



# Stottesdon C. of E. Primary School

*The Shropshire Gateway Educational Trust*



## **First Aid and Administration of Medicines Policy**

- The school will ensure that, adequate and appropriate facilities are provided to enable first aid to be rendered to staff and pupils should they be injured or become ill. A risk assessment has been undertaken to ensure the provision is suitable for the school at all times including out of normal working hours and on visits and journeys. The school seeks to ensure that at least 2 members of staff have received training on a first aid course and two other members of staff have the additional paediatric training.
- If medical assistance is thought to be necessary, parents will be contacted. However, should the parent(s) be unavailable medical assistance will be sought by the school and the child will be accompanied to the doctor's or hospital by a member of staff.
- A list of First Aider's and their certificates are displayed in the staffroom. The following staff members are trained First Aiders:

### **First Aid Facilities**

- The first aid boxes are placed in clearly identified and accessible locations:  
a) by the staff room, b) In the kitchen by the hall. c) in each classroom
- Each first aid box contains a list of required first aid items and sufficient quantities of suitable first aid material and nothing else. Contents of the box will be replenished as soon as possible after use in order to ensure there is always adequate supply of all materials. (Additional supplies are stored in the medical room/PPA room/staffroom. Each classteacher and the Administrator/First Aid Co-ordinator is responsible for ensuring these are replenished as soon as possible after use.
- Disposable plastic gloves (avoid using latex gloves because some people suffer from an allergic reaction) are provided in the first aid box.
- Notices are posted in prominent positions throughout the school giving locations of first aid equipment and the names of the first aiders.

### **Recording First Aid Treatment**

- Records of all incidents treated will be made in the accident/Incident book for pupils/students for events that do not arise out of a fault of the premise/activity etc. All other incidents will be recorded on the CARs forms and the pink copies of the CARs forms kept in the Administrator's office in the locked filing cabinet. See Trust H&S policy for further information on accident/incident reporting.

### **Bumps to the Head**

- Anyone receiving a blow to the head should be assessed for concussion. If they have no signs or symptoms they may be able to continue with their previous activity; however, they should continue to be monitored because symptoms may develop at a later time. Symptoms of concussion include things such as unconsciousness, headaches, dizziness, loss of or abnormal vision, ringing in the ears, sleepiness, stomach ache, nausea, poor coordination or balance, slurred speech, poor concentration, strange or inappropriate emotions, feeling generally unwell. While concussion guidelines apply to all age groups particular care needs to be taken with children and adolescents because children and adolescents with suspected concussion MUST be referred to a Medical

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Practitioner immediately for initial assessment.

- If the blow to the head has been as a result of significant collision First Aiders will assess whether there needs to be notification of carers in person/email or phone call. This includes notification of child minders/Chorley Family Playgroup/staff teaching pupils for the rest of the day. If staff are in doubt they should always notify carers/staff. Second opinions are recommended.

**Administration of Medicines:** PLEASE SEE FULL GUIDANCE: MEDICINES: ARRANGEMENTS PART OF SECTION 5 2010 (SERVER: ALL STAFF: POLICIES: POLICIES 2014)

- First Aid does not include administering medicines to children. Staff will require additional training and consent to administer medicines e.g. insulin, use of an epi-pen etc. This will only be after full consultation with the parents/guardians/carer and the school nurse.
- There are two main sets of circumstances in which requests may be made to a Head for PRESCRIBED medicines to be administered to pupils at schools:-
  - cases of chronic illness or long-term complaints, such as asthma, diabetes, epilepsy, cystic fibrosis, anaphylaxis.
  - cases where pupils recovering from a short term illness are well enough to return to school but are receiving a PRESCRIBED course of antibiotics, other medicine, etc.

A third circumstance is cases where pupils who suffer occasional discomfort such as toothache or period pain may require analgesics (pain relievers). IN THIS THIRD CIRCUMSTANCE THE HEADTEACHER MUST ALWAYS BE CONSULTED.

- Staff can be with the child as the child administers their own medicine. Any member of staff witnessing the child taking their medicine must sign a form to confirm this. (N.B. this also applies to using an asthma inhaler.) Where ever possible 2 members of staff will be present especially when having to administer the medication.
- Medicines are kept in the locked cupboard within the staffroom (Administrator's office or can be found stored in the fridge in the staff room if required to be refrigerated).
- Parents/Guardians will be required to complete a consent form asking for medicine to be administered and stored in the school. Parents/Guardians must be made aware they will be responsible for making sure the medicine is kept within date. The Asthma Policy and Guidelines contains the consent form for administrating medicines WHICH MUST BE COMPLETED IN ADVANCE.

**Principles/criteria relevant to the administration of medicines in schools:**

- Whenever possible, parents should be asked to make arrangements to come into school or for pupils to return home at lunchtime (or other breaktime if convenient) for arrangements.
- Where it is not feasible and/or practicable for parents to administer and the Head is requested to consider administration by the school the following principles apply:-
  - A proper written request is made by the parent.
  - It is clearly necessary for the medicine to be administered during school time. This assumes:
    - that the pupil concerned is properly fit to attend school and if not, he/she should be at home (Heads have the power to return home a pupil they consider not to be well enough to be in school).
    - that the prescribed dosage must be given during the school day. If it is sufficient to dose before and after school then the school should not be being asked to administer additional doses during the school day. Parents should be encouraged to ask the prescribing doctor (or dentist) if it is possible for medication to be prescribed in dose frequencies which enable it to be taken outside school hours.
- The parent's written request should be received, preferably delivered by the parents, confirming that it is necessary for the pupil to take medicine during school hours. Oral



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requests from the pupil or parents should only be acted upon in the most extreme cases. The request form should also specify:-

- the name of the medication;
- the dosage and time of administration (stating clearly whether timing is critical);
- the reason for the medication;
- reason(s)/times when the medication need not be administered (e.g., when there is not an asthma attack);
- the name and telephone number of the doctor responsible for prescribing the medication;
- possible interaction with any other medicines or other pain relievers such as paracetamol.
- emergency contact name and day time telephone number.

If Heads are unsure about a particular request it is recommended that they ask for a doctor's note to confirm the information required.

- The medicine, in the smallest practicable amount should then be brought to school by the parent, not the pupil, and delivered personally to the Head or an appropriate member of staff. These medicines must:-
  - be clearly labelled with the pupil's name ) (the medicine must be in the
  - be clearly labelled with the contents ) original bottle/packaging in
  - be clearly labelled with the dosage ) which it was prescribed).
  - be clearly labelled with the date
  - be kept in a suitably locked cupboard\*, away from the pupils. Medicines which need to be kept in a refrigerator may be kept in a closed and labelled airtight container within a domestic refrigerator again not accessible to pupils.
  - If there is doubt about how a medicine should be stored the local pharmacist will usually advise.

(\*Note: the requirement to keep medication in locked facilities does not apply to asthma inhalers which should either be being carried by the pupil or if the pupil is not capable of undertaking the medication him/herself be readily accessible when needed).

- A written record should be kept of the dates and times of each administration. It is further recommended that parent signed request forms be kept within the administration record file until such time as the period of medication has finished for reference purposes when necessary. Thereafter the request form should be transferred to the pupil's personal file.

An individual record of administration sheet should be kept for each pupil on long term medication. This again should be filed on the pupil personal file on completion of the medication.

Such medicine administration records should be transferred as part of the pupil's personal file to any other schools attended.

It may be sensible for a designated member of staff to be made responsible for administering medication provided suitable other arrangements exist to cover any absence.



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- Parents are responsible for informing the school, in writing, if there is any change of dosage.
- Parents are responsible for obtaining fresh supplies of medication.
- Parents are responsible for informing the school if the medication has been stopped by the doctor.
- It should not normally be necessary for non prescription, or over the counter medication to be brought to school for administration by the school. In rare situations where the school have agreed to administer such medication it must be in the original container which will have the name of the medicine, the manufacturer's name, the manufacturer's guide on dosage by age range and the expiry date.
- The school should never give medication which is not properly labelled and/or has no clear guidelines on dosage.
- Pupils with asthma who are normally responsible for their medication at home should be responsible for this at school as well. (Also see separate section about asthma).

#### **Administration of analgesics (pain relievers) to pupils**

- The school would be acting in loco parentis in providing pain relievers to pupils who suffer discomforts such as headaches, toothache or menstrual pains. To ensure the practice is controlled parents should be contacted prior to any administration of pain relievers. There is also a risk that if pain relievers are not administered in a controlled manner pupils may bring tablets into school and dispense them freely amongst their friends.
- If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication.
- It should be noted that:-
  - Standard Paracetamol is the only pain reliever that should be used for pupils aged 12 years or over. Only preparations of paracetamol designed specifically for children or younger pupils should be used for pupils under 12 years. Paracetamol in either form should not be given to a pupil receiving other medication from a doctor without first checking with the parent, GP or pharmacist to ensure that there are not likely to be adverse health effects from their interaction.
  - On no account should aspirin or preparations containing aspirin be given to pupils. This is particularly important where pupils under 12 years of age are concerned. Ibuprofen should not be administered.
  - Dosage must always be in accord with the instructions specified on the product container.
  - It is good practice for the member of staff administering the pain reliever to ensure the pupil swallows the tablets to prevent their accumulation. The pupil should also be asked if they have taken paracetamol or any other medication within the last 4 hours.
  - A written record should be kept of the dates and times of each administration in the schools Administration of Medicines Record Log. This record will also provide information about any child requesting frequent analgesia which can be brought to the parent's attention so that further medical assessment can be made.



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Appendix 5: Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Name and phone no. of GP	
Name/type of medicine (as described on the container)	
Dosage and method	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

I accept that this is a service that the school is not obliged to undertake.  
I understand that I must notify the school of any changes to my child's medication in writing.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Please note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labeled and in date.

