



First Aid, Intimate Care and Medicines in School Policy

THIS POLICY IS TO BE REVIEWED BI-ANNUALLY

Chair of Governors, Sue Nelson

Signed

Reviewed October 2019

September 2020 - Temporary changes have been made to this policy in response to Covid-19 and the reopening of schools. These will remain in place until further notice.

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Section 1

Introduction

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed every two years.

East Preston Infant School is a Rights Respecting School. All pupils, staff and visitors have the right to be healthy, safe, educated, listened to and treated fairly. These principles are at the heart of our school ethos, and our policies and practices support these rights. We are committed to equal rights, mutual respect and shared responsibility.

Aims

- To ensure the efficient application of First Aid to children and staff who are on site during the school working day and during off-site activities
- To draw to employees attention the need to be vigilant with regard to potential hazards in order to assist in reducing the need for First Aid

Section 2

Staffing Provision

- A qualified First Aider or an 'appointed person' will be available to administer first aid as required during the school working day. The 'appointed person' will have received the necessary training.
- A qualified First Aider will be available to take charge of an accident or illness if required to do so by an 'appointed person'.
- Teachers who hold a First Aid qualification will be available if the designated First Aiders are not on site.
- There will be a qualified First Aider accompanying off site activities and visits.

NB. ~~Unqualified staff should only administer first aid if a qualified first aider or appointed person is not on site~~ **Staff who do not hold a recognised First Aid qualification have completed a basic online First Aid course, prior to the reopening of the school. This enables them to administer basic First Aid within the classroom.**

A list of current First Aiders is held in the First Aid area and the Bursar's Office.

Section 3

First Aid Equipment and Facilities

First Aid Room

~~First Aid materials are stored in the First Aid room and in the YR classroom.~~ They contain only the following approved equipment, together with guidance on the treatment of injured people:

All class bases have a First Aid kit stored securely within them.

- Protective latex gloves
- Individually wrapped sterile adhesive dressings
- Sterile eye pads
- Triangular bandages
- Safety pins
- Individually wrapped sterile unmedicated wound dressings
- Extra large sterile individually wrapped unmedicated wound dressings
- Forehead, oral and under arm thermometers **First Aid room only**
- Ice packs (kept in staffroom freezer)
- Resuscitation mouthpieces

- ~~Bed, blanket and pillow~~ These have been removed and stored away.

Mains tap water only will be used to irrigate wounds. First Aiders may only use items that they have been trained to use. ~~The Lead First Aider (Allyson Lean) will be responsible for keeping the First Aid stock up to date.~~ Classroom staff are responsible for restocking the First Aid kits in the classrooms. Allyson Lean will monitor and restock the central First Aid store.

Travelling First Aid Kits

There are 4 travelling kits containing:

- Individually wrapped sterile adhesive dressings
- Large sterile unmedicated dressing
- Triangular bandage
- Safety pins
- Individually wrapped moist cleaning wipes
- Micropore tape
- Cool packs
- Hand gel
- Protective latex gloves
- Scissors
- Tissues

If the kits are used then Allyson Lean must be informed so that she can replenish them. In addition the Midday Meals Supervisors carry first aid bum bags which contain:

- Plasters
- Tissues
- Individually wrapped moist cleaning wipes
- Information cards with specific medical information for some pupils
- Resuscitation mouthpieces

Supplementary Equipment available

- Blunt end scissors and tweezers
- Gauze
- Swabs
- Plasters
- Pandemic equipment – masks, aprons, gloves (supply cupboard opposite First Aid room)
PPE is in each classroom kit.

Section 4

Procedures

In case of concern about the health of or injury to an individual the following precautions should be followed:

1. ~~Individual sent to a First Aider or Appointed Person~~ Assessed and treated by support staff in class; any concerns referred to Allyson Lean or Carol Chilvers
2. Injury or concern checked and an assessment made of the level of treatment needed
3. Treatment administered or individual referred to qualified First Aider for treatment (in the event of an Appointed Person being on duty)
4. Appropriate persons informed depending on level of injury – class teacher, parents, Headteacher
5. Incident recorded in Accident book

There is a rota to ensure that a qualified First Aider is on the school premises throughout the day.

Secondary aid will be sought if necessary and at the same time the parent/guardian will be informed.

If an appropriate adult cannot accompany the casualty to hospital, a member of staff will accompany him/her if necessary.

The First Aider or appointed person is responsible for recording details of the accident (such as injury type and treatment given) in the accident book and if necessary complete other documentation.

Universal first aid procedures are to be followed to prevent blood-borne infection (see section 5 and see bodily fluids risk assessment).

The First aid list containing specific pupil information is to be kept up to date by the designated First Aider. The Medical Information file is in the First Aid desk.

Accident Book

The accident book is kept in the First Aid room and is GDPR compliant. The following details should be recorded: Child's name, class, date time, type of injury, how the injury occurred, treatment given and the signature of the person treating the injury. For major accidents an additional county form should be completed online.

Section 5

Communications

Files are kept in the first aid desk that refer to any medical conditions or allergies.

A copy of the First Aid manual, notes of general first aid guidance and information regarding children's medical needs are kept in the First Aid desk and also in the office.

Treatment

Following Government advice, First Aiders must take precautions where possible to protect themselves for Aids and Hepatitis by:

- Using protective gloves and covering exposed cuts or abrasions with a waterproof or fabric dressing, before treating a casualty
- Washing hands before and after applying dressings
- Mouth pieces should be used when giving mouth to mouth resuscitation.
- If direct skin contact with blood or body fluids occurs, the affected area should be washed as soon as possible and medical advice sought.

If there is any slight cause for concern parents must be contacted and informed so that they may make a decision on treatment. Parents must always be contacted in the event of:

- 1. A significant bump on the head**
- 2. On-going distress**
- 3. Potential illness – Covid-19 symptoms***
- 4. Very high or very low temperature**

***In the event of these symptoms the child will need to be isolated in the First Aid room. The parents must be called and the staff member wear the emergency PPE (see First Aid Risk Assessment for full details).**

Section 6

Intimate Care and Examinations

No intimate examination of a child must be made except after consultation with the Headteacher or Deputy Headteacher or in an emergency.

If it is necessary to make an intimate examination or provide intimate care then the following protocol must be followed.

Policy for Providing Intimate Care

Not all staff are willing to undertake toileting support, nor are intimate hygiene procedures included within their job descriptions. However, there is an expectation that members of the teaching support staff would be willing to undertake this duty occasionally. Therefore, at East Preston Infant School, no member of staff is required to change soiled or wet children, however, all staff are expected to change children on an occasional basis if they are happy to do so and they follow the agreed Protocol.

For children who have a recognised, ongoing incontinence difficulty it may be necessary for the school to provide regular toileting support and intimate care as part of a Healthcare Plan.

Agreed Protocol

1. If a child has an ongoing, recognised problem with soiling and/or wetting, written permission from the parents should be sought for the named members of staff to regularly change the child in school and provide intimate care as part of the child's Healthcare Plan.
2. If an occasional soiling/wetting incident occurs the child should be encouraged to change and clean themselves, with verbal support and guidance from an adult. **Every effort must be made to encourage the child's independence and minimize staff intervention.**
3. If the child is unable to adequately clean/change themselves then the supervising adult should ask permission from the child to help change/clean them. If the child agrees to this then parental permission must be sought. **Gloves, Apron, Mask must be worn by the staff member.**
4. If the child does not agree or is particularly distressed then parents should be asked to come into school to change their child.
5. If parents cannot be contacted staff must deal sensitively with the child, encouraging him/her to clean themselves or accept help from the adult. **No child should be left to remain uncomfortable or excluded from the class for any considerable length of time.**
6. When a child is being cleaned by a member of staff then **another adult must be in close proximity. All efforts must be made to ensure the privacy of the child and to avoid loss of the child's personal dignity.**
7. **All staff must be familiar and comply with the Code of Conduct and school safeguarding procedures.**

Section 7

Medicines in School

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of East Preston Infant School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at East Preston Infant School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at East Preston Infant School is **Lucy Owens** or in her absence **Allyson Lean and Carol Chilvers**. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

All staff, governors, parents/carers and members of the East Preston Infant School community will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed as part of the Head teacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

Admissions

When the school is notified of the admission of any pupil with medical needs the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using 'Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines'. An assessment of the pupil's medical needs will be completed this might include the development of an Individual Health Care Plans (IHP) or Education Health Care Plans (EHC) (Template 1) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible.

For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Pupils with medical needs

The school will follow Government guidance and develop an IHP or EHC for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis.

Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

All prescribed and non-prescribed medication

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine, all other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate consent form Template C and/or C1. The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day.

Confidentiality

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent using Template C and C1 to administer ad-hoc non-prescription medication when the pupil joins the school or by contacting the parent/guardian to gain consent at the time of administration (conversations will be recorded). The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form Template C and/or C1) or if applicable on the IHP)

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D or E and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in Supporting Pupils at School with Medical Conditions December 2015 the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine

WSSC does not allow the administration of non-prescription ibuprofen to children under 12.

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1;
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent Template C and C1 and confirmation the medication has been administered previously without adverse effect;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- for more than 48 hours – parents will be advised to contact their GP if symptoms persist;
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Short term ad-hoc non-prescribed medication

A small stock of standard paracetamol and antihistamine will be kept by the school for administration **if symptoms develop during the school day.**

ONLY the following will be administered following the necessary procedures:

- For relief from pain – Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – Standard Piriton (see Anaphylaxis)
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

Pain relief protocol for the administration of paracetamol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil):

- The school will contact the parent/guardian for consent to provide pain relief. Where the request is made before 12pm, confirmation will be required that a dose of pain relief was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. Parental consent for pain relief to be given will be recorded (date and time of contact).
- If the school cannot contact the parent/guardian to gain consent then the school will refuse to administer pain relief.

The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in its Asthma Policy (with accordance with the WSCC Asthma Toolkit). Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Policy. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are

responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Mild Allergic Reaction

Non-prescription antihistamine will be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must **NEVER** be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis. The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the in the school office. A blank proforma is attached 'contacting the emergency services' Template G.

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Templates D and E).

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHC and parents should complete the relevant section of 'Parental consent to administer medication' form (Template C). 'Parental agreement for setting to administer medicine' form (Template B).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) are kept in a locked store cupboard. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire. Parents will be asked to supply a spare epipen for each child and they will be kept in the school office.

Medicines that require refrigeration are kept in the staffroom fridge to which pupil access is restricted and will be clearly labelled in an airtight container or in the metal first aid container which is locked on top of the lockers, key in key safe in office (on heart keyring). There are specific arrangements in place for the storage of controlled drugs see page 7.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the Bodily fluids risk assessment.

If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping – administration of medicines

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered.

For record sheets see Template D - 'record of medicine administered to an individual child' and Template E - 'record of medicine administered to all children'.

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training

The Lead for Managing Medicines will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils and will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epipens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Appropriate cover arrangements will be made in case of staff absence or for staff turnover to ensure someone is always available.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All support staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.

A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See 'Staff training record – Supporting pupils with medical conditions' Template F.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

Educational Visits (Off - site one day)

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Extra-Curricular Clubs

Please refer to the Extra-Curricular Policy.

Risk assessing medicines management on all off site visits

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHP or EHP. If an IHP or EHP has not been developed, the school will record their findings. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

Complaints

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Section 8

Off-site Activities

When children are involved in off-site visits the following will apply:

1. The required number of stocked travel First Aid Kits will be taken (1 per year group)
 - Paracetamol and anti-histamine will be provided in sachets
2. A qualified First Aider will accompany the children
3. If an accident occurs the First Aider or teacher in charge will deal with it using the following strategies:
 - Treat the injury and if it is considered to be sufficiently minor then let the pupil continue with the activity, under supervision.
 - If there is any doubt then the teacher in charge must phone the school to seek advice
 - If necessary the teacher will seek specialised advice from a hospital casualty department and inform the school immediately. An adult (preferably a teacher) must stay with the child until treatment is completed or a parent/guardian arrives
 - On return to school **any** accident must be reported immediately by the teacher directly to the Headteacher and the parent/guardian of the child and an accident report completed as soon as is reasonably possible.

Section 9

Out of Hours Working

The first aid facilities and a telephone will be available. If children are involved, the supervising adult will administer First Aid. He/she may not be a qualified first aider or appointed person.

Visitors and Contractors

First Aid will be given where necessary to individuals who have been invited onto the site.

Non-employees will be treated under 'good neighbour' terms if first aid facilities are requested.

This policy has been developed in line with the West Sussex County Council (WSSC) model policy, October 2017.

A number of forms are referred to as appendices in this example policy. These are contained in West Sussex County Council (WSSC) 'Templates – Supporting pupils with medical conditions' October 2017 and WSSC Care Plan Templates October 2017. See also WSSC Administering Medicines Templates September 2017 and Summary guidance medicines policy.

The Asthma Toolkit is also available from the Child Health page within West Sussex Services for Schools

**Linked policies: EPIS Asthma Policy
 EPIS Bodily fluids risk assessment**