

Administration of Medicines and First Aid Procedures



Spare Asthma & Auto Injectors:
Page 2 – additional information has been added to Provision for Allergy Treatment as the school now holds spare devices – June 2021

*"We are called to be the hands and face of Jesus
as we learn, love and grow together"*

This school policy has been draw up using advice from Department for Education and Employment, *Guidance on First Aid for Schools (2014)* and Department of Health, and *Managing Medicines in Schools and Early Years Settings (2015)*, as well as Hertfordshire County Councils' Health and Safety Guidance "*First aid arrangements in Educational Establishments*" (March 2016). **These documents had not been updated when checked N 2021**

Additional information added in red June 2021 from [Guidance on the use of adrenaline auto-injectors in schools 2017](#) and [Guidance on the use of emergency salbutamol inhalers in schools 2014](#)

THIS DOCUMENT SHOULD BE READ ALONGSIDE THE RISK ASSESSMENT FOR COVID-19 WHICH OUTLINES ADDITIONAL PROCEDURES IN PLACE TO PROTECT THE COMMUNITY AND WHICH IS UPDATED IN RESPONSE TO CHANGES IN THE PANDEMIC AND ADVICE FROM PUBLIC HEALTH ENGLAND. PLEASE SEE THE APPENDIX

Last reviewed: Spring 2022

Due to be reviewed: Spring 2023

Reviewed by the Safeguarding Committee

Signature:

Chair of Governors

Ratified at Full Governing Body meeting:

Date ratified: 15th March 2022

The First Aid Procedures Policy at St Vincent de Paul Catholic Primary School is in place to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major.

In the event of an accident all members of the school community should be aware of the support available and the procedures on hand to activate this.

First Aid Equipment

Outside each classroom area is a green First Aid Box containing plasters, gloves, one way membrane resuscitation mask and wipes. Resuscitation masks and gloves are displayed in both the Infant and Junior Hall for emergency use.

Each Teaching Assistant should carry a basic first aid pouch containing gloves, wipes and plasters. More comprehensive first aid equipment can be found in the medical room in the Junior building and Infant building. Icepacks and sick bowls can also be found in the two medical rooms. Each medical room has yellow, disposable clinical waste bags, suitable for the safe disposal of clinical waste.

Provision for Allergy Treatment

Auto Injectors (Epipens): Auto Injectors are kept in the dining hall on the left of the hatch area in the cupboard – marked with an Epipen sign. Inside the cupboard are all the Auto injectors, each one in a container with the pupil's name, care plan and picture on the front. Details of the child and next of kin are inside. This tub is replicated in each child's classroom. It is the responsibility of the parents to update these pens when necessary. Training is given to staff by the school nurse at regular intervals. As with Asthma treatments one of these tubs will be taken on any trips involving those particular pupils. A picture of any child needing an Auto Injector will be kept in the 'Essential Class Information File' in each class and on the staff noticeboard; this will inform any member of staff/supply teacher that a pupil in their class may need Epipen treatment.

Asthma: treatments will be kept in the classroom in a place where the child may access them if necessary but must not be available to other children. It is the responsibility of the parents to update these inhalers when necessary. These inhalers will be taken on trips, ideally carried by the child.

The expiry date on all medication is checked regularly by staff, although parents are ultimately responsible.

Spare Asthma pump and Epipen (AAI 0.15mg)

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed an inhaler. This emergency inhaler would be used if the prescribed inhaler is not available e.g. broken / empty and **only with parental permission.**

The school has chosen to hold an emergency Adrenaline auto injector (AAI 0.15mg) e.g. Epipen for emergency use on pupils who have been prescribed one and only

used with parental permission. This emergency AAI would be used where their own device is unavailable or not working.

In the event of a possible severe allergic reaction in a pupil without a prescribed device / parental consent, emergency services (999) would be contacted and advice sought as to whether administration of the emergency AAI is appropriate.

Both devices are kept above the AED machine, on the wall outside the medical room in the School Office area.

AllergyWise

A first aid certificate does not constitute appropriate training in supporting pupils with medical conditions. However, **Regulation 238** of the Human Medicines Regulations 2012 allows for certain prescription only medicines to be administered by **anyone for the purpose of saving life in an emergency**. This includes adrenalin 1:1000 up to 1mg for intramuscular use in anaphylaxis.

ALL staff should be aware of the likelihood of an emergency arising and know what action to take if an emergency does occur. It is important to understand that **any member of staff at any time** might be with a child or adult who is experiencing a severe allergic reaction, and all staff need to be able to act appropriately, not wait for "someone else" to deal with the situation.

(extract from online anaphylaxis training [AllergyWise]) May 2021)

Plus:

Spare Adrenaline Auto Injector (AAIs)

The School's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay

If someone appears to be having a severe allergic reaction (anaphylaxis) you **MUST** call 999 without delay, even if they have already used their own AAI device, or spare AAI

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer

(Department of Health; October 2017)

Children with extraordinary medical needs

These children will have a Health Plan drawn up by the school, parents and relevant health professionals. *Please refer to the school's "Supporting pupils with medical conditions policy".*

A list of all children with any medical needs/allergies is distributed to the relevant classes with a central alphabetical list kept in the Junior and Infant medical room.

First Aid during class time

Minor incidents will be dealt with by the class teacher or teaching assistant and is classified as pastoral care. Examples are minor cuts or grazes, pupils who feel sick, minor bumps, slight bruises. If there is blood or vomit or other residual of the incident to be cleared up, the Site Manager may be asked to assist.

Children needing to be sent home must be sent to the School Office and office staff will contact the parent/carer.

First Aid at lunchtime and playtime

Injuries will be assessed by the staff on duty. Some minor injuries/ailments can be dealt with outside as all Teaching Assistants should have their first aid pouch with them. In the event of serious illness or injury any staff member on the spot will act to prevent further injury to the casualty and to others (including themselves) and to preserve life. If the casualty can be moved then they are brought to the Medical Room, either Infant or Junior building.

If the person cannot be moved then further assistance is called for, either the nearest qualified first aider or a member of the School Office should be called.

Assessment by a first aider is made and appropriate measures taken.

The person on duty may choose to send the injured/ill person to the Medical room.

All pupils who attend the medical room are recorded in the medical book and given a sticker to indicate they have received first aid. If any child has received treatment for a bumped head they must display a 'bumped head' sticker and be given a letter for home **as well as a red wristband with the name, date and time of the injury.**

Staff who deal with the injury should inform the class teacher. Office staff will decide if an incident must be reported to parents. If parents are called to collect a child this must also be recorded in the medical book.

Early Years Foundation Stage

At least one person who has a current paediatric first aid certificate (12 hours) must be on the premises at all times when children are present and must accompany children on outings.

Recording and Reporting

In the event of a major injury a trained first aider must be called. They will assess the situation and the appropriate treatment given. Should the injury require medical assistance (i.e. parent called or hospital treatment/ambulance) a member of the office staff must be contacted immediately to seek authorisation and action to be taken.

IDOR

If a child/adult requires hospital treatment then an IDOR form is filled in and recorded. (Injury or Dangerous Occurrence Report). If the injury is sustained through an accident then this must be investigated by the appropriate member of staff. Forms available from the School Office.

RIDDOR

If a child/adult receives a major injury requiring hospital treatment and more than three days off work/school then a RIDDOR form is filled in by those involved in the incident and the accident treated according to the HSE regulations. (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Forms available from the School Office.

Trips and visits

A basic first aid kit will be taken on all excursions out of school. Where possible children with asthma will take their own inhaler. Auto Injectors where appropriate will be kept with an adult.

Additional guidance for head injuries

Head injuries are potentially serious so it is important that parents know if their child has sustained a significant bump to the head. A form is filled in with details of the incident and if possible the parent/carer is informed by phone. In ALL cases a bumped head letter, red wristband and sticker (worn by the child) is issued to the pupil.

AED MACHINE IS LOCATED ON THE WALL, OUTSIDE THE MEDICAL ROOM IN THE JUNIOR BUILDING. (Another AED machine is currently on order – this will be placed in the Infant Building)

The government's statutory guidance on supporting children with medical conditions advises that educational establishments should purchase a defibrillator (AED) as part of their duty of care to protect pupils with particular healthcare needs. The school have registered the AED with the local emergency services and all staff are aware that we have a machine on our premises. (All staff will be informed of the new AED once it is installed – via the weekly briefing meeting and email)

Administration of Medicine Policy

School staff cannot legally be required to administer medication or supervise a pupil taking it. However, all staff in school have a duty to act as any reasonable prudent parent would, to make sure that pupils in their care are healthy and safe and this might extend to administering medicine or taking action in an emergency.

1. Procedures for managing prescription medicines which need to be taken during the school day.
 - Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The school accept medicines that have been prescribed by a doctor or dentist or a pharmacist prescriber. (**only** if the medicine needs to be taken more than 3 times a day).
 - Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
 - Medicines that need to be taken three times a day can be taken in the morning, after school hours and at bedtime and therefore do not need to be administered whilst the pupil is at school.
2. Controlled Drugs
 - Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
 - Controlled drugs will generally be kept in a locked non-portable container in the Office area and only named staff should have access. A record will be kept for audit and safety purposes. Only one week's supply must be on the premises at any one time.
 - Controlled drugs will be returned to the parent when no longer required.
3. Procedures for managing non-prescription medicines
 - Staff will **not** give non-prescribed medicine to a child. **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**
4. Long-term medical needs
 - The school must have all necessary information about the medical condition of any child with long-term medical needs. *Please refer to the school's "Supporting pupils with medical conditions policy"*

- If a child attends hospital appointments on a regular basis, special arrangements may be necessary and a health plan may be written, involving the school, parents and relevant health professionals.
5. Administering Medicines
 - No child (under 16) should be given medicines without parent's written consent.
 - A written record must be kept each time medicines are given.
 6. Refusing Medicines
 - If a child refuses to take medicine, staff will not force them to do so, but will inform parents on the same day.
 7. Record Keeping
 - Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions, including the child's name.
 - Parents must sign a consent form before leaving medicine, giving dosage and time medicine is to be administered.
 8. Asthma – Inhalers
 - Children with asthma need to have immediate access to their reliever inhalers when they need them, therefore these must be kept in the class room at all times.
 - Parents are responsible for supplying the inhaler which must be clearly marked with their child's name.
 9. Off-Site Activities
 - A named member of staff has responsibility for management of medication. This person must be given all the relevant information in writing by the parent.
 - All children carry their own inhaler for self-administration under supervision.
 - For residential visits, parents are asked to give written permission for the use of mild analgesics if required.
 10. Parents are asked:
 - to administer medicines out of school where possible
 - to offer to administer medication during school day themselves
 - to ensure that medicines are in date and collected after required period is finished
 - to ensure that current and accurate medical information is passed to the office.

APPENDIX – EXTRACT FROM COVID RISK ASSESSMENT

This is updated in response to advice and the changing nature of the pandemic

Wherever possible, pupils are encouraged and supported to address minor injuries, cuts independently under the supervision of a an adult.

Provision of first aid	<p>Staff, Students / pupils / wider contacts</p> <p>Spread of COVID 19</p>	<p>It is accepted that social distancing cannot be maintained during the delivery of first aid, but physical contact should be kept to a minimum e.g. pupils apply cold pack, wipe, plaster where able to do so.</p> <p>Wash hands before / after treatment.</p> <p>Those administering first aid should wear PPE appropriate to the circumstances. Where the injury was significant and thus required close care for an extended period then it would be reasonable to provide PPE. See also 'provision of personal care' and 'Suspected case whilst working on site'.</p> <p>First aiders to be aware of advice on CPR from The Resuscitation Council https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/</p> <p>First aid will continue to be administered when appropriate in the covered outdoor area or at the the top of the stairs in the KS2 hall.</p>	<p>Staff who have been individually risk assessed due to previous shielding will not directly administer any first aid that they feel compromises their safety.</p> <p>Where medications need to be refrigerated they will be kept in</p>
		Any daily medication will be administered from each building in a specified location.	a lock box in the designated fridge in each location.
Provision of personal care	<p>Staff, Students / pupils / wider contacts</p> <p>Spread of COVID 19</p>	<p>Additional PPE in place if required e.g. for intimate care, to be risk assessed and to be based on nature of task and level of contact (e.g. disposable apron, gloves, fluid resistant surgical mask (type IIR) and if there is a risk of splashing to the eyes, coughing, spitting, vomiting then eye protection should be worn.) EYFS/ KS1 intimate care area remains in place.</p> <p>Where a child falls ill with Coronavirus symptoms whilst on site (new continuous cough, high temperature cough or a loss of, or change, in your normal sense of taste or smell.) then school staff supervising the child while they await collection should wear PPE (a fluid resistant surgical mask - type IIR) if a distance of 2m cannot be maintained.</p> <p>If direct care (such as for a very young child or a child with complex needs) is required then staff giving care to wear a fluid resistant surgical mask (type IIR) disposable apron and gloves. PPE trolley stations located in each KS Hall.</p>	<p>Staff previously shielding and individually risk assessed will not be involved in this process</p> <p>Trolleys checked weekly for stock</p>

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