



# Crockerton Church of England Primary School

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## VISION STATEMENT

*Together we learn and grow, beyond expectations, guided by our faith and values.*

**Be joyful. Grow to maturity. Encourage each other. Live in peace and harmony.**

2 Corinthians 13:11

## First Aid & Administration of Medicines Policy

*This is a single policy which has been written on behalf of the Governing Body for Crockerton Church of England VA Primary School.*

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<b>Reviewed</b>	<b>September 2020</b>
<b>Author</b>	<b>Headteacher</b>
<b>Next Review</b>	<b>September 2022</b>

*We are committed to safeguarding and promoting the welfare of children and young people*

## **RATIONALE**

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines to dealing with asthma, epi-pens and long term medication.

## **PURPOSE**

This policy

- Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
- Clearly defines the responsibilities and the staff
- Enables staff to see where their responsibilities lie and end
- Ensures the safe use and storage of medicines in the school
- Ensures the safe administration of medicines in the school
- Ensures good first aid cover is available both in school and on external visits

## **GUIDELINES**

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them. New staff to the school will be given a copy of this policy when they are appointed. To be read with 'Asthma', 'Pupil Illness', Supporting Pupils with Medical Conditions' Policies.

## **CONCLUSION**

The storage, organisation and administration of first aid and medicines provision is taken very seriously at Crockerton CE Primary School. We regularly review and check on the safety and systems that are in place in this policy and where appropriate update procedures. Our school takes part in the annual Health and Safety audit checks by Wiltshire LA. The school also discusses its first aid and medicines provision/procedures with the school nurse each year and where necessary any adjustments needed are acted on.

## **FIRST AID POLICY GUIDELINES**

### **First Aid in School:**

#### **Training**

The school has at least two First Aid at Work trained members of staff who have undergone 1 day First Aid training and lead on First Aid provision.

A minimum of two members of staff hold Paediatric Emergency First Aid certificates, following two day training. All staff (including support staff) are offered Emergency First Aid training (one day) on a rolling programme and there are staff trained across each Key Stage.

However it is important to note the following:

- There is no legal requirement for staff to hold First Aid Certificates, and therefore should a child require help the principle of acting "in loco parentis" applies.
- To comply with the OFSTED requirements for First Aid Training in an Early Years setting, EYFS Foundation Stage teaching staff have attended a 2 day Paediatric First Aid course and hold a current Paediatric First Aid Certificate.
- Both First Aid at Work and Emergency First Aid at Work certificates are valid for three years from issue. Prior to the certificate's expiry date, staff will need to undertake a Refresher First Aid at Work (2 day) course or another Emergency First Aid at Work (1 day) course to obtain a new certificate.

## **FIRST AID KITS**

- First Aid Kits are located in KS2 mobile and staff room/PPA room.

## **ADMINISTERING FIRST AID**

This will take place usually on the 'Brown Sofa' in the library or another appropriate place when appropriate.

## **CUTS**

- The nearest adult deals with small cuts. Some cuts should generally be left uncovered to heal after they have been treated with water/antiseptic wipes where appropriate
- Where appropriate (for an open cut) a plaster can be applied, once checks have been made to ensure children are not allergic to them. Kitchen cupboards in staffroom. Children over seven years of age should always be asked if they can wear plasters BEFORE one is applied.
- Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

## **HEAD BUMPS**

Any bump to the head, no matter how minor should be treated as potentially serious. All bumped heads should be treated with an ice pack unless there is bleeding and parents may be contacted, by telephone and following discussion they may:

- be happy with their child being closely monitored in school
- want to come and check their child in school for themselves
- be asked to come and collect their child from school

If a child remains in school following a bump on the head, the child's teacher should always be informed so they can keep a close eye on their behaviour. ALL bumped head incidents should be recorded in the accident file, parents contacted when necessary and a letter sent home along with a head injury sticker. At the end of lunchtime, MDSA's (at handover) are responsible for ensuring class teachers are informed of any bumps/accidents/injuries.

## **ACCIDENT BOOK**

The Accident Book is located in the Staff Room.

For major accidents, a further county form must be completed within 24 hours of the accident. These forms are located in the staff office. These forms need to be signed by the Headteacher, a copy taken and placed in the child's section and the original copy forwarded to county. An online report is submitted to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). **CALLING THE EMERGENCY SERVICES**

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision. If a member of staff is asked to call the emergency services, they must:

- State what has happened
- The child's name
- The age of the child
- Whether the casualty is breathing and/or unconscious
- The location of the school

In the event of the emergency services being called, a member of the admin staff OR another member of staff should wait by the school gate and guide the emergency vehicle into the school. If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

## **PRESCRIBED MEDICINES IN SCHOOL**

What can be administered?

Process for the Administration of Medicines in School – short term medical needs

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health if the medicine were not taken during the school day).

The school will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that need to be administered in excess of three times per day.
- Medicines in their original container
- Containers with labelling identifying the child by name and with original instructions for administration. The parents / guardians must complete Appendix A and bring into school with the required medicine.

(For use of inhalers see Asthma Policy.)

The school will not accept or administer:

- Medicines that are to be administered three times per day (unless the child is attending after school club and will not return home immediately after school 3:15pm., or attending a residential visit)
- Piriton – unless as part of a plan e.g. Epipen
- Paracetamol e.g. Calpol unless arranged previously with head teacher

On accepting medication, the parent must sign a form (Appendix A) disclosing all details and giving permission for the medication to be self-administered by the child or a staff member in the case of educational visits.

The medicine must be kept in the school office locked cupboard or stored in the fridge in the staffroom if required and only accessed by staff, or with the permission of the Headteacher.

When supervising the ration, the named adult must complete a record (Appendix B) showing the date and time and details/dosage of the medication.

Under no circumstances should a parent send a child with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves.

## **STAFF MEDICINES**

All staff medicines must be kept out of the reach of children; either in the staff office or the staff fridge, dependent upon storage instructions.

## **DISPOSAL OF MEDICINES**

It is the responsibility of the parents to collect unused medicines from the school and dispose of them accordingly.

## **SCHOOL TRIPS/RESIDENTIAL VISITS**

In the case of a residential visit, the staff first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of day visits, we will seek permission from the pupils' parent/guardian to administer first-aid wherever necessary.

## **ASTHMA/MEDICAL CONDITIONS**

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their medical needs is collated by the office and made known to the relevant staff. New photographs and signs are made of children with severe medical problems such as asthma. These photographs and signs are located in the Staff Room. It is the parents' responsibility to make the school aware of any conditions by completing the appropriate form and sending it to the school office. Appendix 1 for Asthma.

### **EPIPENS and Anaphylaxis shock training**

When children require epi-pens to treat the symptoms of anaphylaxis shock. One epi-pen is kept in the child's class and the other in the staffroom. Staff receive regular training on the use of epi-pens. The training takes place on an annual basis. In school two epi-pens are required per child considered at risk.

## **INHALERS**

Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key stage 1 children will keep their inhalers in the PPA Room. When children take part in an offsite activity they must have a suitably charged inhaler with them before they go on that activity. It is the responsibility of the parent/carer to regularly check the condition of inhalers and ensure that they are in working order and have not run out or will not run out on an offsite activity.

### **OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.**

In the event of a child having an asthma attack, who has no inhaler, the parent will be contacted immediately and a spare school inhaler used.

## **HEAD LICE**

If we suspect a child has head lice we will inform parents/carers and ask them to examine and treat them where appropriate. When we are informed of a case/cases of head lice in school, we notify parents/carers of the class where the immediate case has been identified and parents across the school by email/through newsletters. In extreme cases, we will ask the parent to collect their child, so that the head lice can be treated before a return to school.

## **VOMITING and DIARRHOEA**

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

## **CHICKENPOX and other RASHES**

If a child is suspected of having chicken pox etc., we will look at their arms or legs and contact parents if we have concerns. If your child has any of these infections they will need to stay off school for a prescribed period of time. The Headteacher/school office will advise timescales.

## Appendix 1 – KS1



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## **CONSENT FORM KS1**

Child's name: .....

Class: .....

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

1. My child has a working, in-date inhaler, clearly labelled with their name; this inhaler should be kept in school, in the medical room. (ideally one kept at home, one kept in school)
2. In the event of my child's inhaler being empty, not working or not in school, I consent for my child to receive salbutamol from an inhaler held by the school. This procedure would only be put into practice in the case of an emergency.

Signed: .....

Date: .....

Name (print).....

Parent's contact details:

Telephone: .....

Please provide instructions that will help administer the inhaler: e.g. number of puffs, face mask etc.

Update: Needed every 2 years from signature date.

**Appendix 1 – KS2**

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**CONSENT FORM KS2**

Child's name: .....

Class: .....

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

3. My child has a working, in-date inhaler, clearly labelled with their name; this inhaler should be kept with the child. (stored in the classroom, ideally with another kept at home)
4. In the event of my child's inhaler being empty, not working or not in school, I consent for my child to receive salbutamol from an inhaler held by the school. This procedure would only be put into practice in the case of an emergency.

Signed: .....

Date: .....

Name (print).....

Parent's contact details:

Telephone: .....

Please provide instructions that will help administer the inhaler: e.g. number of puffs.

Update: Needed every 2 years from signature date.



**Appendix A**



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**Administration of Medicines**

Child's name: .....

Class: .....

Parent's name: .....

Medicine:

Dosage:

Time to be administered:

Signature: .....

Date:

