



First Aid Procedures and Managing Medicines

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Administering medicines in school

The table below contains advice that can be referred to by qualified First Aid staff when administering medicines to students in school. It is based on the Department for Education's statutory guidance on supporting students at school with medical conditions.

DO	DO NOT
<ul style="list-style-type: none"> ✓ Remember that any member of school staff may be asked to provide support to students with medical conditions, but they are not obliged to do so ✓ Check the maximum dosage and when the previous dosage was taken before administering medicine ✓ Keep a record of all medicines administered to individual children. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it ✓ Inform parents if their child has received medicine or been unwell at school <ul style="list-style-type: none"> ✓ Store medicine safely ✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately 	<ul style="list-style-type: none"> ☒ Give prescription medicines or undertake healthcare procedures without appropriate training <ul style="list-style-type: none"> ☒ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions ☒ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances ☒ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor ☒ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers ☒ Force a child to take his or her medicine. If the child refuses to take it, follow the procedures in the individual healthcare plan and inform his or her parents.

Marshfields School First Aid Procedures

1. First Aid is provided throughout the school day on a rotation basis and the Medical Room is manned daily during break and lunch times. If a First Aider is absent cover/duty swaps will be organised.
2. All First Aiders are aware of the current Administrating of Medication, Sex and Relationship, Safeguarding Children, Child Protection and Health and Safety Policies.
3. All First Aiders and the office have a Medical room door and key-safe keys. Keys to medical cabinets, lockers, refrigerator etc are stored in the key safe. All of these need to remain locked throughout the day when students are present. When unlocked a member of staff needs to remain in the Medical Room.
4. No student is to be left alone in the medical room.
5. Any child requiring prescribed medication during normal school hours on a long or short-term basis must have written parental/carer consent on the appropriate Medication Consent Form. This must be signed and dated by the parent/carer and state the medication name(s), dosage and time(s) to be given (this includes any medical procedures eg blood glucose testing)

Checklist

- All medication must be provided in the original packaging with the prescription label intact and given in accordance to the instructions on the label
 - Medication will only be given to the child for whom it is prescribed
 - It will only be administered from the original packaging according to the instructions on the pharmacy label.
 - Any medication (or procedure) administered in school is recorded in a Medication register stating the time it was given/completed.
 - Medication is checked to make sure it has been prescribed for the person to whom it is being administered, that it is in date and that the correct amount of medication is given.
 - If a child refuses to take their medication, this will also be recorded on their individual medication register.
 - A second member of staff will witness the administration of medication and co-sign the medication register.
 - Any child requiring emergency medication the IHCP will be followed, this medication is stored in the school office
 - Any child requiring emergency medication who goes on the school will have their medication removed from the school office by an accompanying first aid trained adult who will be responsible for the first aid on the school trip. The emergency medication will be removed by the first aider at the end of the trip
1. Any child requiring non prescribed medication must have written parental/carer consent on an appropriate Medication Consent form. Non-prescribed medication will be administered at the Headteacher's discretion.
 2. The office holds a register of medication for recording any medication that comes into school and by whom. All medication brought in to school should also be recorded on the individual's

- medication register. Medicines stored in school are checked every 4 weeks by the Assistant Headteacher and Students Support Team, and any out of date medicines are disposed of safely.
3. All medication will be stored in a secure non-portable container (locker cabinet/cupboard/refrigerator etc)
 4. Parents should collect medication that has expired/is out of date or that is no longer needed in school. If this is not possible the Lead First Aider will take it to the local pharmacy for safe disposal. All collected/disposed of medication will be recorded on the individual's medication register. Medication should **never** be given to a child to bring to school or take home.
 5. Any medication given to students during off-site visits will require an appropriate medication consent form signed by parents/carers which states the medication name, dosage and time(s) to be given
 6. If the visit is only for one day, the medication (in its original packaging) and the individual's medical register will be taken, administration details will be recorded in the register on a daily basis, following the same procedures as those in school. Upon return to school the medication and register will be returned to the Lead First Aider.
 7. If an error is made on entry into the medication register, the staff member shall not overwrite, correct, cross out, or otherwise alter the entry. They will (*) the error and then record next to a corresponding (*) entered in error, should read' with the corrected information. This is for open, honest and transparent record keeping.
 8. Any child requiring Paracetamol or other forms of pain relief e.g. Ibuprofen during normal school hours (for pain relief, reduction in temperature etc.) must have a written Paracetamol Permission Form, signed and dated by parents* which states the dosage permitted to be given. (NOTE: school stock is in tablet form in 500mg doses, if a child requires a different type or dosage the parents* will need to provide this clearly labelled with the child's name and it will be stored a locked Paracetamol cupboard).
 - a. When Paracetamol or other forms of pain relief are administered, the staff member will contact parents* to see if/when the last dose was given (to ensure maximum dose is not exceeded/over-dosing is avoided). Details will be recorded in the Pain Relief Register and a slip will be sent home stating the date, time, dosage and reasons for administering to inform parents*.
 - b. As good practise a second member of staff will witness the above and co-sign the register and slip. Paracetamol/pain relief medication can only be given if the appropriate consent form has been signed and dated by parents* and only for up to a maximum of 3 consecutive days, after which a medical practitioner's letter will be required. NO child under 16 will be given Aspirin or any medication containing Aspirin, unless prescribed.
 9. Any First Aid Treatment will be recorded in the First Aid Log (this is in triplicate, one copy is given to the child, a second copy will be removed at the end of each school day to be locked in the school office and the third copy remains in the log). These are then transferred to Behaviour Watch. If the child suffers a blow to the head, a Head Injury Information letter will be sent home together with the First Aid Log. If deemed more serious parents* will be contacted by telephone. Any accident/incident of a very serious nature or that requires further medical treatment e.g. hospital visit, will be reported online using the Local Authority's Incident Reporting System (please see K Pizzo). If a hard copy is desired this must be printed before submission.
 10. Asthma – Any child requiring an inhaler will have the responsibility for carrying it on their person especially for any lesson involving physical activity such as PE. The child can take their inhaler

as prescribed, when required. Parents* are responsible for ensuring that their child has the correct medication and that it is in date.

11. Anaphylaxis (severe allergic reaction) – Any child requiring an auto injector e.g. EpiPen, will either carry their auto injector with them or it will be kept in the school office for ease of access, in case of emergency treatment. A copy of the Individual Health Care Plan will be stored with the auto injector. Parents* are responsible for ensuring that their child has the correct medication and that it is in date.
12. Diabetes – All equipment needed for monitoring blood glucose levels and the administration of insulin are kept in the Diabetes Medical Cabinet or individual's locker. For treatment of Hyperglycaemia and Hypoglycaemia follow the Individual Health Care Plan. Insulin is stored at room temperature for up to 28 days whilst in use, after which it will need to be replaced. Insulin not in use should be stored in a fridge (2 - 8°C) until needed. Parents will be notified when insulin or blood glucose testing equipment needs to be replenished. Parents* are responsible for ensuring that their child has the correct medication and that it is in date.
13. Head Injury – If a child receives a blow to the head, which is assessed to be minor, a Head Injury Information letter will be sent home with the child giving information on the signs and symptoms of minor and serious head injuries (this is in addition to the First Aid Log). This advises parents* to monitor their child for the following 48 hours for any change of symptoms. If the Head Injury is assessed as being serious an ambulance will be called.
14. Head Lice – If any child in a class is found to have live head lice, letters will be sent home to all class/year group members, a member of SLT will be spoken to first. Parents will not be advised to keep their child at home but will be advised to treat the child's head and to check the whole family and treat as necessary.
15. Personal Hygiene and Sanitary Towels – Any student requesting/needing a shower will be encouraged to do so. Sanitary towels are available upon request and are stored in the Medical Room.
16. Intermit Care plans and Moving and Handling Risk assessments are completed for identified students and so if a child requires lifting or personal assistance these should be followed. If a student requires intermit care the Lead for First Aid should be made aware so that a record can be kept.
17. Non-Accidental Injury – In all suspected cases of non-accidental injury an accurate record must be made stating: When, How, Where, Date, Time etc. with a detailed description of the injury. Photographic evidence may also be necessary (as directed by the designated safeguarding lead). All cases should be reported to the named Designated Safeguarding Lead.
18. Health and Safety – Any concerns the Health and Safety Officer deems may affect the health and safety of any child shall be reported to the Lead First Aider.
19. In all instances, First Aiders will decide if 999 call needs to be made for emergency medical assistance. A member of the Senior Leadership Team should be made aware as soon as possible if 999 has been called.

20. A member of the Senior Leadership Team must be consulted for agreement before sending any child home, once agreed parents* can then be contacted. The Lead First Aider should be informed if a child is sent home due to illness so that this can be monitored. Tutors should also be informed when a child is sent home.

21. If a child vomits and/or has diarrhoea (not caused by medication) they should be isolated in the Medical Room as soon as possible to limit the spread of infection. A member of Senior Leadership Team should be informed (see above) and parents* should be contacted to collect their child. Any child with vomiting/diarrhoea should not return to school until 48 hours after cease of symptoms.

22. Five 'Clean Up' stations are positioned around the school for emergency purposes each containing: a sick bucket and lid, gloves, aprons, disinfectant, bags, emergency spillage compound (body fluids), disposable towels and a cleaning sign. These can be found in reception, outside the PA room, inside the disabled toilet (opposite Medical Room), inside the English cupboard (near room 10) and in Post 16 block. When used please inform A. Anderson or N. White and return the bucket to the Science Lab at the end of the school day, so that contents can be replenished.

23. Any staff member can assess whether they think a child is too unwell to be in school and needs to go home e.g. cold, virus etc.; they may seek additional advice from a First Aider but the First Aider does not necessarily need to attend unless there are additional symptoms requiring First Aid e.g. injury, bleeding, loss of consciousness etc. In such cases, the staff should inform a member of the Tutor Team who should then consult a member of Senior Leadership Team (see above) as to whether the child is to be sent home. If agreed parents* can be contacted by the Tutor Team or a member of the office staff. The Lead First Aider should be informed if a child is sent home due to illness so that this can be monitored.

24. School trips will have identified First Aiders who will be responsible for named students with medical needs. The opportunity will also be for students to be given coloured wrist bands which will identify medical needs so they are easily identifiable to all staff.

Updated and presented to HR Governors	Date:
Headteacher	Date:
Governor	Date:
Lead First Aider	Date: