ORCHARDS

Whole School Policy for:

First Aid & Medicines

Policy Statement

The Governors and Head teacher of Orchards CE Primary and Nursery School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school. We are committed to the authority's procedure for reporting accidents and recognise our statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995. The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in school.

At Orchards, we believe that medicines should only be administered in school when essential: that is when it would be detrimental to a child's health if the medicine were not administered during the school day. This policy sets out the procedures that will be followed when administering medicines in school.

Ratification date: January 2024

Review date: January 2025

S Cullen (Head teacher)

C Mackett (Chair of Governors)

Linked Policies:

Accessibility Plan, Intimate Care, Health and Safety, Safeguarding, Supporting Pupils with Medical Conditions, Disability and Non-discrimination

Part 1: Arrangement for First Aid

1.0 Materials, equipment and facilities

1.1 The school will provide materials, equipment and facilities as set out in DfE Guidance on 'First Aid for schools'.

1.2 The Appointed Person: Currently the Appointed person is **Alison Gidney**. She will regularly check that materials and equipment are available. She will order new materials when supplies are running low.

1.3 The person responsible for the arrangement of adequate First Aid training for staff is **Karen Eyers**

1.4 Each class has its own First Aid Box. These need to be stored where they are visible and easy to access. The school has a designated First Aid Room. The appointed person checks the First Aid Station each day to ensure that the station is fully stocked.

1.4 Lunch staff also carry portable first aid kits out on the playground to deal with minor injuries. An iPad is also taken out to record the injuries via the Smartlog system which sends a message to the parent outlining the injury and treatment received.

1.5 The school has three large 'trip first aid' bags; these First Aid bags are stored in the main First Aid Station. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bags are running low.

1.6 First Aid Kits are also located in key areas around the school such as DT room, Sports Hall and Thrive. A larger kit including burns pack is located in the Outdoor learning shed.

1.6 Responsibility to regularly check First Aid Boxes located in the classrooms lies with staff working in the classes. If First Aid boxes need replenishing the Appointed Person should be immediately notified and extra supplies should be requested.

1.7 Any major incident needs to be reported to the Head teacher. In case of her absence these should be reported to the Deputy Head teacher or one of the Assistant Head teachers. The decision to call an ambulance does not need to be checked or approved by the Head teacher; once an ambulance is called the Head teacher needs to be notified immediately, (or the person in charge, e.g. Deputy Head or Assistant Head teacher).

2.0 Cuts, scrapes, grazes

2.1 Any adult can deal with small cuts and grazes. All open cuts should be covered after they have been treated with a cleansing wipe or gauze swab and tap water. Minor cuts should be recorded using Smartlog which will notify the parent that their child has sustained an injury in school.

2.2 Any adult can treat severe cuts; however, a fully trained first-aider must attend the patient to give advice. Severe cuts should be recorded in the First Aid log and parents informed by phone call. Major injuries need to be reported to the appointed person.

2.3 All eye injuries will be treated using an eye bath and drinking tap water and reported to parents using the Smartlog incident reporting system.

2.4 Anyone treating an open cut should wear rubber gloves.

2.5 All waste should be wrapped and placed in the bin. Spillages of blood must be cleaned up with pink spray available in the First Aid area and classrooms.

3.0 Head injuries

3.1 Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack.

3.2 The adults in the child's classroom should keep a close eye on the child.

3.3 All bumped head accidents should be recorded using Smartlog immediately, as well as a phone call to the parents. Class teachers are informed if the injury was sustained over lunch or break. A member of the office will telephone the parent to inform them of the head injury. They will be invited to come into school and assess the injury for themselves.

3.4 When a call is made to the parents, if the child has a serious cut on the head, a large bump (egg) or there are obvious signs of concussion, a recommendation will be made to take the child to minor injuries. They will be provided with a copy of a Head injury advice sheet for reference. See appendix.

3.5 Children who have any sign of a concussion after a head injury will need to be taken to hospital.

3.6 If parents are unable to collect their child within 30 minutes, school must arrange for a staff member with business insurance to take the child to minor injuries or if the child deteriorates then an ambulance should be called. A list of staff with business insurance is available in the school office.

4.0 Allergic reaction

4.1 All First Aid trained staff are trained to recognise the signs of serious allergic reactions and in the administration of Epi-Pens. Specific anaphylactic shock training including administrating of an Epi-Pen or similar device will be given if we have a child with such medication in school.

4.2 In case of a less serious allergic reaction a first aider should examine the child and follow care plan instructions. Please also see the section on 'Arrangements for Medicine at school'. Parents will be telephoned at the time or contacted at the end of the day according to the severity of the reaction.

5.0 First Aid Kit

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

6.0 Record keeping

6.1 The whole school uses Smartlog as a way of recording and reporting an injury. Each class has an iPad within class to report an injury. Smartlog is also used to report staff and visitor incidents and injuries.

6.2 The contents of historical injuries and accidents are files and archived by year. They are stored securely until the children logged are 21 years of age.

6.3 The school follows the HSE guidance on reportable accidents/ incidents for children and visitors.

7.0 Adults in school, including visitors

7.1 The school has a responsibility to provide First Aid to all staff.

7.2 In case of an accident/incident staff should seek First Aid from any of the qualified First Aiders (comprehensive lists of First Aiders are posted around school).

7.3 All First Aid treatment to staff and visitors should be recorded on Smartlog.

7.4 In case an accident/incident results in the individual being taken to hospital, where they receive treatment and are absent from work for 3 days or more, the appointed person and Head teacher needs to be notified.

7.5 The appointed person and the Head teacher will review the accident/incident and will decide if it needs to be reported to the HSE. If a member of staff is taken ill or has a head injury someone who lives at their address should be informed by phone so they aware of the injury.

Part 2: Administering Medicines

1.0 Procedures for managing prescribed drugs in school

- 1.1 The designated members of staff (office team) will only accept medicines that are prescribed by a doctor, dentist, nurse prescriber or pharmacist. All medicines must be in original packaging with the dosage instructions attached. A doctor's stamp of certification and child's name must be clearly visible. We are unable to administer any medication in school, except where it is specifically required four times a day, from a Doctor's prescription.

1.2 Parents will complete a permission slip before any medication can be given to the child.

1.3 All Medication will either be stored in a locked fridge or locked lockers in the medical room and administered in accordance with the guide lines in section entitled **STORAGE AND ADMINISTRATION OF MEDICINES.**

1.5 Dosage should not be changed unless there is written confirmation from the prescriber.

All medicines will be logged in by a member of the school office staff. The amount will be carefully and accurately recorded E.g. number of tablets, etc. A second member of staff will be present when all medicines are administered to a child.

Teachers **should not** accept medicines from parents.

Inhalers and spacers will be kept in the classroom in an accessible place. Children should be allowed to take responsibility for accessing their own inhaler as required. A dated record will be kept of all times when an inhaler has been used along with dose given.

Prescribed medicines related to long term illness e.g. Epi-pen for epilepsy, diabetic emergency medicines and insulin can be in stored in class in suitable locked places when it is deemed necessary they be as near as possible to where the child is. A record will be made on Smartlog each time a medication is administered along with time, date and amount given.

It is the responsibility of the class teacher to ensure that inhalers, epipens and diabetes medication are taken to sports, trips etc.

2.0 Non prescriptive medicines

2.1 Staff should **NEVER** give non-prescribed medicines to any child. Any queries **MUST** be reported to the Head teacher and advice sought as soon as possible. The exception to staff administering non-prescribed medicines is during a school trip, where a parent/carer may ask a staff member to administer travel sickness medication, etc. This will need to be sent in the original packaging with the child's name and dose. A second adult will be on hand to support in the administration of any medicines given during a trip. A record will be made on a medicine administration log sheet and signed by both adults.

3.0 Short term medical needs

3.1 Some children will need to take medicines during the school day at some point during their time in school. This may be to complete a course of antibiotics or lotions.

3.2 Where possible, parents should be encouraged to come to school to do this at a convenient time where possible including for the paracetamol, calpol and ibuprofen. Medication should be appropriate for the age of the child. Parents must be informed of the time of a dose so they can determine what time the next dose can be given.

3.3 If a parent is unable to do so, short term medicines should only be administered by designated staff. The designated office staff are Angela Watson and Marija Urboniene.

3.4 Written permission will be sought from parents prior to any medicines being administered.

3.5 When a child fractures a limb then a care plan will be set up by a SENCO or member of SLT with the parent and shared with school staff. Provision will be made for playtimes, fire and general care in order that the child can return to school as soon as possible.

4.0 Long term medical needs

4.1 It is vital that all staff concerned with the care of the child with long term medical needs (children with asthma, allergies, seizures, ADHD, etc.) have sufficient information about the medical condition and that in event of their absence another staff member can manage the child. If the medical needs are adequately supported this will have a significant impact on the child's experiences at school (see equalities policy) and the way that they are able to function in school. Some medicines may also affect learning leading to impaired concentration or difficulties with memory. Children with long term medical needs will have a care plan that is reviewed annually or sooner if their medication or needs change.

4.2 It is essential that all health workers work co-operatively with school staff to create an accessibility health plan and provide appropriate training where needed.

4.3 If children are taking medication for a long term illness e.g. diabetes, cystic fibrosis then the child should be encouraged to manage their medication independently, but supervised and checked by an adult at all times, as is appropriate to their age and level of maturity.

5.0 Administering medicines

5.1 No child under the age of 16 should be given medicines without parental consent.

5.2 Two designated members of staff will:

- Check the child's name on the container
- Check the prescribed dosage
- Check the expiration date
- Check written instructions by prescriber
- Fill in all relevant paper work
- Sign off the treatment/ medicine including times and dates

All staff will demonstrate exemplary duty of care when completing this task.

The second member of staff present does not have to be a named person as they are acting as a witness to good practice.

6.0 Record keeping and medicine storage

6.1 All medication (except inhalers) will be kept in a numbered locker in the medical room or in the locked fridge in the medical room. All named responsible adults must know where the key is.

6.2 Children are encouraged to take responsibility for their own inhalers as advised by medical protocols. A dated record will be made

6.3 Epi-pens will be kept locked and clearly labelled in the classroom and all staff informed where they are.

6.4 Medicine required to be stored in a fridge will be stored in the locked fridge in the medical room.

6.5 All named responsible adults will keep a record of when any medicines are administered on the medicines log sheet.

7.0 Children must not be sent to school with medication in their pockets or bags.

7.1 If this is found to be the case, parents will be immediately contacted and the medicines taken from the child and stored in the locked cupboard.

7.2 If parents take home medication it will be signed for in the office log.

8.0 Medicines check

The designated office staff member will carry out a daily check of medicines and names. This will include medicines in the fridge. The total number of medicines will be recorded in the log daily and signed, dated as checked by the designate.

9.0 Educational Visits and Residentials

10.1 All children are encouraged to participate in trips and visits. Staff must consider what reasonable adjustments can be made to support the medical needs of all children so that they are able to participate in the activity. It may be necessary for a child's parents to accompany them in this instance or additional staff to support as necessary.

10.2 All medication in relation to any child must be held by the designated first aider for the trip. The first aider, along with the class teachers, must have knowledge of the medicines and the children for whom they are designated. This must be done well in advance of any trips or visits as necessary. The first aider will take responsibility for the medicines. All travel tablets are to be managed by the first aider.

10.3 Children with a known medical need must be in a group with an adult who knows or has been trained to administer any emergency medication related to their condition e.g. inhalers, Epi-Pen, etc.

10.4 Parents will be consulted about their child's medical needs on the trip.

10.5 Children with long term medical needs should be included in the risk assessment for the trip and consideration should be given as to how they will be able to take a full part in all activities and how their needs will be met including any emergency including hospitalisation.

10.6 A designated first aider should go on all residential trips. They should be responsible for all medications. Parents should hand all medication to the first aider before leaving school. Two people should be present when medication is given and sign a medication log.

10.7 Parents should be given the option to sign to say liquid paracetamol can be given at the first aiders discretion should the child need pain relief whilst away on a residential trip only.

Parents will be informed of all medicines and first aid given on the return to school.

11.0 PE and Sporting events

11.1 Staff must ensure that they have all necessary medication with them (see above). Teachers and staff must encourage children who require inhalers and rescue medications to make sure that they have them with them when leaving the classroom.

11.2 Teachers must ensure that sports coaches are aware of the medical needs of all children in the class.

12.0 Training

12.1 An up to date first aider list is held in the school office. All relevant training updates will be shared with designated staff.

12.2 Staff whose training has lapsed will not be included on the designated staff list.

12.3 The school nurse will be contacted to come into school for specific training needs to be covered and emergency training requirements.

13.0 Communication between home and school

13.1 It is the parent's responsibility to share all medical conditions with the school and should be aware of the schools' confidentiality code of practice that ensures that their child's needs will only be shared with the appropriate members of the school staff.

13.2 Discussion about a child's medical needs by other members of staff could be considered a disciplinary measure and will be dealt with following the policy.

14.0 Reviewing the policy

14.1 This policy will be reviewed by the Governing Body every two years or earlier if necessary.

APPENDIX 1

ORCHARDS
Church of England Academy

Step by Step Guide to First Aid at Orchards

- We have 24 staff trained in First Aid and Paediatric First Aid across the school. The school will ensure that these staff have their training updated regularly. A list is kept in all classrooms of who the First Aiders are.
- A first aider will attend to any child with an accident or injury.
- First aid will be recorded on Smartlog, which automatically should send out an email to parent/carer number one on the parent/carer contact list. This list can be changed or updated in the office at any time.
- In the event of a head bump a phone call home will be made as well as the Smartlog notification. The parent/carer will be invited to come in to school and assess the injury themselves.
- If any injury requires further medical attention, parents/carers will be contacted as soon as possible and recommendations will be given by the First Aider.
- In the event of an emergency, the school will call for an ambulance first and contact the parents/carers as soon as possible.
- We are unable to administer any medication in school, except where it is specifically required four times a day, from a Doctor's prescription. Please see the office with any requests.

*****Parents will need to have regular access to their emails to keep up to date with any first aid. Please contact the office if you are unable to do this.**

APPENDIX 2:

FIRST AID TRAINED STAFF

Staff	Location/ Classroom	First Aid Date runs out (3 Year Cert)	Paediatric First Aid Date runs out (3 Year cert)	First Aid at Work Date runs out (3 Year Cert)
Karen Cochrane	Nursery	NA	6/9/25	NA
Karen Eyers	Various	NA	6/11/25	NA
Alison Gidney	The Hub	9/6/25	9/6/25	9/6/25
Sam Moore	The Hub	NA	6/9/25	NA
Kat Smith	Nursery	NA	6/9/25	NA
Alice Trundle	Nursery	NA	6/5/25	NA
Emily Smith	6S	NA	13/6/24	NA
Ryan Rouse	4RR	NA	30/11/24	NA
Katie Crawley	1C	NA	30/11/24	NA
Julie Carlile	Her Office	NA	30/11/24	NA
Natalie Ball	Rec	NA	5/9/26	NA
Alison Hill	Rec	NA	5/9/26	NA
Faye Clarke	Yr 1	NA	5/9/26	NA
Pam Hadlow	Yr 2	NA	5/9/26	NA
Julie White	Yr 4	NA	5/9/26	NA
Tara Banks	Radio	NA	5/9/26	NA
Julie Harrison	Radio	NA	5/9/26	NA
Helen Fletcher	Rec	NA	5/9/26	NA
Amy Kitchen	Rec	NA	5/9/26	NA
Alison Perry	The Hub	NA	5/9/26	NA
Elissa Britain	Nursery	NA	5/9/26	NA

APPENDIX 3:

Head Injury Advice Sheet

Advice for parents and carers of children

How is your child?

RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help.
Go to the nearest Hospital Emergency (A&E) Department or phone 999

AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today.
Please ring your GP surgery or contact NHS 111 - dial 111 or for children aged 5 years and above visit 111.nhs.uk

GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care
Continue providing your child's care at home. If you are still concerned about your child, contact NHS 111 – dial 111 or for children aged 5 years and above visit 111.nhs.uk

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

Head Injury Advice Sheet

Advice for parents and carers of children

Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz

Football: goo.gl/zAgbMx

For further support and advice about head injuries, contact:

- Visit the Brain Injury Trust website.

CS51313

APPENDIX 4:

Care plan for

Date:

Name of Child	
Persons responsible for care	
Medication	
Description of care required	
Break and Lunch	
PE	
Toilets	
Day, trips etc	
Parent responsibility	

Signed

Teacher:

SENCo:

Parent:

APPENDIX 5

Orchards CE Academy - Form Med 1

MEDICAL INFORMATION AND CONSENT FORM FOR THE ADMINISTRATION OF MEDICATION

p

NAME OF CHILD:		
DATE OF BIRTH:		
NAME OF PARENT / CARER:		
HOME TELEPHONE / MOBILE No.		
WORK TELEPHONE No.		
NAME OF GP:		***TELEPHONE No:***
HOSPITAL CONSULTANT: ***(if applicable)***		***HOSPITAL:(IF APPLICABLE)***

I consent to my child receiving the following medication in school:

I undertake to ensure the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor are correctly labelled, in date, with storage details attached (if applicable), and that the school will be informed of any changes.

I understand that the medication will be given by a member of staff who has received appropriate training in accordance with the Local Authority Code of Practice.

Signed _____ **Parent / Carer**

Date _____

APPENDIX 6:

MEDICATION ADMINISTERED AS NECESSARY

DATE	CHILD'S NAME	MEDICATION	DOSAGE	TIME GIVEN	SIGNATURE