



*Inspiring Everyone to Learn*

## **Administering Medicine and First Aid Policy**

Person Responsible:	Headteacher
Date Adopted:	March 2011
Date of last review:	Autumn Term 2020
Date of next review:	Autumn Term 2023

**In light of the current situation with regard to Covid-19 we have updated this policy accordingly with an addendum – please see page 7**

### AIMS OF THIS POLICY

- To support regular attendance of all pupils.
- To ensure staff understand their roles and responsibilities in administering medicines and first aid.
- To ensure parents understand their responsibilities in respect of their children's medical needs.
- To ensure medicines are stored and administered safely.

Where children are unwell and not fit to be in school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after. Even if they have improved, children may not return to school for at least 48 hours following vomiting.

The school is committed to encouraging children to return to school as soon as possible after an illness, subject to the health and safety of the school community. This policy statement sets out clearly a sound basis for ensuring that children with short term medical needs requiring the administration of medicines receive proper care and support in school.

This policy should be used in conjunction with Surrey County Council's 'Young People's Health and Administration of Medicines – Children, Schools and Families Guidance' and the school's 'Supporting Pupils with Medical Conditions Policy'.

### **MEDICINES**

**N.B NO CHILD WILL BE GIVEN MEDICINE OF ANY KIND WITHOUT THEIR PARENT'S WRITTEN CONSENT.**

### **Prescription medicines**

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day).
- All medicines should be taken directly to and collected from the school office by a responsible adult.
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration.
- The medicine must be clearly marked with the child's name and class.
- The appropriate dosage spoon should be included with all medicines sent to school if appropriate.
- Medicines will only be accepted for administration in school on completion of the pupil medication request form and signed by a parent or carer; this must include instructions on dosage and time to be administered.

### **Non-prescription medicines**

Staff should never give a non prescribed medicine to a child unless there is **specific written permission from the parent/carers**. Non-prescription medicines will only be administered for a short term medical condition to minimise the time the pupil may be absent from school and where it would be detrimental to their health if it were not administered during the school day. It will only be in rare cases that non prescribed medicines would be given to a child where they could not be given outside of school hours. Parents may make arrangements to visit school and administer medicine to their own child if they wish to do so. A suitable time must be agreed in order to reduce any disruption to the school day.

The following guidelines for administering non-prescription medicines must be followed:

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day).
- All medicines should be taken directly to and collected from the school office by a responsible adult.
- Medicines will only be accepted in their original container with the dose stated clearly on the packaging.
- The medicine must be clearly marked with the child's name and class.
- The appropriate dosage spoon should be included with all medicines sent to school if appropriate.
- Medicines will only be accepted for administration in school on completion of the pupil medication request form and signed by a parent or carer; this must include instructions on dosage and time to be administered.

The school will not enter into an agreement to administer non-prescription medicines on a regular basis unless this forms part of an Individual Healthcare Plan (please see Supporting Children with Medical Conditions policy).

We do not stock, and therefore no child will be given, any form of medication, lotions or creams that has not been provided by the parent/carers.

### **Other 'off the shelf' medicine/ products:**

- Children may bring cough/ throat lozenges into school but these must be handed into the office or to the class teacher who will oversee their use within the classroom. Cough/ throat lozenges must not be used outside the school building e.g. on the playground etc, as this may present a choking hazard. Packets of lozenges must be clearly marked with the child's name and class.
- Lip balm may be administered by the child if really necessary at the discretion of the class teacher. It should be clearly named and not shared with other pupils.

- Wherever possible sun tan creams/lotions should be applied before school. Sun tan cream/lotions may be brought into school by pupils for self-administration; in these instances the creams/lotions must be clearly marked with the child's name and class and the product handed to the school office or class teacher.

### **Roles and responsibilities of school staff**

- Staff are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self administration. However, as they have no legal or contractual duty, staff may be asked but cannot be directed to do so.
- Staff must update the medication form each time medicine is administered within school time, with the exception of asthma inhalers.
- Relevant staff will be trained on how to administer medicines for pupils with medical conditions requiring ongoing support e.g. anaphylaxis, diabetes (please see Supporting Pupils with Medical Conditions policy)

### **Parental Responsibility**

- In most cases, parents will administer medicines to their children themselves out of school hours. Where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration. Parents must complete the pupil medication request form before a medicine can be administered by staff.
- Children must not carry medicines themselves for self administration during the day. Medicines must be collected from the office and taken under the supervision of an adult. Any exceptions to this must be agreed with the Senior Leadership Team.
- Parents are responsible for ensuring that all medication kept in school has not exceeded its expiry date e.g. asthma pumps, EpiPens.
- Parents are responsible for notifying the school if there is any change in circumstances.
- Children need to be told (and to remember) when to go to the office for medication. Class teachers, as well as the school office, should be made aware by parents when the child needs to take their medicine. As far as possible the timing of administration should coincide with the morning and/or lunchtime break. Although staff will try their best to remind a child when to attend the office to have their medicine administered, the school cannot guarantee that this will always be at the exact time directed by the parent/carer.
- In general, parents should only send in 1 day's medication at one time apart from asthma inhalers and emergency medicines e.g. EpiPens.

### **Long-term and complex needs**

Where a child has significant or complex health needs parents should refer to the Supporting Pupils with Medical Conditions Policy. Where appropriate, an Individual Healthcare Plan may be put in place involving the parents and relevant health care professionals.

### **Safe storage of medicines**

- The school is responsible for ensuring that all medicines are stored safely.
- Medicines must be stored in the supplied container, clearly marked with the child's name, dose and frequency of administration.
- All medicines are stored securely in the locked medical cabinet, except those which need to be kept cold which are kept in the medical fridge and emergency medicines, such as EpiPens, which are kept in specific locations around school so they can be retrieved quickly e.g. the classroom.

## **Managing medicines on school trips**

On school visits, the class teacher is responsible for ensuring children who may require medication have the necessary medication with them according to the child's medical form completed by the parent/carer. Medical details should be outlined on the trip risk assessment as necessary and a named adult specified as being responsible for administration where appropriate.

## **FIRST AID**

First aid means:

- (a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- (b) Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

This means that all staff, pupils and visitors at The Hermitage School are entitled to attention if they suffer injury or fall ill, however the injury or illness was caused, whilst they are in the school environment. It is important that casualties receive immediate attention and that assistance is sought, normally by calling for an ambulance, when necessary. First aid does not extend to giving medical treatment or medications, such as analgesics (headache relief) etc.

## **Qualified first aiders**

The majority of staff have undergone a training course in administering emergency first aid at work and hold a valid First Aid certificate issued by a recognised training organisation. A first aid certificate is valid for a period of 3 years and re-certification must be taken before this period expires for the person to continue as a first aider. If this period is exceeded by the holders of the Emergency First Aid at Work certificate then it is necessary to re-qualify by taking the full course again.

## **Administrative Assistant**

The Administrative Assistant is responsible for looking after first aid equipment e.g. restocking first aid boxes for trips and the first aid stock cupboard, ensuring appropriate records are kept and procedures are followed, informing a member of the Senior Leadership Team of any incidents that may need investigation and calling an ambulance if required.

## **First aid equipment**

The Hermitage School provides a stock of first aid items including the following:-

- First Aid manual giving general advice on first aid
- Individually wrapped, sterile adhesive dressings
- Sterile eye pads with attachment
- Triangular bandage
- Medium sized sterile unmedicated dressings
- Large size sterile unmedicated dressings
- Extra large sterile unmedicated dressings
- Individually wrapped moist cleansing wipes
- Safety pins
- Disposable gloves
- Adhesive tape

We do not stock:-

- Tablets, including paracetamol or aspirin
- Liquid suspensions
- Proprietary items for relief of burns
- Proprietary items for relief of insect bites or stings, including antihistamines
- Antiseptic creams or lotions

#### **Location of first aid equipment**

First Aid provisions are kept in the Medical Room. Travel kits are available for groups going off site. The Medical Room is located next to the school offices; the following features are included:-

- Sink with running hot and cold water
- A supply of drinking water
- Soap and paper towels
- A store for first aid materials
- A clinical waste bin for the disposal of dressings etc
- Bed, blanket and pillow

#### **Records of first aid treatment**

Any injury involving treatment is recorded in the Accident Book and any person can enter details and sign the Accident Book on behalf of the casualty. The Accident Book records:-

- Name of person
- Date and time of incident
- Detail of injury and first aid given
- Comment on how they appeared or returned to class
- Signature of person who dealt with casualty

Major injuries (fractures, amputations, dislocations, loss of sight etc) must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 RIDDOR.

In respect of pupils, the “trigger” requiring reporting to Health and Safety Executive is:-

- a) The person was taken from the site of the accident to hospital and
- b) The incident arose out of or was in connection with work, for example:
  - work organisation or lack of supervision
  - defective equipment or plant
  - use of a substance
  - defective condition of premises

#### **Special points relating to children requiring first aid**

##### 1. Identifying injuries to children

Every care is taken to ensure that injuries are not missed. If a child sustains a knock to the head, or receives a more severe injury and is not hospitalised, every effort will be made to contact the parent/carer or other emergency contact as recorded on the child’s records. A mutual decision will be made as to whether the pupil will remain in school or is to be collected. For lesser injuries where a pupil is able and willing to continue at school parents will be informed.

Minor cuts and bruises are not generally reported to parent/carers, but the incident is still recorded and can be recalled if an inquiry is made.

##### 2. Calling an ambulance

Where there is any uncertainty, medical assistance will be sought, and where it is required urgently, this is done by ambulance.

##### 3. Arrangements for children who are taken to hospital by emergency services

If parents cannot arrive at the school before the ambulance, they should arrange to meet their child at the hospital. When a child is taken to hospital, he/she will be accompanied by an adult from school, who will remain with the child until parents can arrive to relieve them.

4. Arrangements for emergencies in class or on the field

The school has in place emergency procedures. In an emergency in the classroom, where no other adult is present to summon help, a walkie talkie will be used or, if this is not available, a responsible child would be sent to the school office. A walkie talkie is used when a lesson is held outside the school building.

5. Update of pupils physical condition due to injury or medical need

All staff working in school are kept informed of any child's special medical needs. This information is circulated as a medical risk assessment and details, including any special arrangements or evacuation procedures, are specified. If necessary a Personal Emergency Evacuation Plan (PEEP) will also be completed.

**Hygiene and infection control**

All persons giving first aid at school will take precautions to avoid infection. Hands must be washed before and after giving any first aid, single use disposable gloves must be used and care taken when dealing with blood and any other body fluids. Plastic aprons are also provided.

**CONFIDENTIALITY**

The Headteacher and staff will always treat medical information as confidential. The Headteacher should agree with the parent/carer, and or the child where appropriate, who else should have access to records and other information about their child.

It is always recommended that all staff working in school are kept informed if a child's medical condition could be potentially fatal, for example anaphylaxis shock or diabetic coma, or if a pupil's condition could deteriorate if immediate action is not taken.

If information is withheld on the instruction of a parent/carer, staff will not be held responsible if they act incorrectly in giving medical assistance, but are otherwise acting in good faith.

## Addendum

In addition to the systems and procedures in our main policy and in accordance with government guidelines, the following guidance has been agreed to support the administration of first aid within the school setting.

### The Headteacher will ensure that:

- The requirements relating to the management of first aid outlined in COVID-19 guidance for educational settings have been implemented
- The additional equipment that is specified in this guidance is provided
- An adequate supply of PPE is available for first aider familiarisation and practice (for circumstances where they are not otherwise familiar with wearing PPE)
- First aiders take time to practice the use of PPE prior to needing to use it
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out)
- This guidance is discussed with first aiders and they understand these requirements

### First Aiders must ensure that:

- They familiarise themselves with this information and follow these requirements where it is possible to do so
- They undertake first aid duties applying the principles of safe distancing and infection control as much as is possible
- Where close contact is required they follow the requirements for wearing Personal Protective Equipment, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination (follow the instructional video which can be found [here](#))
- Ensure that the equipment is ready for use as part of their response arrangements

### Safe working arrangements for providing first aid:

- Avoid close contact in the first instance, consider minor injuries where you may be able to instruct a person about what to do or pass them the items that they need and stand at a distance if this is age appropriate to do.
- If you work in a setting where a person may have COVID-19, wherever possible ask the person to move to a location away from others. If there is no physically separate room or the casualty is not able to move to another room ask all other persons not required to assist in first aid provision to leave the vicinity.
- Where a close contact response is needed (for symptomatic and non-symptomatic people)  
The following equipment is required:
  - Disposable gloves and plastic apron
  - Fluid repellent surgical mask
  - Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
  - Resuscitation face shield (if CPR is necessary)
  - Hand sanitiser
  - Two bin bags
  - Disinfectant wipes (to clean down first aid box)

## Location and use of PPE

- PPE should be kept with First Aid kits so that it is readily available when needed quickly. It can be kept in a labelled box or bag.
- First aiders must follow the COVID-19 Personal Protective Equipment Guidance -19 and ensure that they familiarise themselves with the instructions for putting on and removing PPE in readiness for responding to a first aid event.

## Cardiopulmonary resuscitation

- If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE.
- In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen). The following steps are recommended:
  - Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
  - Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
  - If there is a perceived risk of infection, first aiders should place a cloth/towel over the victims mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
  - Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
  - After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.
  - Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

## Removal and disposal of PPE

- Remove PPE when close contact is no longer required by following the sequence for removal that is detailed in PPE guidance, it is critical that you do this in order to avoid self-contamination (do not walk through the premises wearing PPE). You can use hand washing facilities after you have followed the PPE removal sequence or if not in close proximity to where you remove the PPE use hand sanitizer.

- Double bag used items, including any dressings or waste generated from delivering first aid. Follow waste arrangements as specified in the school's Health & Safety Policy.

### **Cleaning**

- If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the school's Health & Safety Policy.
- Please note: additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (such as corridors) but which are not visibly contaminated with body fluids. These areas can be cleaned as normal.

### **Clothing**

- You do not need to change your clothing, unless your clothing has become contaminated or soiled as a result of close contact.
- You should change your clothing when you get home (after close contact, wearing PPE) and wash your clothes:
  - separately from other household linen
  - in a load not more than half the machine capacity
  - at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

### **First aider actions**

- If you have been in close contact with a person and/or have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.
- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE so that it is available for the next first aid event
- Follow normal arrangements for recording first aid and checking and reordering stock.