



# Medical and Medication Policy (including First Aid)

Approved by Governors: March 2023

To be reviewed: 2026

### **Aims of this policy**

The aim of this policy is to clearly set out procedures for supporting pupils in school with medical conditions. At Lyng Primary it is our aim to ensure that all children with medical conditions, in terms of both physical and mental health, are supported in school so that they can play a full role in school life and that they can achieve their full potential.

This policy is based on guidelines from the DFES publication 'Supporting Pupils with Medical Needs' and Sandwell's policy 'Management of Children with Medical Needs in Education'.

### **Pupils with Medical Needs**

Every effort needs to be made to ensure that arrangements are put in place for any new child with a medical condition(s) who arrives mid-term. Information should be sought from the previous school and chased up accordingly, to ensure that all provision is in place within two weeks of admission (Supporting children with medical conditions in school, DFE 2015). Any relevant paperwork will be shared with Miss Beresford (SENCO) and any other relevant staff in school including first aiders.

Every effort will be made to ensure any children with medical needs have up to date information on a central system (SIMS) that any adult can access within school. The designated person to keep this medical information up to date on the central system (SIMS) is the office staff. This information will also be replicated on Evolve Accident Book.

It is parents' and carers responsibility to ensure that all medication is kept up to date and that any new medical needs or changes to any existing medical needs are put in writing immediately by parents and logged on SIMS by office staff and Evolve Accident Book by the Designated First Aider. This information will then be shared with relevant staff. First aiders will do half-termly checks on medication including Inhalers and Auto-injectors. Any medication, including Inhalers and Auto-Injectors expiry dates will be entered onto Evolve Accident Book and will be monitored so parents/carers are made aware of their expiry dates before they expire.

Children with Individual Healthcare Plans (IHP's) will also be placed on a register to ensure that their needs and relevant IHP's can be monitored. This is the responsibility of Lisa Jacobsen and Laura Beresford (SENCO). These IHP's will be reviewed annually by the School Nursing Team and/or other Health care professionals.

Not all children with medical needs need an IHP. The school, healthcare professional and parent will decide if an IHP is needed based on the evidence of the medical need. All IHP's will be shared with the relevant staff including dinnertime supervisors, breakfast club staff and any after school provision. This also includes anyone who is covering classes.

### **Administering Medication**

When medication needs to be taken in school, the relevant paperwork will need to be completed by the parents. The 'A Request for Administering Medication' document should be fully completed by parents, and disseminated to the appropriate school staff where it will be recorded onto Evolve Accident Book, detailing dosage, expiry date and stock levels.

No child under the age of 16 should be given medicines without parent's consent. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. We will only accept medicines that are in-date, labelled and provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. Every classroom within school has a medication box which is clearly labelled and stored safely, **out the reach of children**. All staff should know where this box is in each classroom. Medications that are not required to be kept refrigerated or locked away can be stored in here. Medicines such as inhalers or auto-injectors should always be readily available for the children to access and not locked away. When medication is no longer required, the medication should be returned to the parent so that safe disposal can be organised. Sharps boxes should always be used for the disposal of needles and other sharps.

When any medication is administered it is the responsibility of the staff member administering the medication to input all the required information onto Evolve Accident Book, emailing the stored email address when medication has been administered, detailing the date, time, dosage and any side effects and also let parents know that medication has been administered.

Teachers and school staff should also be aware of how a child's medical condition will impact upon their participation within school including day trips, residential visits and sporting activities. Any medical needs of the child/ren will need to be included on any risk assessments that are written to ensure that all medical advice, guidance and procedures are followed. A digital copy of each IHP is available to view on Evolve Accident Book. This also includes taking copies of the IHP's for staff to refer to if needed.

As a school, we understand that supporting children with medical needs is vital in ensuring the safety and wellbeing of our pupils. We will never prevent the children from easily accessing their medication including inhalers. We will never assume that children with the same condition need the same treatment. We will never ignore the views of the child or their parents or ignore medical evidence or opinion. We will always ensure that if a child becomes ill they will be taken to a first aider or a first aider will be called to them. If the child needs to visit the first aid room, a member of staff will escort them to the medical room, we will never send them alone.

### **Long term medical needs**

It is parent's responsibility to let school know of any medical needs before the child starts school or when a pupil develops a condition. The school will need to know:

- Details of the condition
- Special Requirements
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

The school will meet with parents to discuss these needs and where appropriate, an IHP may be requested in liaison with other healthcare professionals.

### **Self-management**

It is good practice to allow pupils who are competent to do so, to manage their own medication from an early age. With this in mind, children with inhalers will be expected to administer the required dose themselves. Inhalers should be kept in the classroom in a safe place known and accessible to the children and taken with them for break times, lunch and any PE or activities outside the classroom. All inhalers

must be named. Children are reminded not to share inhalers. Where children are not competent to administer their inhaler, a member of staff will administer it for them or support them to administer the required dose themselves. All children are supervised whilst using inhalers and each usage is recorded on Evolve Accident Book, detailing how many puffs were used and the reason it was administered.

### **Hygiene Control**

Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures. Staff have access to protective disposable gloves and aprons and must take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

### **Emergency Procedures**

We have a number of trained First Aiders within school and staff know how to call the emergency services. Parents will be contacted after the emergency services. A pupil taken to hospital by ambulance will be accompanied by a member of staff if a parent is not present. Generally, staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

Upon being summoned in the event of an accident, the first aider is to take charge of the first aid administration/emergency treatment commensurate with their training.

Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement (where appropriate after consultation with the HT/DHT) as to whether there is a requirement to call an ambulance.

An ambulance may be called on the following occasions (this list is not exhaustive – professional decisions may have to be made in the case of emergency):

- In the event of a serious injury e.g. possibility of a fracture or where this is suspected
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- In the event of a severe allergic reaction

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 first aid treatment;
- requires attendance at hospital;
- results in a reaction that causes concern;
- an injury to the head – separation head injury form must be completed and parents must be called.

Our procedure for notifying parents will be to send a pre-formatted email, detailing what has happened, any injuries obtained and what treatment has been given. Any serious head bumps or injuries then parents/carers will receive a telephone call and arrangements will be made to collect the child, if needed, leaving a message should the parents not be contactable.

In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents. In the interim, we will ensure that the qualified first aider or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/ another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

### **First Aid**

All staff have a statutory obligation to follow and co-operate with the requirements of this policy. This includes basic first aid such as grazes, nose bleeds (if longer than 5 minutes bleed get assistance from a First Aider). If the child has a head injury, the child will need to be taken to a first aider to get checked.

It is the responsibility of the business manager to ensure that there are appropriate numbers of first aid trained staff within school and that they are adequately trained to meet their statutory duties.

The trained First Aiders will be responsible for administering first aid, in accordance with their training, to those adults and pupils that become injured or fall ill whilst at work or on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (e.g. first aid kit inspections).

### **Bumped Heads**

A minor head injury can be a frequent occurrence in the school playgrounds. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain, and concussion, (in particular repeated concussions), can be very serious.

Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain up to 24 hours after the bump to the head. The presence or absence of a lump at the site is not an indication of the severity of the injury.

If a child has a bump to their head at school, they will be given appropriate first aid and the parent/carer will be contacted by phone or via email. The child will be given an 'I bumped my head' wristband to wear to alert the school staff and the parent/carer to the fact the child has had a bump to the head. The child should avoid any activities such as PE which could lead to another bump.

**If any of the following symptoms are noticed over the following 24 hours, further medical advice should be sought urgently, either by calling 999 for an ambulance or going directly to A&E:**

- Unconsciousness or lack of consciousness (for example problems keeping eyes open or increasing sleepiness).
- Increasingly severe headache that won't go away.
- Problems with understanding, speaking, reading or writing, or any problems with memory.
- A change in behaviour, like being more irritable.
- Numbness or loss of feeling in any part of the body.
- Problems with balance or walking, or general weakness or clumsiness.
- Dizziness.
- Any changes in eyesight - blurred or double vision.
- Any change to the appearance of the pupils - one pupil larger than the other.

- A black eye with no associated damage around the eye.
- Any vomiting or sickness.
- Any clear fluid running from the ears or nose.
- Bleeding from the ears.
- New deafness.
- Any convulsions or having a fit.

Please visit the [NHS website](#) for more information.

### **Mental Health First Aid**

The following staff are trained in Mental Health First Aid

1. *Laura Beresford*
2. *Sian Wellings*
3. *Tom Boughey*

### **First Aid Provision**

Designated First Aiders have a duty to ensure that the school have sufficient first aid kit to fulfil their duties.

- First aid resources are kept centrally in the first aid/medical room
- Lunchtime supervisors have access to First Aid provisions in order to administer low-level first aid.
- First Aid bags are available for all off-site educational visits.
- EPI-pens and inhalers are easily accessible to the children who need them, either the child carries in a bag or is easily accessible in the classroom.

It is the responsibility of the qualified first aider to check the contents of the first aid bag before any off-site educational visit.

### **Records**

All accidents requiring first aid treatment are to be recorded on Evolve Accident Book with (at least) the following information:

- Name of injured person,
- Date and time of the accident, detailing which period of the day it occurred,
- Location of the accident, and what activity was happening at the time,
- Incident type (e.g. accident) and severity,
- A description of the incident,
- A description of the injury,
- Details of any treatment given,
- Who the incident was managed by.

### **Review**

The Policy will be reviewed and revised every three years by the governing body, or sooner if there is a clear need.