

# Hoo St Werburgh Primary School and Marlborough Centre



## First Aid Care of Children with medical conditions and Administration of Medicines in School

Date of Original Policy: November 2019

Members of Staff Responsible: Mrs Ellie Quare (SENDCo, Main School)  
Mrs Nicoline Higham (SENDCo, Marlborough Centre)

Review Date: November 2020

Signed \_\_\_\_\_ E Poad Headteacher

Signed \_\_\_\_\_ D Hopkins Chair of Governors

## **Policy Aims**

To provide excellent first aid provision and medical care for pupils and school personnel. To have in place qualified first aid personnel who are aware of hygiene and infection control procedures. To have in place essential first aid equipment. To have in line excellent lines of communication with the emergency services and other external agencies.

## **Roles and responsibilities**

The Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. These Regulations apply to all workplaces including those with less than five employees and to the self-employed.

## **Governing Body**

The governing body:

- has nominated a member of staff to take charge of first aid arrangements
- delegated powers and responsibilities to the Head Teacher to ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR),
- nominated a link governor to visit the school regularly, to liaise with the nominated person and to report back to the GB
- has responsibility for the effective implementation, monitoring and evaluation of this policy

The Headteacher/DSL will:

- ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR),
- ensure that the nominated person (see below) is suitably trained in first aid and administering medicines, has sufficient time to undertake their role and an adequate budget to purchase first aid equipment, ensure all school personnel are aware of first aid arrangements
- ensure the required number of school personnel are trained in first aid arrangements and hold a valid certificate of competence
- conduct with the Health and Safety coordinator annual risk assessments
- monitor and evaluate this policy
- ensure Health Care Plans are completed with parents and all staff are aware

Nominated Person/s- Emma Burrows (Main school) Karen Green (Marlborough Centre)

The nominated person will:

- organise and maintain resources in medical room
- ensure that there are adequate stocks of first aid equipment
- maintain first aid containers at appropriate locations around the school,
- ensure all accidents and injuries are recorded and reported
- inform parents of serious accidents especially head injuries and of any first aid administered,
- keep up to date with new developments and resources
- review and monitor medicines in school and ensure paperwork up to date – asthma lists etc
- work with Pastoral Welfare Office (Main School) and SENDCo (M Centre) to ensure Health Care Plans records (Appendix 1) and alert posters are up to date
- work with School Visits Co-ordinator to ensure Medical details Form for visits and out of school activities are up to date (Main School - Appendix 2)

### School Personnel-first aid who are trained

Mrs Connie Beatson	MAIN – KS1	Paediatric First Aid 07/03/2019
Mrs Marilyn Blanchard	MAIN – KS1	Paediatric First Aid 07/07/2017
Mrs Donna Brady	MAIN – KS1	Emergency First Aid 22/02/2018
Miss Emma Burrows	MAIN - RECEPTION	Paediatric First Aid 03/12/2019
Mr Bradley Collins	MAIN – KS1/KS2	Paediatric First Aid 03/12/2019
Miss Abby Fishlock	MAIN - NURSERY	Paediatric First Aid 03/12/2019
Mrs Leigh Hilton	MAIN – KS2	Emergency First Aid 22/02/2018
Mrs Elizabeth Johnston	MAIN - RECEPTION	First Aid at Work 22/03/2019
Mrs Karen Kara	MAIN/RIT OFFICE	First Aid at Work 07/07/2018
Mrs Jolene Lopes	MAIN - FS	Paediatric First Aid 20/11/2018
Mrs Ann Miller	MAIN – KS1/KS2	Emergency First Aid at work 09/10/2018
Miss Zoe Naylor	MAIN - RECEPTION	Emergency First Aid at work 15/03/2019
Mrs Maria Perry	MAIN - FS	Paediatric First Aid 07/07/2017
Mrs Sharon Potgieter	MAIN – KS1	Paediatric First Aid 20/11/2018
Miss Sarah Studart	MAIN - NURSERY	Paediatric First Aid 08/06/2018

Mrs Chris Titterton	MAIN – KS2	Emergency First Aid 22/02/2018
Mr Craig Young	MAIN – KS1/KS2	First Aid Essentials Level 2 EduCare 19/11/2019

Mrs Katie Briggs	CENTRE	Emergency First Aid 22/02/2018
Ms Valerie Burnage	CENTRE	Emergency First Aid 22/02/2018
Mrs Theresa Burr	CENTRE	Emergency First Aid 22/02/2018
Mrs Karen Green	CENTRE	Paediatric First Aid 23/05/2019
Mrs Deborah Gregson	CENTRE	Emergency First Aid 22/02/2018
Mr John Hall	CENTRE	Paediatric First Aid 20/11/2018
Miss Sharon Hirst-Amos	CENTRE	Schools First Aid 09/10/2018
Ms Nicola Manson (now McHugh)	CENTRE	Emergency First Aid at work 22/02/2018
Mrs Kelly Speller	CENTRE	First Aid Essentials Level 2 EduCare 05/09/19
Mrs Clare Thorogood	CENTRE	Paediatric First Aid 08/02/2018
Miss Debbie Willan	CENTRE	Paediatric First Aid 07/03/2019

The above named persons should

- ensure first aid provision is available for staff, visitors and children during school opening hours
- be available to attend school trips providing first aid cover
- ensure first aid records are kept and accidents and injuries are reported
- assist in organisation of and maintain the medical rooms
- undertake training in first aid, administration of medicines and awareness of medical problems in pupils
- correct storage of medicine in a secure location in the medical room (including refrigeration),
- keeping a record of medicine administered as appropriate
- ensure that the children take their medicine to any out of school activity (this will usually be held by the teacher in charge)

### **School Personnel- non first aid trained - responsibilities**

- be aware of first aid arrangements,
- be aware of pupils with known medical problems
- report any concerns they have on the medical welfare of any pupil
- ensure a qualified first aider is notified of any medical emergencies
- ensure a suitably qualified first aider attends any visits or excursions taking place off site

## **Parents, Carers and Couriers are responsible for**

- alerting school when a health care plan (Appendix 1) may be required – a member of staff will liaise with parents – Diane Haskins ( Main School)/Nicoline Higham (M Centre)
- personally handing all medicines to the office and collecting at the end of the day.
- completing medication forms (one for each type of medicine)
- ensuring that medicine is correctly labelled with the child's name, medicine name, dosage required and frequency of administration, cautionary advice, expiry date, storage information and written instructions
- supplying medicine in the original container and disposing of out of date medication
- informing the school whether any adverse effect may result from failure to receive the medicine or possible side effects of its administration

**Pupils** pupils should report all accidents to an adult immediately

## **First Aid Procedures**

**Breaks/Fractures** : When presented with a suspected break, reassure and make the child as comfortable as possible. Request assistance to make call to parent/carer to discuss action - requesting an ambulance if the parent cannot get to school or waiting for parent to come to school to check child.

When presented with an obvious break, reassure and make child as comfortable as possible. Request assistance to make call to an ambulance and parent/carer so that First Aider can remain with the child at all times. Member of staff to accompany child to hospital, if parent not able to be present.

**Bruising** : Cold pack applied immediately then monitor for swelling and movement. Return to class when recovered.

**Cuts** : Clean wound, check severity. Make decision to either protect with plaster or leave to dry and heal openly, depending on the location of the injury. Check if there is a record of any allergy to plasters for the child. Call parent/carer if it is felt that cut may need hospital treatment.

**Grazes** : Clean wound, check severity. Make decision whether to protect with plaster or gauze pad to prevent further friction from clothing depending on the location of the injury. If injury is extensive call parent/carer.

Hayfever : Letter sent home to request parents/carers to ensure children who suffer, have medication before coming to school. If this has not taken place, and we have no medication in school, parent called. Treat by bathing with cool pads and staying inside to prevent further irritation.

Head Injuries : Enquire about cause whilst checking head for swelling or cuts. Treat with cool pack (not ice pack for heads) for swelling and address the cut if present. Monitor child on sick bench constantly. If any doubt, if there is sleepiness or dizziness, nausea or if an abnormally large swelling appears, call parent/carer to come to school.

If child recovers and assures us they are well, they can return to class. Teacher asked to monitor and report any change or concerns to the office and to report incident to parent at the end of the day, if possible. Always err on the side of caution and delay return until satisfied of full recovery. Courtesy phone call parent/carer if there is significant bump and to explain incident so that they can be further monitored at home.

Headaches : Cool pack provided and time in the quiet environment of the medical area. Return to class when they feel able. If pain persists and child not able to cope in class, call parent/carer to request pain relief to be brought to school. Parent/carer will then take decision to take child home if necessary.

Nose Bleeds : Give instruction to child to help them stem bleeding. When flow has subsided, assist with cleaning. Return to class when bleed stops. If this does not happen or the nosebleeds continue, call to parent/carer.

Sickness/Diarrhoea : Call parent immediately after attending to child. Assist with cleaning and changing of clothes. Instruct parent/carer that child should be kept at home and not brought back into Nursery or school until 48 hours after their symptoms have disappeared.

Sprains/Strains : Elevate limb and apply cool pack. Bandage for support, if needed and rest until child feels recovered enough to return to class. If this is not the case, call parent/carer to advise of incident and discuss collection from school.

## **Recording Accidents and Injuries**

All serious accidents and injuries will be:

- recorded in the Accident Book with all details given
- reported to parents in person, by letter or phone

All accidents involving the loss of life, major injury or preventing the injured person undertaking their normal work for more than three days must be reported to the Health and Safety Executive (HSE)

## **Prescribed medicines**

The school is happy to keep the following medications in school:

1. Medication that is under a Health Care Plan (drawn up between the parents, Pastoral Welfare Office /SENDCo and medical professionals if felt necessary).
2. Emergency medication (e.g. Asthma inhalers, Epipens, Epilepsy medication, creams etc).

If parents require medication to be stored at school, they need to complete a medication form (to be signed off by the parent and a member of SLT).

If parents approach the school for a placement and their child requires emergency medication, consideration will be given to the facilities required and guidance will be sought from the School Nurse / Health Service.

If a child has emergency medication (such as asthma inhalers or Epipens), parents will be asked to provide two (2) supplies and regularly check they are in date and replenished when necessary.

Epipens – two will be needed for school. One to be kept in medical room and one in the classroom.

Asthma Pumps – two are needed for school. One will be kept in the medical room. A member of staff will remind pupils that these are to be taken to outdoor activities/swimming/trips etc. If a pupil is unable to take responsibility due to age, special need then an adult will carry the pump.

In line with other schools' policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

If medicines are prescribed 4 times a day, the school strongly encourages parents or carers to make arrangements to come into school to administer these medicines themselves. Parents and carers will definitely be required to administer the first 24 hour dose of any new prescription, for example antibiotics.

## **School attendance during / after illness**

- Children should not be at school when unwell, other than with a mild cough / cold.
- Children should not be sent to school with earache, toothache or other significant discomfort.
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness.
- Guidelines – (Health Protection Agency Advice September 2015)

## Good hygiene practice

### Handwashing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

### Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

### Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

## Rashes and skin infections

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Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). See: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child



## Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

## Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

## Other Infections

**Please refer to current guidance at**

[www.npt.gov.uk/media/4336/sch\\_guidance\\_on\\_infection\\_control\\_in\\_schools\\_and\\_other\\_childcare\\_settings.pdf](http://www.npt.gov.uk/media/4336/sch_guidance_on_infection_control_in_schools_and_other_childcare_settings.pdf)

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy. Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.