



# Sandridge Primary School

## First Aid and Medication Policy

***Based on Hertfordshire County Council guidance and to be read alongside the school's 'Supporting Children with Medical Conditions' Policy.***

The policy was reviewed and ratified by the Governing Body on 18<sup>th</sup> May 2020.

This policy will be reviewed in full on a three yearly basis.

It is due for review in May 2023.

Signature  
Headteacher

Date: 18<sup>th</sup> May 2020

Signature  
Chair of Governors

Date: 18<sup>th</sup> May 2020

## **INTRODUCTION**

This policy sets the standard for the provision of first aid and the administration of medication to pupils at Sandridge School and is intended to assist in meeting the requirements of current legislation.

The administration of medication in this policy refers to medication for more short term illnesses such as a range of infections, tonsillitis etc and is not to be confused with medication for long-term medical conditions. Please refer to our 'Supporting Children with Medical Conditions' Policy for further information.

Whilst schools do not have a legal duty to administer medication, this policy will assist pupils and their families by promoting attendance and supporting inclusion within school activities.

## **FIRST AID**

### **PROVISION OF FIRST AIDERS**

A first aider is a person who has a valid certificate in first aid. The large majority of staff at Sandridge School complete first aid training and attend refresher training every three years (*please note: only staff who DO have a valid first aid certificate carry out first aid on pupils*).

Training is carried out via First Responders Ltd. If staff new to school miss the annual training then they either wait for the refresher training or attend appropriate, equivalent training and a certificate of evidence is provided.

Sandridge School also has two members of staff who have completed the Paediatric First Aid course: Linda Wright and Liz Ivory. This training is also renewed every three years.

### **FIRST AID EQUIPMENT AND BOXES**

All establishments should have a minimum of one first aid kit, clearly marked, readily accessible and its location known by all staff. Sandridge has a medical room situated near the school office and a medical area situated in the Early Years classroom for use by the EYFS team.

Additional kits are available for outside activities and off-site visits.

Travel first aid kits take the form of shoulder bags and are kept in a locked cupboard in the medical room.

First aid kits contain a sufficient quantity of suitable first aid materials and nothing else. See Appendix A for a list of minimum contents.

First aid does not include the administration of medicines and thus first aid boxes/kits do **NOT** contain drugs of any kind including aspirin, paracetamol, antiseptic creams etc.

First aid kits are located near to hand washing facilities wherever possible.

The school also has an Emergency Defibrillator. This is located outside the reception area to the left of the internal office window.

First aid arrangements must also be in place where used by the community out of 'normal' hours, arrangements must be in place to ensure a first aid kit is available to persons who may require its use.

Where mains tap water is not readily available for eye irritation, sterile water or sterile normal saline (0.0%) in sealed disposable containers should be provided. Each container

should hold at least 300ml and should not be re-used once the sterile seal is broken. At least 900ml should be provided. Eye baths/eye cups/refillable containers should not be used for eye irritation.

All first aid kits are checked regularly and maintained by Fiona Virji, Office Manager. Items should not be used after expiry date shown on packaging. Extra stock is kept in school.

Suitable protective clothing and equipment such as disposable gloves and aprons are provided.

### MEDICAL ROOMS

The Education (School Premises) Regs 1996 require that every school have a suitable room that can be used for medical treatment when required. This area should be equipped with a sink, be reasonably near a WC and need not be used solely for medical purposes.

Sandridge's medical room is next to the school office in the reception area. It has a sink and toilet in addition to a full supply of first aid resources.

### LEGAL CONNOTATIONS OF CARRYING OUT FIRST AID

Staff who administer first aid according to their training in the course of their employment are covered by employer's liability insurance.

### EMERGENCY PROCEDURES AND LIAISON WITH THE AMBULANCE SERVICE

In the case of serious or potentially serious injuries, professional medical assistance will be sought at the earliest possible time so as to avoid the danger of inappropriate diagnosis or treatment.

All staff know how to call the emergency services. Staff will not take children to hospital in their own car; it is safer to call an ambulance.

A senior member of staff will accompany the child to hospital by ambulance and stay until a parent or guardian arrives. Health professionals are responsible for decisions on medical treatment where a child's parent or guardian is unavailable.

### PROVISION OF INFORMATION TO EMPLOYEES

First aid arrangements are part of new staff induction. All staff are aware of these including the location of equipment, facilities and personnel.

There should be at least one notice posted in a conspicuous position within the school, giving the location of first aid equipment and facilities and the name and location of personnel concerned.

New and temporary employees, students and volunteers are told of the location of first aid equipment and personnel as part of their induction on their first day.

### FIRST AID AND BLOOD BORNE VIRUSES

In any situation requiring first aid the 'universal precautions' must and will always be followed to reduce the risk of transmitting blood borne infections such as hepatitis and HIV (the AIDS virus).

This approach assumes that all blood products and bodily fluids are potentially infectious thus the following procedures should and will always be applied:

- always cover any open wounds on your own hands with a waterproof adhesive dressing

- disposable gloves (unpowdered latex or vinyl) to be worn when dealing with bleeding / cleaning up bodily fluids

## HEAD INJURIES

Injuries to the head need to be treated with particular care. Any evidence of the following symptoms may indicate a serious injury and an ambulance called:

- unconsciousness, or lack of full consciousness (e.g difficulty keeping eyes open)
- confusion
- strange or unusual behaviour – such as sudden aggression
- any problems with memory
- persistent headache
- disorientation, double vision, slurred speech or other malfunction of the senses
- nausea and vomiting
- unequal pupil size
- pale yellow fluid or watery blood coming from ears or nose
- bleeding from scalp that cannot quickly be stopped
- loss of balance
- loss of feeling in any part of body
- general weakness
- seizure or fit

Where a pupil receives a head injury their parent/carer will be informed straight away by telephone. The child will be given a 'head bump' sticker to wear on their clothing. A pink head injury letter (with a tear off slip attached) along with a first aid slip will be given to the parent at the end of the school day to be signed and returned to the teacher straight away. The returned slips are then stapled to the relevant log in the first aid log-book. For more minor injuries, a completed first aid slip will be sent home with the child.

## MAINTENANCE OF RECORDS

School ensures the following records are available:

- certification of training for all first aiders and refresher periods
- any specialised instruction received by first aiders / staff e.g Epi-pen training
- first aid cases reported in log books
- administration of medicines recorded in log books

## THOSE WITH SPECIFIC NEEDS

This policy sets out to provide general guidance only. If the school has any pupils with disabilities, long-standing medical conditions or allergies which require special attention, individual and specialist advice will be sought about their treatment in the case of accidents or illness.

In addition some staff carry their own medication such as inhalers for asthma, insulin for managing diabetes etc. These medications are prescribed by a doctor. If an individual needs to take their own prescribed medication, the first aider's role is limited to helping them do so and contacting the emergency services as appropriate.

## ADMINISTRATION OF MEDICATION

### ACCEPTING MEDICATION & AUTHORISATION TO ADMINISTER

As a matter of course, parents/carers should check with the prescriber to identify if the medication can be taken outside of school times e.g usually, medicine that requires three doses per day can be taken before and after school and before bed. Therefore, medication

will only be accepted by the school should a fourth dose per day be required and be essential to the welfare of the pupil during the school day.

Medication should never be issued without written authorisation from the parent/carer. This must contain clear information about the medication including the name of the medication, frequency and dosage, method of application, possible side effects and details of action to take in an emergency.

The school will only accept prescribed medication which has been issued by a doctor, nurse, dentist or pharmacist prescriber. Medication should be in its original packaging / container and include the prescriber's instructions for administration and dosage. We will not accept medication which has been taken out of its original container nor accept any changes to dosage or frequency on parental instruction.

### STORING MEDICATION

Medication received into the care of the school will be retained in a secure area not accessible to pupils. Medicines cannot be brought into school by pupils. A parent/carer has to bring the medicine to the school office and speak with Mrs Virji or Mrs McCallum and complete the necessary paperwork.

Particular attention should be given to instructions for storage, including temperature. Should refrigeration of medication be required, a feasibility and risk assessment will be necessary prior to accepting the item(s).

Only reasonable quantities of medication should be supplied to the school.

### REFUSING MEDICATION

If a pupil refuses to take medication, they cannot be forced to do so by any member of school staff. In all cases, the parent/carer will be notified that their child has refused medication as soon as possible on the same day.

### EMERGENCY PROCEDURE

If a pupil has a reaction to the medication issued, displays signs of side effects or reports feeling unwell the usual procedure will be followed whereby a fully trained first-aider is summoned to assess the situation.

If any doubt exists regarding the immediate health of the pupil, an ambulance will be called and the parent/carer informed.

### DISPOSAL OF MEDICATION

When medication reaches its expiry date, it should be collected by the parent/carer for safe disposal via a pharmacy. School staff are not responsible for disposing of medication.

However, to avoid holding medication which is not required, should a parent/carer fail to collect medication within four weeks of notification school staff will arrange disposal via the local pharmacy.

## **APPENDIX A**

### Minimum provision for a first aid kit

- One guidance card
- Twenty individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment (which must be detectable for the catering industry);
- Two sterile eye pads, with attachment;
- Four individually wrapped triangular bandages
- Six safety pins;
- Six medium sized individually wrapped sterile unmedicated wound dressings (approx. 12 x 12cm);
- Two large sterile individually wrapped unmedicated wound dressings (approx. 18x18 cm); and
- One pair of disposable gloves.

### Minimum provision for a travel first aid kit

- One guidance card
- Six individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment
- Two individually wrapped triangular bandages
- Two safety pins;
- Individually wrapped moist cleaning wipes
- One large sterile individually wrapped unmedicated wound dressings (approx. 18x18 cm); and
- One pair of disposable gloves.

## **APPENDIX B**

### **Refusal of transfusion of blood or blood components**

The below is taken from the Royal College of Surgeons of England Code of Practice for Surgical Management of Jehovahs Witnesses 2002

- The well being of the child is paramount and if, after full parental consultation, blood is refused, the surgeon should make use of the Law to protect the child's interests.
- A 'Specific Issue Order' maybe applied for, to provide legal sanctions for a specific action such as the administration of blood, without removing all parental authority. Advice and assistance in obtaining this action should be sought from a medical social worker (These are available in most European hospitals).
- If a child needs blood in an emergency, despite the surgeon's best efforts to contain haemorrhage, it should be given.
- Children of 16 can give legally valid consent for medical treatment, and children under this age can consent if they understand the issues involved. However, the Courts have proved willing to overrule the refusal of specific procedures by children.
- The High Court is the most appropriate forum to achieve a fair and impartial hearing when conflict arises between religious, medical and ethical opinions.
- The use of blood/blood products in life threatening situations should be based on the judgement of the clinician in charge of the patient.
- Most operations on children do not require or involve blood transfusion. If in the opinion of the surgeon, the child is extremely unlikely to need transfusion as a result of the procedure the usual arrangements should be made to proceed with the operation. The parents should be invited to sign appropriate forms signifying their objection to blood transfusion.
- Recognising that occasionally a transfusion will unexpectedly become necessary, the surgeon may choose to say to the parents "I will not allow your child to die for want of a blood transfusion", unless it is, indeed, his intention to withhold blood under all circumstances. Most parents find this an acceptable way forward.