Ashleigh Primary School

Medical

Policies

**Including: the Administration of Medicines**

**First Aid Policy: pages 6-8**

**Head lice policy: pages 9-10**

Reviewed: March 2017

Staff: \_\_\_\_\_\_\_\_\_\_

Approved by Governors: \_\_\_\_\_\_\_\_\_\_

Review date: March 2018

**Policy and Guidance on the Administration of**

**Medications at Ashleigh Primary School, Darwen**

**Administration of Medications**

**1. Legal Framework**

In compiling this guidance, consideration has been given to the requirements set down in the following legislation and guidance:

(ref: www.dfes.gov.uk/circulars; www.dfes.gov.uk/medical)

Special Educational Needs and Disability Act (SENDA) 2001

DfEE Circular 14/96 Supporting Pupils with Medical Needs in Schools

Medicines Act 1968

Education Act 1996

**2. Introduction**

2.1 The purpose of this guidance is to give advice to school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency.

2.2 Parents or guardians have prime responsibility for their children’s health and should give schools sufficient information about their children’s medical condition and treatment or special care needed at school.

2.3 The employer has duties, under the Health and Safety at Work Act 1974, for ensuring that a school has a health and safety policy.

2.4 There is no legal duty which requires staff to administer medication; this is a voluntary role. Staff who assist with any form of medication in accordance with the procedures detailed within this guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here.

2.5 Exception: - Indemnity will not be given in causes of fraud, dishonesty or criminal offence.

2.6 This policy only refers to medication.

NB Parents are encouraged to ask GPs to prescribe medicines for administration outside school hours whenever possible. Non-prescription medication will not be given in school although parents are at liberty to administer this on school premises.

**3. Guidance on Procedures for the Administration of Medication in Schools**

**Receiving medication in school**

3.1. All medication to be in the original container and prescribed by a health practitioner.

3.2. All medication MUST be clearly labelled with

􀂾 the child’s name

􀂾 the name and strength of the medication

􀂾 the dosage and when the medication should be given

􀂾 the expiry date

3.3. All prescribed medication (including homeopathic) must be accompanied by a written confirmation by a parent.

3.4. If two medications are required, these should be in separate, clearly and appropriately labelled containers.

3.5. On arrival at school, all medication is to be handed to the designated member of staff by the parent (Office Staff), unless there is prior agreement with school and pupil for the pupil to carry medication (e.g. asthma inhalers)

and details entered in the medication record.

**Storage of Medication in school**

3.6. Medication is to be stored in a locked wall mounted cabinet in the First Aid Room with the key stored in an accessible but restricted place known to the designated members of staff.

3.7. Fridge storage is lockable and wall mounted in the First Aid Room.

3.8 Once removed from the cabinet, medication should be checked by two staff, administered immediately to the correct pupil. Medicines should never be left unattended.

**Documentation**

3.9 VERBAL (INCLUDING TELEPHONE) MESSAGES ARE NOT ACCEPTABLE

3.10 Each pupil receiving medication will have the following documentation:

􀂾 Written request for school to administer medication

􀂾 Pupil record of medication administered. **This must be a bound book.**

􀂾 Parental/guardian consent for school trips

3.11 In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP).

**Administration of medication**

Staff who have volunteered or who are employed for the purpose of administration of medication and health care:

3.12 Should receive training and advice from the appropriate health practitioner.

3.13 Training will be updated appropriately.

3.14 Designated staff are responsible for notifying the school when their training requires updating and for ensuring this is arranged.

3.15 Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy will receive a certificate following training accreditation their ability to perform the procedure.

3.16 Medicine should be administered in an appropriate/confidential room.

3.17 Before medication is administered, the child’s identity must be established by checking with another competent adult.

3.18 Staff will follow directions for administration as outlined on the container- dates of expiry will be checked.

3.19 Staff will record details of each administration.

3.20 A child should never be forced to accept medication. The school should inform parents if this occurs.

**Self-Administration of Medication**

3.21 Parents/guardians must complete a written request form for a child to self-administer medication. (Examples would include Insulin and or asthma medication. This is not a conclusive list). This would only be allowed if a child has been trained and is competent to administer their own medication.

**Record keeping**

3.22 A system of record keeping will include:

a) List of authorised staff

b) Record of all training undertaken by designated staff

c) Record of all training undertaken by children allowed to self

administer medication and competent to do so

d) Individual Health Care Plans

e) Records of parental/guardian consent including those for self-administration consent should be reviewed and confirmed annually (September) in addition to ongoing updating

f) Record of administration of medication including amount administered and amount remaining (running total) is to be kept in a

bound book

g) Record of medication disposed of.

3.23 A parent/guardian request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions

3.24 The request form must include:

􀂾 Child’s name, class, date of birth

􀂾 Reason for request

􀂾 Name of medication, timing of administration and dosage of medication

􀂾 Emergency contact names and telephone numbers

􀂾 Name and details of Doctor and/or health practitioner

3.25 Reasons for not administering regular medication must be recorded and parents informed immediately.

3.26 The school must keep records of administration of medication in a bound book. This bound book must be kept in the First Aid Room.

**Emergency Medication**

3.27 Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed CONSENT and written Individual Care Plan.

3.26 This type of medication will be READILY AVAILABLE.

3.27 Consent and Care Plan to be kept with the medication.

3.28 The Care Plan must be checked and reviewed TERMLY.

3.29 It is the parents’/guardians’ responsibility to notify school of any change in medication or administration.

3.30 Procedures in the Care Plan (sample in appendix) should identify:

􀂾 Where the medication is stored

􀂾 Who should collect it in an emergency

􀂾 Who should stay with the child

􀂾 Who will ‘phone for an ambulance/medical support

􀂾 Contact arrangements for parents/carers

􀂾 Supervision of other pupils

􀂾 Support for pupils witnessing the event

􀂾 Recording systems

**First Aid Policy**

**Purpose**

• To preserve life

• To limit worsening of the condition

• To promote recovery

• To provide first aid as necessary from trained adults

• To promote health and safety awareness in children and adults, in order to prevent first aid being necessary

• To encourage every child and adult to begin to take responsibility for their health needs

**First Aid Provision**

• The Head Teacher is responsible for ensuring that there is an adequate number of qualified First Aiders.

• Portable First Aid kits are taken on educational visits and are available from the School Office.

• The First Aiders will ensure the maintenance of the contents of the first aid boxes and other supplies.

• All staff will be trained in any aspects of First Aid deemed necessary e.g. asthma, epilepsy, the use of an epipen.

• All staff will ensure that they have read the school’s First Aid Policy.

**First Aid Boxes**

First Aid Boxes are located in:

• First Aid Store outside the ICT suite.

• First Aid Boxes should contain: micropore, scissors, triangular bandage, wound dressing/bandage and gloves.

No medicine/tablets are to be kept in the first aid boxes.

**Procedures**

In school:

• In the event of injury or medical emergency, if possible contact the appointed First Aider(s) or other Teacher.

• Any pupil complaining of illness or who has been injured is sent to the School Office for the qualified First Aider(s) to inspect and, where appropriate, treat. Parents should be contacted as soon as possible so that the child can be collected and taken home.

• Parents are contacted if there are any doubts over the health or welfare of a pupil.

• IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE APPOINTED PERSON TO ARRIVE ON THE SCENE.

• The school recommends that, unless it cannot possibly be avoided, no member of staff should administer first aid without a witness (preferably another member of staff).

• No member of staff or volunteer helper should administer first aid unless he or she has received proper training, except in the case of minor cuts and grazes, which can be dealt with by members of staff under St. John’s Ambulance guidelines.

• For their own protection and the protection of the patient, staff who administer first aid should take the following precautions:

* Exposed cuts and abrasions should be cleaned under running water and patted dry with a sterile dressing.
* Hands should be washed before and after administering first aid.
* Disposable gloves should be worn.

• All serious accidents should be reported to Head Teacher or First Aider who should call an ambulance and the child’s parents ASAP (numbers located in office, pupil contact numbers, red folder, next to phone)

• In the event of a serious incident and an ambulance is called, a member of staff to accompany the pupil to hospital, in the absence of a parent.

Parents are asked to go immediately to the hospital. It may be appropriate to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company.

• If staff are concerned about the welfare of a pupil they should contact the School Office and a first aider immediately. If an serious injury has been sustained, the pupil should not be moved until it is ascertained whether further harm will be caused by them being moved.

**Out of School**:

• Whenever possible take a MOBILE TELEPHONE on trips out of school. Teachers to check that pupils who have asthma take their inhalers.

• If the trip is via Minibus or coach teachers must take a first aid kit. Educational Visits

a) The Head Teacher has responsibility for ensuring staff have adhered to the school’s ‘Educational Visits Procedures’ (as set out in the Health & Safety policy and Educational Visits Policy) when organising a visit. All staff should have a copy.

b) A Risk Assessment will need to be carried out as part of an educational trip. Particular attention needs to be paid to:

• Outdoor Educational Visits

• Hazardous Activities

• Class Visits

• Swimming Pool Lessons. Swimming instruction is provided by qualified swimming instructors. We use Darwen Leisure Centre for swimming lessons, and we ensure that pupils adhere to the swimming pool rules.

**Action at an Emergency** (To be undertaken by trained First Aider)

• Assess the situation: Are there dangers to the First Aider or the casualty? Make the area safe, look at injury: Is there likely to be a neck injury?

• Assess the casualty for responsiveness: Does the casualty respond.

IF THERE IS NO RESPONSE:

• Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.

• Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position. If the casualty is not breathing send a helper to call an ambulance and give 2 rescue breaths making 5 attempts at least.

• Assess for signs of circulation. Look for breathing, coughing or movement. If present, continue rescue breathing and check signs for circulation every minute. If breathing is absent begin Cardio Pulmonary Resuscitation (CPR).

**Incident Reporting**

• All incidents, injuries, head injuries, ailments and treatment are reported in the accident book, kept in the first aid cupboard (near to the ICT suite)

• Parents are informed of a head injury by letter. The letter outlines the injury and symptoms to look out for.

• First Aiders contact parents by phone if they have concerns about the injury.

• Staff should complete the accident book if they sustain an injury at work.

An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed.

The member of staff or other supervising adult concerned should seek medical advice without delay.

**Body Spillages/HIV**

• No person must treat a pupil who is bleeding, without protective gloves.

• Protective gloves are stored in the School Office.

• Sponges and water buckets must never be used for first aid to avoid the risk of HIV contamination.

• All body fluid spillages (Vomit, diarrhoea and Blood) must be cleaned immediately. This is vital if the spread of infection is to be reduced. Gloves should be worn when in contact with blood or body fluid is likely. Ordinary rubber gloves (located with Body Spillage granules in the Caretaker cupboard) are suitable for dealing with spillages. They must be kept for this purpose only. Following use, gloves must be rinsed and left to dry.

• Absorbent granules should be dispersed over spillage and left to absorb for a few minutes then swept up into newspaper. A designated dust pan and brush is available for body spillages and is kept in the Caretaker’s Cupboard. Wash the affected area with warm water and detergent and dry. Single use latex gloves should be available for first aid and hygiene care procedures (these are available in the School Office)

Once spillages have been put into newspaper, hands must be washed and dried after removal of protective gloves.

• Once spillages has been put into newspaper it must then be placed in a sealed black plastic bag and put in the external dustbins for domestic waste disposal.

**Head Lice Policy**

Head lice continue to cause concern and frustration for some parents, teachers and children. This school policy is intended to outline roles, responsibilities and expectations of the school community to assist with treating and controlling head lice in a consistent and coordinated manner.

Whilst parents have the primary responsibility for the detection and treatment of head lice our school community will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

This school policy draws on information obtained from the information pamphlet and Management Guidelines ‘Scratching for Answers?’.[[1]](#footnote-1)

**It is the expectation of parents/carers and families attending this school that:**

* Children’s hair will be checked for head lice on a weekly basis, at home, using the recommended conditioner/combing detection method
* That your child does not attend school with untreated head lice (in accordance with Health Infectious Diseases Regulations 2001)
* Regularly inspect all household members and then treat them if necessary
* Parents/carers will notify the school if their child is found to have live lice and advise when appropriate treatment was commenced (in accordance with Health Infectious Disease Regulations 2001)
* Children with long hair will attend school with hair tied back
* Use only safe and recommended practices to treat head lice
* Notify the parents or carers of your child’s friends so they have an early opportunity to detect and treat their children if necessary
* Maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures
* Act responsibly and respectfully when dealing with members of the school and broader community especially around issues of head lice
* Sign an agreement accepting the terms of the School Head Lice Policy.

**To support parents/carers and the broader school community to achieve a consistent, collaborative approach to head lice management the school will undertake to:**

* Distribute up to date and accurate information on the detection, treatment and control of head lice to parents and staff at the beginning of the year or more frequently if required. Include information about head lice management in orientation and transition programs for new families/staff attending the school;
* Include information and updates in school newsletters
* Include annual head lice updates for staff in-service programs
* Provide practical advice and maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures
* Access community educational resources and support, such as primary school nurses, community health centres and local government
* Abide by the recommendations of the School Exclusion Policy of the Health (Infectious Diseases) Regulations 2001 in that the responsibility to exclude a child from the school rests with the principal or person in charge, and
* Only exclude children from school with live insects
* Accept the advice of parents that appropriate treatment has commenced;
* Encourage children to learn about head lice so as to help remove any stigma or ‘bullying’ associated with the issue
* Request that all families attending this school sign an ‘agreement’ to accept the conditions of the school’s head lice policy
* Be aware of real difficulties some parents may encounter and seek extra support if required
* Participate in a Head Lice Local Area Network to work with other schools, childcare centres, health services and pharmacists in our Local Government Area to achieve consistent management and policy across sectors
* Review the head lice policy annually and seek endorsement from the School Council/community
* Act responsibly and respectfully when dealing with members of the school and broader community especially around issues of Head lice
* Continue to seek opportunities to increase our collective understanding of and response to managing head lice.

There is no requirement for any school to undertake ‘head-lice inspection’ programs.

Reviewed: March 2017

Staff: \_\_\_\_\_\_\_\_\_\_

Approved by Governors: \_\_\_\_\_\_\_\_\_\_

Review date: March 2018

Chair of Governors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Headteacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. www.health.vic.gov.au/headlice [↑](#footnote-ref-1)