

# Medical Conditions Policy

*Including First Aid, Medicines and Headlice*

## Beech Hill School



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# **Medical Policy Statement**

## **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 and headlice.

## **Purpose**

This policy:

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

## **Guidelines**

New staff to the school are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

## **Conclusion**

The administration and organisation of first aid and medicines provision is taken very seriously at Beech Hill School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Calderdale Local Authority. The school also discusses its first aid and medicines procedures with the school nurse each year. Adjustments are made immediately if necessary.

# **First Aid Policy Guidelines**

## **First Aid in school**

### **Training**

A number of teachers, teaching assistants and midday supervisors are fully trained first aiders. First aiders attend retraining courses as required (page 7).

### **First aid kits**

**Playtimes** – First aiders on duty all have their own First Aid Bum Bag Kit with essential basic first aid equipment in it. The first aiders will need to access the injuries in the playground. If First Aid need to be administered, then it can be done in the playground.

**Lunchtimes** – Midday supervisors, teaching assistants and teachers on duty will need to assess injuries in the playground. First aiders on duty all have their own First Aid Bum Bag

Kit with essential basic first aid equipment in it. The first aiders will need to access the injuries in the playground. If First Aid need to be administered, then it can be done in the playground.

All first aid administered must be recorded in the Accident book. After recording the incident, the yellow copy will need to be torn out and given to the office who will pass onto the class teacher to send home. These children will also be given a sticker to show that they have been given first aid.

### **Cuts**

All open cuts should be covered after they have been treated with a medi-wipe. Children should always be asked if they can wear plasters **BEFORE** one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file.

### **ANYONE TREATING AN OPEN CUT SHOULD USE LATEX FREE RUBBER GLOVES.**

All blood waste is disposed of in the yellow bin stored in the cupboard by the school office.

### **Bumped heads**

Any bump to the head, no matter how minor is treated as serious. Parents and guardians must be informed **BY TELEPHONE**. **ALL** children who have a **bumped head** sticker. The child's teacher should be informed and keep a close eye on the progress of the child. **ALL** bumped head incidents should be recorded in the accident book and a note will be sent home.

### **Accident book**

The lower school accident book is kept outside class Mexico, the upper school first aid book is kept outside class Singapore. Reception and nursery have their own books kept in their units. Staff accidents first aid book is kept in the finance office. Old books are stored in the school office.

### **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.

An ambulance should be called if a pupil is:

- unconscious,
- not breathing,
- in case of anaphylaxis (and after the use of AAI),
- breakage of bones,
- eye injuries,
- excess blood loss,
- seizures,
- asthma attack (not controlled even after use of inhaler),
- choking and;
- any other injuries of such nature that require further medical assistance.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child

4. Whether the casualty is breathing and/or unconscious
5. 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 on Mount Pleasant Avenue and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and give 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.

Health care plans will be created to support pupils with medical conditions. See **Annex 1** for the process of developing health care plans for individual children. The school nursing team will be contacted for guidance on how to support the child.

### **Parental permission**

For children with chronic medical conditions the GP/nurse practitioners will formulate a care plan which will be implemented by the nominated members of staff. If this is not possible school staff will formulate the plan with parents (form A).

We do not encourage pupils to carry/administer their medicine. (Forms B,C,D E).

## **Medicines in School**

We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime, we request that parents/cares come into school to administer the medication.

If medicine has to be taken four times a day and a lunchtime dose is necessary, the standard practice (see below) is followed.

**Medicines will not be administered unless the Co-Headteacher authorise the administration of the medicine. Only then will be ask for written permission of parents.**

In the event of a child coming into school with medicines that has not been authorised by **Co-Headteachers** then the medicine will not be administered.

### **Standard Practice when authorisation has been given by the Co-Headteachers**

1. Ask the Parent/Carer to complete a Medicine Administration form.
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check ingredients for any know allergies for the child
7. Check the prescribed frequency of the medicine.
8. Measure out the prescribed dose (parents should provide measuring spoons/syringes).

9. Ask a second member of staff to double check all the above
10. Check the child's name again and administer the medicine.
11. Complete and sign the Administration of Medicine Record form when the child has taken the medicine.
12. Ask a second member of staff to sign the Administration of Medicine Record form
13. If uncertain, DO NOT give – check first with parents or doctor.
14. If a child refuses medication, record and inform parents as soon as possible.

## **What can be administered?**

In school we can administer medicines such as antibiotics, anti-histamine, cough mixture, throat lozenge, and paracetamol as long as this has been authorised by the Head teacher or Deputy Head teachers. **All medicines must be clearly labelled with the child's name and will not be administered unless they have the child's name on them.**

### **Antibiotics**

We can administer antibiotics although this is usually undertaken by one of the fully trained first aiders. We can only administer ONE dose of an antibiotic during the school day.

### **Anti-histamine**

We can administer anti-histamines in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required.

### **Cough mixture/throat lozenges**

We can administer cough mixture and throat lozenge in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required. Children should not be sucking on throat lozenges unsupervised.

### **Paracetamol**

We can administer paracetamol in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required.

### **Creams**

We can administer creams for skin conditions such as eczema. Staff must wear none latex gloves. HOWEVER, staff must not rub cream onto a child's body, unless agreed with the parents. With agreement, application of these creams must be made under the observation of another adult.

## **Where is medicine stored?**

Most creams, inhalers and epi-pens should be kept in the class in the **Green First Aid Box**. Any medicine that requires to be kept in the fridge will be kept in the staff room fridge.

## **Epi-pens and anaphylaxis shock**

Some children require epi-pens to treat the symptoms of anaphylaxis shock. Epi-pens are kept in a box with the name, picture of the child on and with a copy of the care plan in the class room and a second one is kept centrally in the Richard's office in the First Aid cupboard for each child. Staff receive annual training on the use of epi-pens. Epi-pens

must be taken to all school trips and off site educational settings. There are two spare epi-pens in school kept in the Richard's office in the First Aid cupboard. (See Appendix 1 and 2 for a copy of the letter and parental consent form).

## **Inhalers**

Children have their inhalers with them at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. EYFS and Key stage 1 children will keep their inhalers with their class teacher for safety. Inhalers will be taken with children on educational visits.

Parent's permission is sought by the school at the beginning of the year to administer the emergency inhaler in the event the child does not have their own inhaler. An emergency asthma inhaler kit will be kept in each department to ensure there is easy access in case of an emergency Richard's office in the First Aid cupboard and in the store room in the Upper School block.

## **Administration of medicines file**

When medicine is administered, staff must complete the dated entry of this, which is printed on the back of the form. Before administering medicines, staff should read this dates entry section of the form to check that the medicine has not already been administered.

## **Medical problems**

At the beginning of each academic year, any medical problems are shared with staff via the 'Whole School Medical List' and a list of these children and their conditions is kept in the classroom as well as updated on SIMS. The Medical Needs Notice Booklet will be updated with new photographs for the children with severe medical problems and are located in the following places.

1. Individual SIMS Medical record
2. In the classroom
3. In the school office
4. In the school kitchen
5. In the medical board in the staffroom

## **Headlice**

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform parents and ask them to take appropriate measures. Repeated failure to deal with headlice may be seen as 'neglect' and outside agencies may be contacted. When we are informed of a case of headlice in school, we send a standard letter to the class where the case has been identified.

## **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.

## **Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and we would ask the child if it was alright.

If your child has any of these infections, they will need to stay off school for a prescribed period of time. The Headteacher or school office will advise Timescales (refer to disease schedule).

## **Impaired mobility**

Providing the GP or hospital consultant has given approval and a risk assessment is in place, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

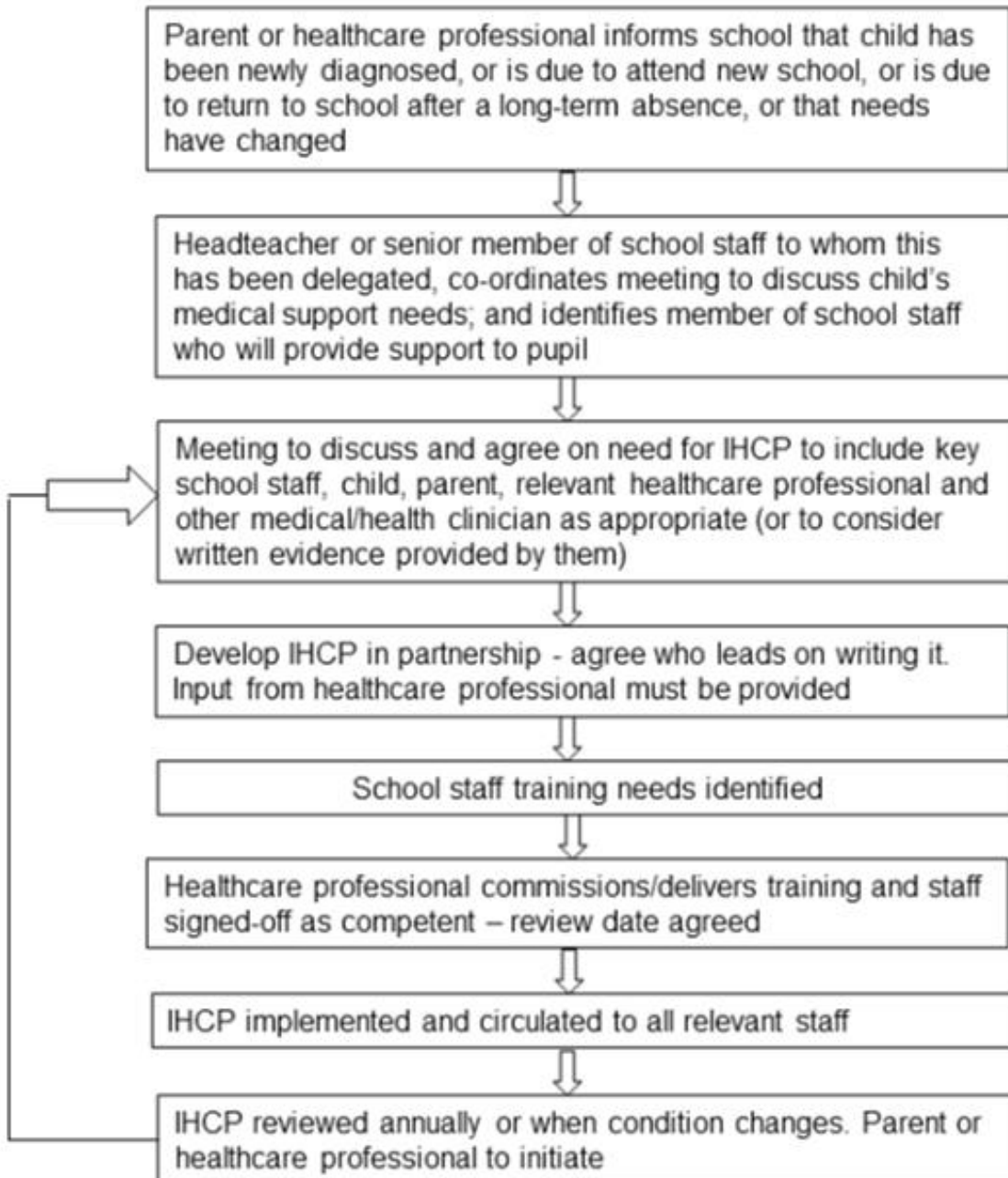
## **Off-Site visits**

A First Aider will be present when children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

**First Aid Equipment is stored in every classroom and the top part of the hall.**

## Annex A: Model process for developing individual healthcare plans





## Use of Emergency Auto Adrenaline Injectors (AAI) Epipens

Dear parents/carers

You have confirmed that your child has been diagnosed with an allergy and has a prescribed an Adrenaline Auto-Injector (AAI) pen (for example Epi-pen, Jext pen, Emerade pen) and signed an updated Health Care Plan at the beginning of this academic year. It is your responsibility to ensure that your child has two working, in date AAI in school at all times.

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. The AAI can only be used if the pupil's prescribed AAI is not available (for example, because it is broken, or empty).

The emergency adrenaline auto-injector (AAI) devices will only be used by children, for whom written parental consent for use of the emergency adrenaline auto-injector (AAI) device. Please fill in the form below giving your consent so we can ensure our records are up to date. If you require more information regarding this, please do not hesitate to contact the school office.

Yours faithfully,

Mrs S Bowling and Mrs S Cockroft  
**Co-Headteachers**

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1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an adrenaline auto-injector (AAI) device.
2. My child has two working, in-date adrenaline auto-injector (AAI) devices, clearly labelled with their name, which they will keep in school.
3. In the event of my child displaying symptoms of allergy and anaphylaxis, and if adrenaline auto-injector (AAI) device is not available or is unusable, I consent for my child to receive adrenaline from an emergency AAI held by the school for such emergencies.

Child's name: .....

Class: .....

Parent's name: ..... Signed: .....

Date: .....