



## Glenthorne Community Primary School.

### Medical Policy

#### First Aid Procedures

Only staff who have a current first aid certificate should administer first aid. There are a number of first aiders in school who are able to administer aid for minor injuries incurred by pupils or adults. An update list of first aiders is available (attached to this policy) in the policy folder in the school office.

There is also a designated first aider who is normally a member of the office staff who will deal with incidents during the day. At lunchtimes, the first aid is covered for that period by the lunchtime supervisors, although advice can be sought from the designated first aider if required.

The main first aid supplies are kept in the sick bay and there is also a kit in the main office and the storage room (off the hall).

There is also a portable first aid box in the sick bay. Three portable "bum bag" first aid kits are available for use on trips etc. and these are kept in the office. The designated first aider will ensure that any supplies used from these areas are replaced. Any queries re supplies please see the office staff.

Disposable gloves and aprons are provided and should be used when dealing with body fluids such as open wounds, vomit, urine etc. There is a spillage kit (mop, bucket etc.) which is situated in the meter cupboard in the main reception area.

Soiled dressings, wipes etc. should be placed in a yellow hazard bag (a supply is kept in the sick bay). The bag should be sealed and placed in the special bin provided which is in the disabled toilet.

Plasters and dressings are available if required. First aiders should always check that the person is not allergic to plasters before using them. If the child is unsure, the medical list should be consulted (there is one in the sick bay and the main office). If in doubt a dressing should be used. Cuts and grazes should be cleaned with plain water or a sterile wipe if water isn't available. **DO NOT USE ANTISEPTIC CREAMS.**

All first aid incidents should be recorded in the first aid book kept in the office. There is a separate book for staff incidents. ALL bumps to the head and face area should be reported to the class teacher and the child given a "bumped head/injury slip" to take home to parents which should include the date and time of the incident. If a child has a serious bang to the head/face area the parents should always be contacted to come into school and take them home if necessary. They should be advised to look out for signs of concussion and to seek medical help if they are unsure. If a parent has been contacted this should also be recorded in the first aid book.

If a child or adult has an incident which requires further medical treatment this should be recorded on An Accident Investigation Form HSF40 by the designated first aider or the Headteacher. This should then be emailed to Strategic Health and Safety Service at [shss@staffordhsire.gov.uk](mailto:shss@staffordhsire.gov.uk).

#### REQUEST FOR AN AMBULANCE

**A MEMBER OF STAFF MUST REMAIN WITH THE CASUALTY AT ALL TIMES.**

**Another member of staff should carry out the following:**

**Dial 999, ask for ambulance service and be ready to give the following information:**

**LOCATION AND PHONE NUMBER:**

**01922 857000**

**Glenthorne Community Primary School  
Glenthorne Drive  
Cheslyn Hay  
Walsall  
WS6 7BZ**

**YOUR NAME**

**NAME, AGE AND DATE OF BIRTH OF THE INJURED PERSON AND A DESCRIPTION OF THE INJURIES AND CONDITION OF THE CASUALTY.**

Pupil's details can be found in the contact files in the school office or on the SIMS system on the computer.

Staffs details are kept in their staff file in the school office.

**State that the crew will be met at the school gates and directed to the casualty.**

The immediately arrange for a member of staff to be sent to the main entrance taking a gate key with them in case the gates to the front or back playground needs to be opened (a spare gate key is kept in the key cupboard in the school office). A member of staff is to remain in the office to answer the barrier phone and raise the barrier. The staff member at the gate will press the buzzer three times in succession to alert the office to open the barrier for the emergency services.

A member of staff should then telephone the parents/carers and calmly advise them of the situation. If the child has already been taken to hospital they should advise them which hospital and that a member of staff accompanied them.

This Policy was agreed by Governors on:

Chair of Govs:	Mrs. D. Martin	Headteacher:	Mrs L. Bridgwood
Date	22.1.15	Date	22.1.15
Policy review date:	22.1.17		



## Glenthorne Community Primary School.

### Medicines Policy

At Glenthorne, we recognise that parents have the prime responsibility for their child's health and that it is their responsibility to provide school with information about their child's medical condition.

**The aim of this policy is to provide:**

- procedures for managing prescription medicines which need to be taken during the school day
- procedures for managing prescription medicines on trips and outings
- a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines
- a clear statement on parental responsibilities in respect of their child's medical needs
- the need for prior written agreement from parents for any medicines to be given to a child
- the circumstances in which children may take non-prescription medicines
- policy on children carrying and taking their medicines themselves
- record keeping
- safe storage of medicines

**At Glenthorne we recognise that there is no legal duty that requires school or staff to administer medicines.**

However, where staff are willing, they should adhere to the following guidelines:-

- Parents should provide prior written information about their child's medical needs, including the medicines their child requires
- Medicines should only be brought 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 should only accept medicines that have been prescribed by a doctor or other medical prescriber. They should have written instructions on the label or container provided by the prescriber which must include: **The child's name, prescribed dose and expiry date**
- **The school should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parental instructions.**
- If in any doubt about procedure staff should not administer the medicines but check with the parents.
- Staff must complete and sign a record each time they give medicine to a child. Good records help to demonstrate that staff have exercised a duty of care.
- All adults should be aware of issues of privacy and dignity for children whilst administering their medication or supervising a child taking it themselves

**Helpful advice for parents about prescribed medicine**

- It is the responsibility of parents to ensure that children who need to use inhalers have one in school at all times
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school and before bedtime therefore it is not essential they are taken within in the 'school day'.

The Medicine Standard of the national service framework (NSF) for children recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so they can be taken outside school hours
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for school use.

### **Educational Visits**

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Some reasonable adjustments may have to be made which might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that a parent, an additional supervisor or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken in consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedure. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Travel sickness medication is administered in the same way as any other medication- parents should fill in a form, medication should be in the original packaging and the adult administering should make a record and another adult should witness the administration

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should speak to the headteacher and then consult with the parents if needed.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. Some children may need to take precautionary measures before or during exercise, and may need immediate access to their medicines such as asthma inhalers. Parents should ensure that their child has an inhaler with them. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures

### **Short Term Medical Needs**

Many children may need to take medicines during the day at some point during their time in school. This will usually be for a short period only, to finish a course of antibiotics or apply a lotion. To

allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

### **Long Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long term needs. If a child's medical needs are inadequately supported this may have a significant impact on the child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatment or through physiological effects that serious or chronic illness or disability may have on a child and their family.

The school needs to know about any particular needs before the child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals which could include:

- Details of a child's condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Any side effects of medicines
- What constitutes an emergency
- What action to take in an emergency and what not to do in the event of an emergency
- Who to contact in an emergency
- The role staff can play

### **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines. If children can take their medicines themselves, staff may only need to supervise.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. If a child refuses to take medicine, staff should not force them to do so, but should contact a parent immediately.

### **Safety Management**

All medicines may be harmful to anyone for whom they are not intended. If school agrees to administer any medicines they must ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances to Health Regulations 2002 (COSHH).

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

It is permissible for a school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. The controlled drug should be kept in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

As with all medicines, the controlled drug should be returned to the parent when it is no longer required for them to arrange safe disposal. If this is not possible, it should be returned to

the dispensing chemist (details should be on the label). Misuse of a controlled drug, such as passing it to another child for use, is an offence.

### **Storing Medicines and Disposal of Medicines**

Large volumes of medicine should not be stored. Only medicine that has been prescribed for an individual child should be stored. These should be stored in the original container in which it was dispensed and in accordance with product instructions (paying particular note to temperature). Medicines should be in the original container in which they were dispensed. The container should be clearly labelled with the name of the child, the name and dose of the medicine and instructions for the frequency of administration. Children should know where their medicine is stored and who holds the key. If a medicine needs to be refrigerated it can be kept in a food fridge (staff room) in an airtight container clearly labelled.

All emergency medicines, such as inhalers and adrenaline pens, should be readily available to children and should not be locked away. Staff should be aware of where these medicines are kept. Epi-pens are kept in the sick bay, inhalers are kept in classroom medical boxes (in Key Stage 1 and EYFS) or in childrens bags (Key Stage 2). It is important to make sure that medicines are only accessible to those for whom that are prescribed. Specific and individual needs will be reviewed as needs arise and alter to ensure appropriate care is in place. Parents are responsible for ensuring they provide school with medicines that are within their expiry date.

Staff should not dispose of medicines. Parents are responsible for the safe disposal of medicines. Any unwanted medicines should be returned to the parent as soon as possible. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Parents should supply one to school. The parent will normally collect and replace the box when it requires emptying. If this does not happen school should contact the local Authority's environmental services. The sharps disposal box is in the medical room.

### **Hygiene and Infection Control**

All staff should be familiar with the normal precautions for avoiding infection and follow basic hygiene procedures. There are disposable gloves and aprons available in the sick bay. They should take care when dealing with spillages of blood or other bodily fluids and should dispose of dressings or equipment into a yellow waste bag and put the bag in the appropriate waste bin (in the disabled toilet).

All staff should be aware of who is responsible for carrying out emergency procedures if needed. The office staff are normally responsible for calling emergency services but any responsible adult can do so. A member of staff should always accompany a child taken to hospital and stay with them until the parent arrives. Health professionals are responsible for any decisions on medical treatment when the parents are not available. Staff should never take a child to hospital in their own car an ambulance should always be called.

Individual health care plans should include instructions on how to manage a child in an emergency.

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