



First Aid and Supporting Children with Medical Issues Policy

Yew Tree Farm School
Bredgar and Wormshill Light Railway
Swanton Street
Sittingbourne
ME9 8AT

Date - 22/01/24
Reviewed by - Stephen Grix
Next review date - 22/01/25

First Aid Policy

Yew Tree Farm School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting pupils, employees and visitors.

- We have suitably stocked first aid boxes, which are checked monthly for stock, including expiry dates for equipment and are kept in the canopy, school office and medical room. Travel first aid kits are kept in the office and must be taken on all visits, including local dog walks with students
- All staff will consider the appropriateness of any first aid treatment, for example allergies such as latex and plasters
- We have suitably detailed and current risk assessments for all pupils in school and for specific trips and activities
- First aiders are identified on our 'Key People in Your School' document at various key points throughout the school, and the training date is listed on the training matrix.
- Our first aid and emergency procedure is clear and shared. See below
- All staff working at Yew Tree Farm School know that when in doubt, calling 999 is the most appropriate and safe course of action

Emergency procedure in the event of an accident, illness or injury

If an accident, illness or injury occurs on school site or during school hours, the member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve calling immediately for an ambulance or calling for a first aider. If summoned, a first aider will assess the situation and take charge of first aid administration.

Ambulances

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

- In the event of a serious injury and/or any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- Where there are open wounds requiring further medical attention

If an ambulance is called then the first aider in charge should make arrangements for the ambulance to have access to the injured person. Arrangements should be made to ensure that any child is accompanied in an ambulance by a member of staff until one of the parents or carers is present.

Managing bodily fluids

Qualified persons administering first aid should wear disposable gloves where bodily fluids are involved. Any dressings or materials which have been in contact with bodily fluids (such as blood or vomit) must be disposed of in the designated yellow bin in the medical room. Bodily fluids spilt should be cleaned up and bleached or disinfected. If the spillage is significant, pupils and staff should be removed from the area (where necessary) and the school's premises staff should be called upon to clean the area professionally using the appropriate cleaning materials. Parents and carers will be notified as soon as practicable, for more information see the section below.

Accident reporting

All accidents, administration of first aid and/or medicine will be recorded in the Accident Report Book which is located in the school office and reported to the Headteacher.

Reporting to families

In the event of accident or injury to a child, at least one of the child's parents or carers must be informed as soon as practicable.

A copy of the schools' accident books are available for inspection.

Reporting to the Health & Safety Executive (HSE)

Yew Tree Farm School are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 1995/3163) (RIDDOR) to report certain incidents to the Health and Safety Executive. Further details can be found in the Health and Safety Folder in the office or here:

<https://www.hse.gov.uk/pubns/edis1.pdf>

Administration of Medication

Parents are encouraged to ask their child's doctor if it is possible for the timing of doses of any medication be set for outside school hours.

Where it is not possible for parents of pupils requiring medication to come into school to administer the medication to their pupils, medication will be administered on-site after discussion with the Headteacher.

While there is no legal or contractual obligation on teachers or school staff to give medication to pupils, the school Executive Board currently agree to the administration of medicines in school as we acknowledge that the school needs to be flexible and practical, for example for pupils with ADHD. However, this does not necessarily include agreement to treatment which requires intimate or invasive application of medicines (e.g. injections) and it must be acknowledged that any member of staff who agrees to administer medication to pupils does so on a voluntary basis. All medication in school must be prescribed by a medical practitioner and dispensed by a chemist. This ensures the pupil's name and the correct dosage is on the label on the medication.

- Staff who volunteer to administer medication must receive correct guidance and training before being allowed to administer medication to any pupil
- The school must seek the parent's/carer's written consent, agreeing for the school to administer medication during school hours
- The Headteacher must provide the overall agreement for any requests for medication to be administered to a pupil in school hours before any medication is administered
- Staff who administer medication to pupils must record all details on the Individual Record of Medication in School form, including any refusal to take medication
- All medication administration will be signed by a second signatory
- Any adverse effects experienced by the child following the administration must be reported to the parent and the Headteacher (either immediately or at the end of the school day depending on severity)
- If the child refuses to take his/her medication, then they should not be forced to do so. Parents/carers must be informed. If a child refuses medication in an emergency situation (for

example: asthma inhaler during an asthma attack), then professional medical help must be requested and the parents/carers informed immediately

- Staff should ensure that the privacy and dignity of the child is maintained as best as possible, even in an emergency situation

Asthma Inhalers

We will ensure that all pupils with asthma feel secure and are encouraged to participate in all activities, notwithstanding any restrictions imposed by their condition. Pupils with asthma must carry their inhalers with them at all times (clearly labelled with their names) including their spacer for optimum delivery of the medication, if appropriate. They should be able to administer their own inhalers, however if a child is considered too young or immature to take personal responsibility, staff will make sure that it is stored in a safe but readily accessible place, that the child is aware of its location, the medication is clearly marked and labelled with the child's name. Where agreed with parents/carers, a spare asthma pump can be kept on the premises in a labelled container in the admin office, which is made known to the child and all staff.

Anaphylaxis

Anaphylaxis is an acute, life threatening, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours. An EpiPen is a preloaded pen device which contains a single measured dose of adrenalin (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen can only be administered by school staff who have been professionally trained and designated by a relevant senior leader to use it. In our case, all school first aiders will be trained to administer an EpiPen.

Diabetes, Epilepsy & Allergies

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood levels. In the majority of pupils, the condition is controlled by insulin injections and diet. Insulin injections can only be administered by school staff who have been professionally trained in the procedure. Pupils with epilepsy and specific allergies must have tailored care plans, agreed with families and health professionals in advance. These must be shared through whole-staff training to ensure that every member of staff working with the specific child knows what to do in the case of, for example, an epileptic seizure.

Paracetamol, Aspirin and other Over-The Counter Medicines (OTCs)

Pupils sometimes ask for painkillers, but the school will not give any non-prescribed medication (also known as 'over the counter' medicines) without parental consent. Only members of the SLT or school first aiders may give medication. If a child asks for medication in the morning when they may have taken medication at home, we will contact the child's parent or carer to ask for consent over the phone. This call will be made by the school office or a member of SLT.

Storage of Medication

Wherever possible (and generally we appreciate that this is often not realistic), parents/carers must be asked to provide the school with the amount of medication required for the school day only, rather than bringing in a full bottle of medicine or a full bottle/package of tablets.

- The school will not accept any medication which is not in its original container
- All medication must be clearly marked with the child's name and date of birth.

- All medication will be kept in a locked cabinet/container including controlled drugs with the exception of: asthma inhalers, medication which may be needed urgently in an emergency.
- Any medication which requires refrigeration must be stored in the fridge in the locked box. The medication must be kept in an airtight container which is clearly marked with the child's name, date of birth and class.
- During off-site activities, any medication which may be needed should be carried by the member of staff in charge of the activity or a member of staff with first aid training.
- Pupils who may urgently require their medication should be in a group which is supervised by the member of staff carrying the medication
- Staff should never transfer medication from its original container to another container except in the event of the original container being damaged. In such cases, the alternative container must be clearly labelled with all of the information held on the label of the original container. The parent/carer must be notified in the event of any damaged containers
- School staff must not dispose of any unused medication. This is the responsibility of the parent/carer. Any unused medication must be collected by the parent/carer on request. If the parent/carer refuses or fails to do so within 5 school days, or in the case of a child having left the school, school staff must hand any unused medication to a pharmacist (it must never be disposed of).
- If a child's medication runs out or expires, it is the responsibility of the parents/carers to replenish it.

Recording

Records of medication given to pupils will be kept and two members of staff will sign a record each time medicine is administered using the Individual Record of Medication in School form.

Confidentiality

All medical information is treated confidentially and access to this information will be provided on a 'need-to-know' basis in consultation with the parent/carer and child, without compromising the child's health, dignity and well-being.

Maladministration of Medicines Procedure

Rationale

This procedure outlines the key steps that staff should follow if maladministration of medicine takes place. A medication error is defined as "a medication administered that deviates from the instructions of the provider/ parent"

A medication error occurs when one of the "five rights of medication administration" has been violated.

Examples are:

1. administering the wrong medication
2. administering the wrong dose of medication
3. administering medication at the wrong time
4. administering the medication in the wrong way (e.g., ear drops administered to eye)
5. administering medication to wrong student

In addition, circumstances that may require additional follow up would be administering the medication for the wrong reason and administering the medication without proper documentation.

Situations that are not considered medication errors include: students who refuse to consume or are unable to tolerate the medication, lack of supply of the medication from the parent, and a medication

held by a parent. Careful notation of these situations should be made in the medication log , CPOMs and parent/guardian will be notified.

Roles and Responsibilities

Staff volunteer responsibilities

When a medication administration error occurs, follow these guidelines:

1. Keep the student in the room where medication was administered.
2. If the student has already returned to class, have someone accompany the student back to the room where medication was administered
3. Observe the student's status and document what you observe
4. Remain calm and do not alarm the student
5. Identify the incorrect dose or type of medication taken by the student
6. Notify the Headteacher immediately who will contact the parents and emergency services (if appropriate)
7. Complete a Medication Administration Incident Report form. Carefully record all circumstances and actions taken, including instructions from the parents/emergency services, and the student's status. All reports are to be filed and kept on CPOMs.
8. Give completed Medication Administration Incident Report form to a member of the Senior Team within 24 hours of incident

Errors made in recording medications on the Medication Administration Record should have a line drawn through it and marked "error," or "mistaken entry" initialled and dated.

Headteacher responsibilities

1. Upon notification of medication error, contact the parents of the student and emergency services (if appropriate)
2. Review Medication Administration Incident Report form immediately
3. Follow up with employee(s) who was involved in medication error
4. Provide additional education to employee(s) who was involved in medication error- this might be organised directly with a healthcare specialist.
5. Ensure competency of employee who was involved in medication error and inform HR about the incident.
6. If appropriate, identify someone else to assume responsibility of medication administration
7. In conjunction with school administration, review all the completed Medication Administration Incident Report forms at least quarterly to understand the factors that contribute to errors and identify if the errors are related to systems and/or process issues
8. Identify process changes that may need to occur to improve medication administration procedures
 - Reducing distractions when/where the medications are being given
 - Having photos of the student attached to the medication administration form to assist with proper identification
 - Providing more frequent medication administration education refreshers

Supporting Pupils at School with Medical Conditions

Yew Tree Farm School recognises the need to provide effective support for pupils in school who have a medical condition, with a focus on the needs of each child and how their medical condition impacts upon their school life.

Named Person

The headteacher is the named person with overall responsibility for ensuring that this policy is implemented. This includes:

- ensuring that all relevant staff are aware of a child's medical condition
- ensuring that sufficient staff are suitably trained
- ensuring that risk assessments for school visits, holidays and other activities outside of the school timetable reflect the medical needs of the child

However, supporting a child with a medical condition during school hours is not the sole responsibility of one person. At Yew Tree Farm School we work in partnership with pupils, parents, external agencies, healthcare professionals and local authorities in order to ensure that we provide effective support to all pupils with medical conditions.

Procedure following notification that a pupil has a medical condition

- The named person will ensure that all relevant staff are made aware of the child's diagnosis
- The named person will seek further information from the relevant medical staff working with the child.
- It is the responsibility of the parent to provide the school with any relevant medical information, and to notify the school of any changes to their child's health.
- The Designated Safeguarding Lead is able to give advice regarding the school's management of the child's health needs
- See Appendix 3

Staff training and support

Every member of school staff providing support to a child with medical needs should receive suitable training. This will be provided by an external training provider.

The school should arrange any necessary training and ensure that training remains up to date.

At times, whole staff awareness training may be necessary in order to ensure that all staff are aware of their role in supporting specific pupils with medical conditions. There will need to be Individual Healthcare plans for the required child.

Emergency procedures

This section should be read in conjunction with our Health and Safety Policy.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Home to school transport

Home to school transport is the responsibility of local authorities. Local authorities should be made aware of any child they transport who has any medical needs, in order that they know what it contains and how to respond in an emergency situation. It is the responsibility of the named person to ensure that the information is shared with transport providers.

Unacceptable practice

We recognise that it is generally not acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or the parent; or ignore medical evidence or opinion (although this may be challenged)
- send pupils with medical conditions home frequently or prevent them from staying for normal school activities
- penalise pupils for their attendance record if their absences are related to their medical condition. However, the school may ask for medical certificates to evidence absences.
- prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- require parents to attend school to administer medication or provide medical support to their child, including with toileting issues
- prevent pupils from participating, or creating unnecessary barriers to pupils participating, in any aspect of school life, including school trips.

Appendix 1

Yew Tree Farm School Individual Pupil Medicine Administration Record

Childs Name _____ Age _____

Address _____

Date of Birth _____ M/F _____

Telephone No _____

Allergies _____

| Name of Medication | Dose | Frequency | Special Instructions | Date and Time Administered | Given by | Second signatory |
|---------------------------|-------------|------------------|-----------------------------|-----------------------------------|-----------------|-------------------------|
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Appendix 2: Medication Administration Incident Report

Medication Administration Incident Report

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|------------------------------------------------------------------------|--------|
| Name of School | |
| Name of Child: | |
| Class/Form: | |
| Medical condition/illness: | |
| Medicine/s | |
| Date of error: | |
| Explanation of error: | |
| Observations of child after error: | |
| Staff name: | |
| Staff Signature: | |
| Date: | |
| The following must be completed by a member of the senior team | |
| Senior staff member name: | |
| Have parents been contacted? | Yes No |
| Have the emergency services been contacted? | Yes No |
| Have you informed HR? | Yes No |
| Can the staff member continue to administer medication? | Yes No |
| Is the staff member happy to continue to administer medication? | Yes No |

| | |
|------------------------------------------------------------------------------------------|--|
| Give a brief overview of the investigation: | |
| What training has the staff member attended since the incident? | |
| Does a change need to be made to policy and procedure? If so what should this be? | |

Appendix 3 - Process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed

Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided

School staff training needs identified

Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed

IHCP implemented and circulated to all relevant staff

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

