parents.

5 Head Injuries

5.1 Injuries to the head need to be treated with particular care. Any evidence of loss of balance, disorientation, double vision, slurred speech or other malfunction of the senses may indicate serious injury, and medical advice must be sought without delay. Accident report red notices are to be given to the children who have had minor accidents.

6 Serious Injuries

6.1 In the case of serious or potentially serious injuries, the Ambulance Service must be called at the earliest possible time to avoid the danger of inappropriate diagnosis or treatment. The parents should be called immediately. A member of staff should not drive the child to the hospital unless there is no alternative solution for the child to receive the correct medical attention. They must have appropriate insurance cover.

7 Accident Reporting

7.1 The accident books are kept in the main school office. Minor accidents are reported locally. Major accidents or near misses are recorded and reported to the LA via the online HCC accident form. The most serious incidents must be reported to the LA Health and Safety team. They must also be reported to the Health and Safety Executive (HSE) under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

8 Administering Medicines

8.1 Medications should only be taken at school when absolutely essential. Most medications can be taken before and after school. Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be affected by the child going home during the lunch break or by the parent visiting the school. However, if this is not practicable parents may make a request for prescribed medication to be administered at school. Any medication needs to be brought in via the school office and a consent form filled out by the parent/carer.

8.2 Staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the Head and parents, to be able to access information and training, and reassurance about their legal liability. He or she should also be aware of the possible side effects of the medication and what to do if they occur. The public liability insurance provides cover for any member of staff, whether teaching or non-teaching, who administers drugs and medicines in an emergency, provided that they have been given the appropriate training.

8.3 Before any staff member administers medication the parents must have signed the Record of Medicine Administered to an Individual Child with the disclaimer (*appendix 2*).

9 Short Term Medical needs

9.1 Parents should keep children at home when they are actually unwell.

9.2 School will only administer prescribed medication, in the original packaging, where the dose for that child is clearly detailed. School will only administer antibiotics that are required 4x a day or more. If they are required 3x a day or less, these can be given in adequate spacing outside of the school day at home and therefore will not be accepted into school, unless we have a specific letter from a doctor stating otherwise. School staff will only administer medication with another school adult in the room, for safeguarding reasons.

9.3 Medication should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

10 Non-Prescription Medication

10.1 School staff must NOT give non-prescribed medication to pupils unless permission has been sought and given by the parent/carer. This is detailed in the 'Supporting pupils at school with medical conditions – statutory guidance' document, September 2014, DfE. This includes paracetamol and homeopathic medicines.

10.2 Staff may not know whether the pupil has taken a previous dose, or whether the medication may react with other medicine being taken. A child under 16 should never be given medicine containing aspirin, unless prescribed by a doctor (there are links between the use of aspirin to treat viral illnesses and Reyes Syndrome, a disease causing increased pressure on the brain).

10.3 If a pupil suffers regularly from acute pain, such as migraine, the parents should organise medication from their GP so that it can be prescribed for the child and a consent form written. If there is no regular dose, school staff will phone parents prior to giving a dose.

11 Information about medical needs

11.1 On the Pupil Registration Form parents complete information about a child's medical needs. All new forms with any medical issues are given to the Key Stage TA Team Leaders to record. The Registration forms are stored in the school office files and on SIMs as well as class inclusion files. For children with anaphylaxis and with any other allergy or serious medical condition requiring long-term medication, there is an 'individual health care plan' in place, (*appendix 3*) which the parent is invited to contribute to. These are also kept in the school office and class inclusion files. It is the parent/carer's responsibility to inform the school of any changes.

11.2 Parents are responsible for supplying information about medicines that their child needs to take at school and for letting the school know of any changes to the prescription or support needed. The parent or doctor should provide written details including

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects

School record when medication is given (*on Record of Information for individual child - appendix 2*).

11.3 Inhalers.

If a child has been prescribed an inhaler for asthma, or any other reason, the parents must fill out a 'school asthma card' (*Appendix 4*) It is parents' responsibility that their child's inhaler is in-date, clearly labelled, and in school for the child to use.

Emergency Inhaler – New guidance has been published – 'Guidance on the use of emergency salbutamol inhalers in schools' September 2014, Department of Health.

Following this guidance, the school has purchased an inhaler and 2 spacers to be used in an emergency situation. This is kept in the school office with an up to date Asthma sheet.

Parents, who have a child with an inhaler in school, have been asked to sign a consent form in order for us to use this (*appendix 2*). If there is no consent form, we cannot administer this inhaler.

12 Sending in Medication

12.1 Parents should send the medication to school in the form of a daily supply if possible, but certainly no more than a week's supply. The parent is responsible for checking all medicine is in date.

12.2 Medicines should be supplied in a container that is labelled with the name of the pupil, the name and dose of the drug and the frequency of the administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container.

13. Controlled Drugs

13.1 Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents.

13.2 Ideally, controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply. The amount of medication handed over to the school should always be recorded on the consent form.

13.3 Controlled drugs should be stored in a locked non portable container, such as a safe or locked cupboard, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded on school recording system, including if the child refused to take it.

13.4 The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

13.5 As with all medicines any unused medication should be recorded as being returned to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

14 Record Keeping

14.1 When a child needs medication, their parents should be given an Administration of Medication form, (*appendix 2*) which records the details of the medicine.

14.2 Staff should complete and sign the Administration of Medication form (*appendix 2*) each time they give medicine to a pupil. Staff should seek to ensure that the dose specified on the container/form is administered.

14.3 No pupil is to be given medication without their parent's written consent. Any member of staff giving medicine to a pupil should check

- Written instructions provided by parent/doctor
- Expiry date

15 Storing Medication

15.1 All emergency medicines (asthma inhalers, epi-pens etc.) should be readily available and not locked away. Staff should be aware of the need for asthmatics or epi-pen users to carry medication with them (or for staff to take appropriate action) when, for example, participating in PE or in the event of an evacuation or fire drill.

15.2 Asthma Inhalers

Immediate access to inhalers at all times is vital, and therefore it is essential that, wherever possible, children have their medication with them. Children should carry their own inhalers (KS2) or be stored in an agreed place (KS1). For severe sufferers it may be appropriate to ask parents to supply a labelled spare and keep it centrally. It is the parent's responsibility to keep this up to date.

15.3 Epipens - Epipens are stored in a box within the classroom with the child's picture on. Photographs of the children are displayed in the staffroom, kitchen and classrooms. A marker pen should be stored with the epi-pen so that time of dose may be recorded on child's hand.

15.4 Other medications must be handed to a responsible member of staff on arrival. They must be kept in a locked cupboard within the classroom with a copy of the Record of Medicine Administered to an Individual Child (*appendix 2*). The original form is stored in the school office. Medicines that need to be refrigerated can be kept in the refrigerator in the staffroom in an airtight container and clearly labelled.

16 Access to medication

16.1 Pupils should know where their medication is stored and who holds the key. It is important to make sure that medicines are only accessible to those for whom they are prescribed.

17 Disposal of Medicines

17.1 School staff should not dispose of medicines after use and they will be returned to parents, even if empty. Parents will be asked to sign to say they have received the medication back. (*appendix 5*) Parents are responsible for disposal of date-expired medicines.

18 Expiration of Medication and End of school Year

18.1 The half-term before any medication is due to expire; school will send it home with the child. It is the parent's responsibility to bring back new medication with the child. This must be brought in via the school office so that a new consent form can be completed

18.2 At the end of the summer term, all medication will be sent home with the child. It is the parent's responsibility to check the medication is still needed and current, and to send it back in with the child, via the school office, on the first day of the new school year.

19 Emergency Procedures

19.1 All staff must know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures should the need arise.

20 Self Management

20.1 We encourage pupils, who can be trusted to do so, to manage their own medication from a relatively early age. If pupils can take their medication themselves, staff must supervise this. Pupils cannot be responsible for storing their own medication.

21 Refusing Medication

21.1 If pupils refuse to take medication, staff should not force them to do so. The school must inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. A failure on the part of the child to co-operate to take their Ritalin may mean that a judgement needs to be made about whether a particular activity is advisable on health and safety grounds. This ensures Duty of Care towards that individual or other children.

22 Long Term Medical Needs

22.1 It is important the school has sufficient information about the medical condition of any pupil with long term medical needs. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. For a pupil with medical needs the school should work with the parents, following LA guidance, to draw up a health care plan.

23 Intimate or Invasive Treatment

23.1 There is no expectation that staff administer intimate or invasive treatment unless they are entirely willing. The Head and Governing Body should arrange appropriate training for school staff willing to give medical assistance. The school nurse should be contacted in the first instance to arrange this. The school should arrange for two adults, preferably one the same gender as the pupil, to be present for the administration of intimate or invasive treatment as this minimises the potential for accusations of abuse. Two adults also often ease the practical administration of treatment. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

24 Medication on School Trips

24.1 Arrangements for taking any necessary medication will need to be taken into consideration for outside visits. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Staff must carry all medications needed, except inhalers, which are usually carried by the child. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek medical advice from School Health Service or the child's GP. It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the pupil and that the appropriate medication is taken on the visit.

25 Medication and Sport

25.1 Some pupils may need to take precautionary measures before or during exercise, and/or be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures. Asthma inhalers, epi-pens etc. should routinely be available to users.

25.2 Some asthmatic children may need to be encouraged to take a puff of their inhaler at the start of a lesson. Children MUST take their inhalers to the hall, sports field or swimming pool. Children who say they are getting wheezy should take a rest until they feel better and should NEVER be forced to undertake an alternative form of exercise instead.

26 Training

26.1 Staff do not need to be qualified first aiders before they can be trained to administer medication. However, staff identified should be able to

- Put the child in the recovery position
- Render emergency resuscitation

26.2 When a school admits a child with anaphylaxis, the health service will provide training for the relevant staff, currently via the local health trust. The need for re-training or further staff training is reviewed on a regular basis and the health service accepts full responsibility for the advice and training given. As part of the training provided, the health service will advise on setting up the procedure to be followed within the school.

- All named staff to be given a copy of this section of the manual and any documentation provided by the health service
- One copy of the documentation to be kept with each medication pack
- Medication to be located in an agreed place, to be checked monthly by an appointed member of staff.

27. Monitoring and Evaluation

27.1 Headteacher to meet with Key Stage First Aid Leads on a half termly basis.
Safeguarding Governors termly visit to monitor compliance.

Signed:

Date

Appendix 1.

LODGE FARM PRIMARY SCHOOL

FIRST AID TRAINING RECORD 2014 Updated 5.10.15

Course Attended	Person who Attended	DATE	Renewal
Emergency First Aid St John's	Sarah Taylor	17.7.14	July 2017
PAEDRIATIC St John's	Charli Overall	15 & 16/9/14	September 2017
Emergency First Aid St John's	Karen Archer	7.10.14	October 2017
Emergency First Aid St John's	Mary Bull	7.10.14	October 2017
Emergency First Aid St John's	Lisa Mehmet	31.10.14	October 2017
Emergency First Aid St John's	Lisa Hadlow	31.10.14	October 2017
PAEDRIATIC St John's	Donna Jackson	15 & 16/9/14	September 2017
PAEDRIATIC	Amanda Hawke		March 2017
Emergency First Aid St John's	Judy Munford	10/11/14	November 2017

Emergency First Aid St John's	Fiona Murray	10/11/14	November 2017
Emergency First Aid St John's	Helen Bloxham	10/11/14	November 2017
Emergency First Aid St John's	Karen Fieldsend	10/11/14	November 2017
Emergency First Aid St John's	Lorraine Braine	10/11/14	November 2017
Emergency First Aid St John's	Sue Fox	10/11/14	November 2017
Emergency First Aid St John's	Maria Butler	10/11/14	November 2017
Emergency First Aid St John's	Jill Vary	10/11/14	November 2017
Emergency First Aid St John's	Sue Allinson	10/11/14	November 2017
Emergency First Aid St John's	Sarah Nation	10/11/14	November 2017
Emergency First Aid St John's	Hayley Huttleston	10/11/14	November 2017
Emergency First Aid St John's	Michelle Stapleton	10/11/14	November 2017
Emergency First Aid St John's	Judy Munford	10/11/14	November 2017
Emergency First Aid	Sharon Cogdell	10/11/14	November 2017

St John's			
Emergency First Aid St John's	Mandy Corney	10/11/14	November 2017
PAEDRIATIC	Nicola Godbeer		March 2016
PAEDRIATIC Stevenage Trust – ABC Life Support	Heather Moody	Sept'15	September 2018
Emergency life support for all ages – St Johns	Sian Hemmings	October'14	October'17
PAEDRIATIC	Debbie Steer	July'15	March 2018
Emergency First Aid ABC Life Support (From Stevenage Trust) 2 Hour Basic Life Support First Aid	Nicola Allcock	Nov'15	
Emergency First Aid ABC Life Support (From Stevenage Trust) 2 Hour Basic Life Support First Aid	Nicola Woodard-Gair	Nov'15	
Emergency First Aid ABC Life Support (From Stevenage Trust) 2 Hour Basic Life Support First Aid	Liz Guemache	Nov'15	
Emergency First Aid ABC Life Support (From Stevenage Trust) 2 Hour Basic Life Support First	Sam Ross	Nov'15	

Aid			
Emergency First Aid ABC Life Support (From Stevenage Trust) 2 Hour Basic Life Support First Aid	Theresa Salter	Nov'15	
Emergency First Aid ABC Life Support (From Stevenage Trust) 2 Hour Basic Life Support First Aid	Linda Hadlow	Nov'15	
Emergency First Aid ABC Life Support (From Stevenage Trust) 2 Hour Basic Life Support First Aid	Georgia Vary	Nov'15	



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Headteacher: Helen Turner
 Co-Headteacher: Sue Padfield

Record of Medicine Administered to an Individual Child & Parental Agreement

Name of Child & Class	
Date of birth	
Medical condition or illness	
Name of Medicine and strength	
Expiry date	
Quantity received	
Quantity returned	
Dosage and frequency of Medicine	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about	
Self-administration	Yes / No (please delete as appropriate)
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone No	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to:	(agreed member of staff

Staff Signature:

Parent Signature:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the 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.

PTO

Date					
Time given					
Dose given					
Name of staff member					

Date					
Time given					
Dose given					
Name of staff member					

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Individual Healthcare Plan

Child's Name & Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Family Contact Information

Name	
Phone number (Work)	
Home	
Mobile	
Relationship to child	

Clinic/Hospital Contact

Name	
Phone number	

G.P.

Name	
Phone number	

Who is responsible for providing support in school	
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School Asthma Card

Review the card at least once a year and remember to update or exchange it for a new one if your child’s treatment changes during the year. Medicines should be clearly labelled with your child’s name and kept in agreement with the school’s policy.

To be filled in by the parent/carer

Child’s name	
Date of birth	
Address	
Parent/carer’s name	
Telephone – home	
Telephone – work	
Telephone – mobile	
Doctor/nurse’s name	
Doctor/nurse’s telephone	
Does your child tell you when he/she needs medicine?	Yes / No (please delete as appropriate)
Does your child need help taking his/her asthma medicine?	Yes / No (please delete as appropriate)
Does your child need to take any medicines before exercise or play?	Yes / No (please delete as appropriate) If yes, please describe below
What are your child’s triggers (things that make their asthma worse)?	
Medicine How much and when taken	
Does your child need to take any other asthma medicines while in the school’s care?	Continued over the page

Medicine How much and when taken	
Reliever treatment when needed	
For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.	
Expiry dates of medicines checked	
What signs can indicate that your child is having an attack?	
Parent/carer's signature Date	
Medicine Date checked Parent/carer's signature	
Medicine Parent/carer's signature	
Date Name Job title Signature	

Appendix 4



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Return of Medication to Parent

Child's Name:

Class:

Medication returned:

Signature and date by member of Staff:

Signature and date by Parent: