



# **THE BISHOPSWOOD SCHOOLS FEDERATION**

## **FIRST AID & ADMINISTRATION OF MEDICINES POLICY**

### **First Aid Policy statement**

The Bishopswood Schools Federation will undertake to ensure compliance of the relevant legislation set out in the *Health Guidance for Schools* document. This is in regard to the provision and procedures for supporting children, employees and others who may need first aid treatment whilst on the school premises.

Responsibility for first aid at The Bishopswood School Federation is held by the Executive Headteacher, who is the responsible manager. Day to day responsibility is delegated to the school's School Business Managers.

All staff have a duty of care and a statutory obligation to follow and co-operate with the requirements of this policy.

It is our policy to ensure that all medical information will be treated confidentially by all staff.

### **Aims and Objectives**

Our First Aid School Policy requirements will be achieved by:

- Ensuring that a First Aid Needs Assessment (form CSAF-002) is completed and that it is reviewed annually by the Health and Safety Manager or following any significant changes that may affect the first aid provision.
- Ensuring all children receive appropriate and sensitive care when injured or ill.
- Clearly setting out and communicating procedures for meeting the medical needs of the children in school.
- Setting clear guidelines for practice which ensure minimum risk to all persons operating within the school environment.
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of first aid.
- Ensuring that there are a sufficient number of trained first aiders on duty.
- Ensuring the above provisions are clear and shared with all who may require them.
- Ensuring the policy is reviewed annually or following any significant change which may affect the management of medicines.

### **Managing First Aid whilst on Educational Visits:-**

- A qualified first aider will accompany the trip and will be responsible for all first aid needs throughout the day.
- Classroom teacher/LSA to liaise with appointed person and check whether there are any prescription medicines for the children who are going on the trip.
- Portable first aid kits are available to be taken on school trips and these are located in the medical room.
- Parents of children who require the use of an Epipen will need to be spoken to by the class teacher before the event and asked to supply their child with an Epipen from home.

- On return to school the first aider must inform the School Business Manager any medical items used out of the portable first aid kit, so they can be replenished appropriately.
- Any appropriate paperwork must be completed on return to school.

### **Managing First Aid at Lunchtime:-**

#### **Infants**

- The Supervisory Lunchtime Supervisor is in charge of organising the first aid provision over the lunchtime period.
- We aim to have at least two qualified first aiders on duty over lunchtime.
- A portable ice box has been provided which includes all relevant first aid provisions, plus ice packs to treat minor injuries.
- There are portable waists attachable first aid kits to be worn where necessary.
- Supervisory Lunchtime Supervisor is responsible to make sure the portable kit/s is restocked daily in line with what is on the contents card.
- After lunch the Supervisory Lunchtime Supervisor is to present both the Minor Accident Book and the Pupil Accident Book to office staff for checking.
- Office staff to check on any accidents that they feel may need further treatment or investigation over the course of the afternoon.
- If office staff are concerned over any injury they will notify the Executive Headteacher or their representative for a second opinion.

#### **Juniors**

- The Supervisory Lunchtime Supervisor is in charge of first aid provision over the lunchtime period.
- We aim to have all lunchtime staff first aid qualified and there is a lunchtime rota for duty over the lunchtime.
- Icepacks are located in the freezer in the staff room.
- First Aid is administered in the medical room.
- All accidents/injuries are written in the accident book in the medical room.
- If any Lunchtime staff have a concern they should see the Business Manager who will then decide if further treatment or investigation is needed.

A list of trained First Aiders is located on the notice board in the Medical Room and School Office. A copy of certificates/training undertaken is held in the school office in the individuals file.

First Aid training will form part of the training plan and refresher training will be scheduled at appropriate intervals. First aid training is only valid for a period of three years from the last training course date – the expiry date on the certificate reflects the validity of the training.

Re-qualification is required to be completed through repeat attendance at the one day HSE approved Emergency First Aid at Work training course. This course must be carried out prior to the certificate expiry date if the emergency first aider is to be able to continually administer first aid treatment.

## **Paediatric First Aid Trained Staff (Infants Only)**

The Early Years Foundation Stage statutory (and Ofsted) requirement is that we provide at least one paediatric first aid trained staff member where children who are five years old or younger (including Year R children in schools) are on site. We will ensure that **one person who has a current paediatric first aid certificate must be on the premises at all times when children are present. There must be at least one person on outings who has a current paediatric first aid certificate.**

The EYFS unit have a portable lockable First Aid Kit located in each classroom. This kit is to treat minor injuries. This kit includes a Minor First Aid Incident Book, to record minor injuries only. Any child with a major injury will need to be brought to the school office for assessment and the injury recorded in the Pupil Accident Book located in the Medical Room.

## **Contacting Emergency Services**

When a medical condition causes the child to become ill /or in the event of a serious injury, an ambulance will be summoned immediately.

In all circumstances the Headteacher is to be informed that an ambulance has been called.

The first aider/appointed person are to always call an ambulance on the following occasions:-

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a child having an allergic reaction and/or needing an EpiPen
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where one is suspected
- Whenever the first aider is unsure of the severity of the injuries

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- Is considered to be a serious (or more than minor) injury
- Requires attendance at hospital

In the event that a child requires hospital treatment and the parent is not contactable prior to attendance, the qualified appointed person, first aider or another member of staff will accompany the child to the hospital and remain with them until the parents can be contacted and arrive (as required).

## **First Aid Kit**

It is the responsibility of the designated persons (SBM) to check the contents of the medical room and portable first aid kits each half term. Children's Services Assessment Form CSAF-003 will be used as a check list and signed when this check has been completed.

**No creams, lotions, potions or medicines are to be kept in any first aid box or kit.**

## **Sun Cream Procedures**

At The Bishopswood Schools Federation we recognise the importance of keeping children safe in sunny weather and encourage parents to administer sun cream to their child before school. We also offer the option for children to bring into school a named sun tan cream/lotion, which will be kept safe by the class teacher until it is needed, either at playtime, lunchtime or both. The sun cream will be for the named child only and on no account will the children be able to share. We also request that children bring a sunhat into school.

## **Administration of Medicines**

### **Policy Statement**

At The Bishopswood School Federation we ensure compliance with the relevant legislation and guidance in *Health Guidance for Schools* with regard to procedures for supporting children with medical requirements, including managing medicines.

Responsibility for all administration of medicines is held by The Executive Headteacher or their representative who is the responsible manager.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the *Health Guidance for Schools* document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Ultimately parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition.

Parents should keep their child(ren) at home when they are actually unwell, and a child who has been physically sick or had diarrhoea should be kept at home for at least forty eight hours.

### **Aims and Objectives**

Our administration of medicine requirements will be achieved by, establishing principles for safe practice in the management and administration of:-

- Prescribed medicines
- Emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines.
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with the relevant staff.
- Ensuring the policy is reviewed Bi-annually or following any significant change which may affect the management or administration of medicines.

### **Administration Procedures**

The administration of medicines is the overall responsibility of the parents. The Executive Headteacher or their representative is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents.

### **Prescribed medicines**

It is our policy to manage prescribed medicines (e.g. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents.

### **Emergency medicine**

It is our policy (where appropriate) to manage the administration of emergency medicines such as:-

- Injections of adrenaline for acute allergic reactions

In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted. When deciding upon the administration of medicine needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required.

Individual health care plans will be completed by the school nurse for children where required and reviewed periodically in discussion with the parents and/or competent source to ensure their continuous suitability.

For any child receiving medicines, a 'record of prescribed medicines' sheet will be completed each time the medicine is administered and this will be kept on file.

### **Managing prescription medicines**

Only medicines prescribed by a medical practitioner, in the original container, specifying the prescriber's instructions/dosage, and dispensed by a pharmacist, will be accepted.

Parents or an appropriate adult are requested to deliver and collect the medicine from the school office and will be required to complete an agreement for staff to administer the medicine on their behalf.

**NB:** It should be recommended to parents that medicines which need to be taken three times a day could be taken in the morning before school, in the afternoon after school and at bedtime. Or if a parent prefers, they may come into school at lunchtime to administer the medication themselves.

Records of all medicines administered are either kept in the office or medical room. Individual health care plans will be completed by the school nurse for children where required and reviewed periodically in discussion with the parents and/or competent source to ensure their continuous suitability.

Daily short term medical consent forms are kept in the school office. Long term medicine consent forms i.e. inhalers are kept in the medical room.

### **Managing Prescription Medicines whilst on Educational Visits**

We endeavour to make sure that a qualified first aider attends all off site educational visits. It will be their responsibility to administer any prescribed medicines, which may need to be administered during the visit. Full instructions will be given to the First Aider.

A record of all medicines administered during a visit will be noted and the first aider will notify the relevant school office on their return to school.

### **Roles and Responsibilities**

Any member of staff who agrees to accept responsibility for administering prescribed medicines will be given appropriate training and guidance. Staff will only administer prescribed medicines at the request of the parent, providing the parent has followed the guidelines above and has signed the agreement for staff to administer the medicine on their behalf.

Staff will not administer a non-prescribed medicine to a child.

If a child refuses medication this should be noted on the form and parents advised accordingly.

No child will be forced to take medication as this is not the responsibility of the school.

We will review the records and consent forms of all children with medication in school including inhalers and this will take place half termly to ensure that the medication is still in date.

Information will be cascaded to staff i.e. Midday Senior Supervisor and Supervisory Assistants.

Out of date medicine and inhalers will be returned to the parent. It is the parent's responsibility to renew the medicine and fill out a new consent form.

At the end of Key Stage 1 all medication is returned to parents.

### **Safe Storage of Medicines/Hygiene Control**

It is the responsibility of all staff to ensure that the received medicine is prescribed by a Doctor, in the correct container and is clearly labelled with the appropriate child's name, dose and the frequency of administration.

It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

Medication which requires refrigeration is kept in a designated fridge in the staff room, where access for children is prohibited. Other medication inhalers and epipens are kept in the first aid cupboard located in the Medical Room.

Staff will be made aware of the normal procedure for avoiding infection control and basic hygiene routines.

### **Contacting Emergency Services**

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

### **Training**

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted.

Children with severe allergic reactions will be identified upon admission and the Executive Headteacher and School Nurse will meet with the parents to undertake a medical action plan. The School Nurse is to carry out annual training with all staff.

A copy of certificates/training undertaken is held in the school office. Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

### **Children with head lice**

The Bishopswood Schools Federation complies with the Health Guidance for Schools (Hampshire County Council). If it is established that a child has live head lice and the child appears to be distressed or uncomfortable, the parents will be informed and asked whether he/she would prefer to have their child at home for the remainder of the day to treat them. An authorised absence (Medical) would be recorded in this instance.

## **Disposal**

It is not the responsibility of the Schools to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.

## **Emergency Procedures**

All pupil records with a list of contacts are maintained on Sims.net, with a paper copy located in the Admin Office.

**Policy Reviewed** – September 2020

**Next Review** – July 2022



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## APPENDIX

The Trained First Aiders are:-

**Appointed Persons:** - Mrs Carol Lees & Mrs Denise Morgan

**First Aid at Work [3 days]:-**

<u>Infants</u>	<u>Juniors</u>
	Denise Morgan Ends Oct 2021

**St John's School's First Aid [1 day]:-**

<u>Infants</u>	<u>Juniors</u>
Mrs Carol Bann Mrs Lisa Berglin Mrs Clare Renfrew Mrs Sandra Phillips Miss Louise Chapman Miss Shannon Rawlings	Mrs Vicky Elliott Mrs Gail Bromley Mrs Sandra Phillips Mrs Caroline Dougall Mrs Helen Perry Mrs Emma Langridge Mrs Lauren London Mrs Rosa Primmer Mrs Jan Deacon Mrs Shannon Hunter

**Early Years/Paediatric First aid trained [2 days]:-**

Miss Katherine Russell  
 Miss Charlotte Warner  
 Mrs Rose Osborne

**Anaphylaxis/Epipen & Asthma Training:-**

Mrs Carol Lees  
 Miss Louise Chapman  
 Mrs Sandra Phillips

**Level 3 Award – Emergency First Aid at Work:-** Miss Melissa Lees

**Basic First Aid [half day]:-** Mrs Debbie Fenner

**Managing Medicine in School:-** Mrs Carol Lees

**QNUK Level 3 award Forest School First Aid and QNUK Level 3 Award in Paediatric First Aid:-** Miss Katherine Russell

**Supporting Pupils with Epilepsy in School:-** Mrs Carol Lees

## **APPENDIX 1**

**Excerpt from Staff Handbook (September 2020) regarding first aid and COVID-19.**

### **Illness & First Aid**

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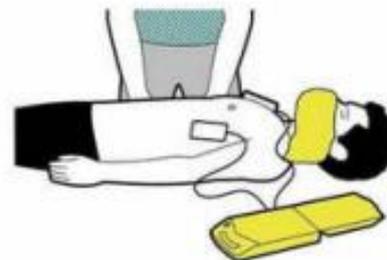
- Now we are returning to a more normal curriculum and learning times, first aid will be resumed by the office staff during lesson times. The Infant medical room will remain in the Acorns Room and the Junior medical room is moving to the HTs office as it is ventilated.
- If the first aid requires close contact with a child, PPE (gloves, apron, face mask and visor if appropriate) is to be worn by the adult.
- As always all first aid needs to be recorded and parents informed. We will not be sending bump/injury notes home; first aid completed in bubbles during break or lunchtime needs to be recorded at the time and then passed onto the office staff at the end of lunch. The office will then inform parents by parent text rather than staff having conversations at collection.
- All first aiders have been supplied with additional information regarding transmission whilst performing CPR. This is also available in the medical rooms.
- If a child is too ill to stay in school and needs to go home then a member of the office staff needs to be informed and the pupil will be taken to the medical rooms to await collection.
- At breaktimes and lunchtimes, first aid should be administered in the classroom/zone in which the child is in as far as possible, by the LSA/lunchtime supervisor in their bubble. Minor injuries/accidents should be treated on the spot.
- If as a lunchtime supervisor, you are not a qualified first aider please ask a qualified first aider from another bubble to come in to support you. PPE (gloves, apron, face mask and visor if appropriate) must be worn by the adult moving between the bubbles.
- If someone need to accompany a child inside for more serious first aid treatment then another lunchtime supervisor should supervise your year group until you return.

Children who are showing symptoms of Covid-19 should not be sent inside to the offices but to the medical room and office staff informed. If assessing a child with symptoms of Covid-19, PPE (gloves, apron, face mask and visor if appropriate) should be worn at all times and social distancing should be maintained where at all possible.

## ADVICE FOR ADULT CPR ONLY

### How to do CPR on an adult COVID-19 update

1. If someone is unconscious and not breathing normally, do not put your face near to theirs
2. Call for an ambulance
3. Use a towel or piece of clothing and lay it over the mouth and nose
4. **Do not do mouth to mouth**
5. Start chest compressions to the tempo of "Staying Alive"
6. Use a Public Access Defibrillator if available.



Source: Resuscitation Council UK

Find out how St John are supporting the NHS with the COVID-19 outbreak at [sja.org.uk/COVID-19](https://sja.org.uk/COVID-19)

St John  
Ambulance



Resuscitation  
Council UK

**MOUTH RESUS SHIELDS** are available in both medical rooms (Acorns & 4BP) and in each bubble to act as a barrier for adults or children as per above guidance.

Resuscitation Council UK Guidelines 2015 state "If you are untrained or unable to do rescue breaths, give chest compression-only CPR (i.e. continuous compressions at a rate of at least 100–120 min<sup>-1</sup>)".

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. **Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.** If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- **If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.**
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- **If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.**
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

### **Paediatric advice**

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

<https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/>