



Healthcare, Medicines, First Aid and Accident Management & Reporting Policy

AIMS

The aims of our Healthcare, Medicines, First Aid and Accident Management & Reporting Policy are to:

- Ensure the health and safety of all staff, pupils and visitors;
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety;
- Support children with medical conditions;
- Provide a framework for responding to an incident and recording and reporting the outcomes.

ROLES AND RESPONSIBILITIES

-The Local Authority has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing body. In turn, the governing body delegates operational matters and day-to-day tasks to the Headteacher and staff members.

The **Headteacher** is responsible for

- the implementation of this policy;
- ensuring that an appropriate number of trained first aid personnel are present in the school at all times;
- ensuring that first aiders have an appropriate qualification, keep training up-to-date and remain competent to perform their role;
- ensuring all staff are aware of first aid procedures;
- ensuring appropriate risk assessments are completed and appropriate measures are put in place;
- ensuring that adequate space is available for catering to the medical needs of pupils;
- reporting specified incidents to the HSE when necessary;
- ensuring that staff members, and parents/carers where appropriate, are aware of this policy and procedures.

This duty also extends to staff leading activities that take place off-site during the school day, in addition to trips and visits.

All members of staff have a personal responsibility for:

- ensuring that they understand this policy;



- ensuring they follow first aid procedures;
- ensuring they know who the first aiders in school are;
- completing first aid book entries for all incidents they attend to where a first aider is not called and any accident reports where they were a first responder;
- Informing the headteacher or their manager of any specific health conditions or first aid needs.

Members of staff have a duty of care to act as any reasonable prudent parent would in order to ensure that children within the setting are healthy and safe.

SUPPORTING PUPILS WITH ONGOING MEDICAL CONDITIONS

The school will work with the local authority, other health professionals and support services to ensure that children with medical conditions, specific dietary needs or known allergies receive a full education.

The school will aim to ensure that any social or emotional implications associated with a child's condition are considered and an appropriate level support provided when necessary.

Our policy is not to care for sick children, who should be at home until well enough to return to the school, but to maintain their health and well-being whilst they recover from an illness or are in the process of managing an ongoing condition.

Pupils requiring support for ongoing medical conditions will be attributed an individual health care plan - different to an [SEND] Educational Health Care Plan. -This will be updated annually.

Parent/carers of children for whom the school considers a Healthcare Plan, appropriate are invited to discuss their child's needs with the DWR Manager, prior to admission.

When the school is informed that a child will require the administration of long term medication during the school day, parents/carers are asked to complete a Healthcare Plan which provides us with the relevant information for the medical condition. We ask for this to be verified by the child's consultant or GP. Parents/carers are also asked to complete an accompanying Administration of Medication form - stating the name of the medication, the required dosage and frequency.

We ask parents/carers of children new to the school to provide a recent photo of their child to accompany the Healthcare Plan. For existing pupils, we will use the individual school photo already on file. Each child will be identified via an A4 pupil profile sheet containing their photo, details of their condition, the name of their class teacher, where the medication is stored and where to find further information. This information will also be displayed in the kitchen areas for those children with allergies and/or dietary conditions.

Details of all named children (i.e. those with active healthcare plans - can be found in *Z:\Health and Safety (inc First aid)\Healthcare & Intolerances\Current Info - Named Children*



A copy of the current Healthcare Register is circulated to all staff at the start of the academic year as a working (live) document. It remains the responsibility of staff members to ensure they have an awareness of the current status of the document. The details are also logged on our management information system (SIMS) within the relevant pupil profile. Information and original documentation relating to named children is held in the DWR Manager's office in the KS1 building. Additional copies of pupil Healthcare Plans and administration of medication permissions are held in the KS1 and KS2 reception areas as appropriate.

Named children will be allocated a medical box containing their photo, duplicate paperwork, their prescribed medication, the relevant administration instructions and an administration log - this must be signed by the relevant member of staff upon administration of any medicine.

The following excerpt (in *italics*) is communicated via newsletter to the whole school parent body, each September:

*"It is the responsibility of the **parent/carer** to provide sufficient and up to date information relating to their child's medical condition and complete an Individual Healthcare Plan for their child, in conjunction with the designated named person within school, notifying him/her of any changes to the child's healthcare needs as soon as they become aware of them. This includes day to day symptoms and associated factors.*

At the point of admission, parents/carers are asked to disclose on the admission form the details of any pre-existing medical condition, illness or dietary complaint which requires ongoing prescribed medication and/or day to day management.

Should a child develop such a condition following admission to the school, parents/carers should notify the relevant front of house at the earliest opportunity.

The school cannot take responsibility for a child's healthcare or medical needs if they have not been communicated via these channels.

Such information will be passed to the member of staff responsible for coordinating healthcare, who will invite the parent/carer into school to complete an Individual Healthcare Plan for the child.

Individual Healthcare Plans - not to be confused with (SEND) Educational Health Care Plans - are updated annually and will accompany the child as they move up through the school, with changes applied during the academic year upon receipt of updates from parents/carers.

Upon completion of the plan, details are logged in a secure format, with the information necessary to ensure the child's day to day safety and well-being then being communicated to teaching, support, and front-of-house staff who are provided with one page summaries with a photograph of the child. Where appropriate, kitchen staff are provided with an at-a-glance overview of any allergy or dietary need."

ADMINISTRATION OF MEDICINES

There is no legal duty that requires schools to administer medicines; however, we have a duty



to make arrangements to support pupils with medical conditions and/or specific dietary needs and will administer prescription medication to assist that process. The school is not permitted to administer any medication that is not prescribed.

In all cases, medication must be brought into the school by the parent/carer, not the child, and should be handed to the relevant front of house who should then record that it has been received. It is absolutely essential that only medication in its original labelled container is accepted. The person receiving the medicine should check that the label states the name of the child, that the dose communicated by the parent/carer tallies with that detailed on the label and that the medicine is in date. Where the medicine is in tablet or capsule form, they should ideally check the number provided.

Parents/carers have a duty of care to advise the school as soon as possible, should their child's prescription change or no longer be required.

Members of staff administering medication do so voluntarily, supported by the school with appropriate training as and when required. Those doing so will be indemnified by the local authority's liability insurance for any claims made against them provided that they have received training, undertaken any necessary refresher training, followed the guidelines within the Health Care Plan (if applicable) and used the correct protective and administrative equipment.

Should a member of staff be unwilling to administer medication, they should notify the Headteacher directly to request that they not be asked to do so and for that request to be noted in their personal file.

Volunteers or helpers will never be asked to administer medication.

The **school nursing service** will deliver the necessary training and advice to members of staff who have agreed to administer specialist medication to children with medical conditions, specific dietary needs or to those with known allergies and support the school in its efforts to provide an inclusive provision for all pupils. This applies to all medication that is delivered in anything other than liquid or tablet form.

If a child has not had a particular medicine before, the school advises that they stay at home for the first 48hrs to ensure that there are no adverse reactions as well as allowing sufficient time for the medication to take effect.

Prescribed medication for a long term condition:

Any child with a Healthcare Plan that requires the school to regularly administer prescribed medication will have fixed term medication, which must remain in school at all times - the exception being when the child is on a class trip/visit or sporting event.

Parents/carers remain responsible at all times for ensuring that there is a sufficient amount of in date medication in school for their child, which should be supplied in its original packaging and be clearly labelled with the name of the child and dosage instructions. The exception to this is insulin, which may be provided in a secondary pen or pump.

The named box in the teacher's cupboard in which the medicine is stored will contain a dispensing log, which the relevant first aider is required to complete upon the administration of any medicine.

Controlled drugs can be administered only by named staff. The person(s) administering the drug must receive appropriate training from the school nursing service or another suitably



qualified health professional. Each time the drug is administered it must be recorded, even if the child refuses to take it.

Short term prescribed medication:

1. Short term prescribed medication such as antibiotics can be administered by the school but only upon completion of the appropriate consent form, the ad-hoc medication request Form, available in both the KS1 and KS2 offices upon request. This form captures the child's name, the name of the medication, the required dose and agreed time of administration. It also includes information as to whether the medication is ongoing or should be taken up until a particular date. Any possible side effects must also be listed and the information leaflet that is normally supplied by the manufacturer made available. Ad- hoc forms will be kept for one whole term following administration and then destroyed. Any remaining medicine will be returned to the parent/carer.

SAFE STORAGE OF MEDICINES

Medicines can be classed as substances hazardous to health and as such must be stored securely. Some may need to be stored at a particular temperature or away from sunlight. Once accepted and on-site, a child's prescribed medication will be stored in a named box in their teacher's cupboard (long term) or school office (short term), unless they are controlled drugs. If required to be kept cool, medication should be placed in a fridge where children cannot freely access it. Stored medicines should be in a labelled airtight container and kept separate from food products.

The 'named box' may refer to the original prescription packaging (with the accompanying consent) in respect of short term (ad-hoc) medication, or a managed pupil healthcare box for longer term medication.

If a child goes on a school trip, an accompanying member of staff will ensure that all named medication boxes accompany the group. The boxes will remain in the direct control of the staff member until their return.

Controlled drugs such as Ritalin, Rectal Diazepam and Midazolam are classified by the Misuse of Drugs Act, DfE and ACPO Drug Advice for Schools and it is imperative that they are strictly managed. Parents/carers must hand these drugs to a named member of staff. No more than a week's supply of controlled drugs can be kept in school at any one time and the amount handed over to the school should always be recorded. Controlled drugs will be stored in a locked, non-portable container, to be accessed only by named staff. Misuse of a controlled drug, such as passing it to another child for use, is an offence.

DISPOSAL OF MEDICINES

The school will not dispose of medicines. Parents/carers are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. Under no circumstances should any type of medication be disposed of in regular waste collections.

FIRST AID PROVISION

A named member of staff has responsibility for ensuring that there is an adequate supply of



medical materials in first aid kits, that these items are in date and replenishing contents when required.

A sufficient number of named, independently trained first aiders are deployed across both the KS1 and KS2 buildings. A sufficient number of named, paediatric first aid trained school staff are deployed in the EYFS (Early Years Foundation Stage) setting.

The role of first aiders is to:

- take charge when someone is injured or becomes ill
- assess the situation where there is an injured or ill person and provide immediate and appropriate treatment
- ensure that an ambulance or other professional medical help is summoned when appropriate
- send pupils home to recover, where necessary
- complete first aid book entries for all incidents they attend and any accident reports required, on the same day or as soon as is reasonably practicable, after an incident.

The names and qualification periods of all designated first aiders are displayed prominently in all communal areas around the school. A log of training dates is maintained so that re-qualification training is organised in good time.

In addition, all members of staff undertake regular basic emergency first aid training via a classroom based session, led by a professionally qualified practitioner. This forms part of the school's INSET training

With all members of staff trained to at least a minimum level, a first aider is always on hand to accompany a child in the event of an emergency during off site activities. One member of staff will remain responsible for the pupil medication needs and ensure that all named medication boxes accompany the group.

Members of staff actively supervising trips, visits or sporting events should be aware of any medical needs and relevant emergency procedures - with individual risk assessments conducted if and when deemed necessary.

ACCIDENT MANAGEMENT AND REPORTING

Accident record book

Anyone suffering an injury on site must see a designated first aider. The first aider dealing with the injury must log it in a first aid logbook as soon as possible after the accident occurs. First aid logbooks are located:

- NURSERY (x1 accident/first aid book):
 - stored in the Nursery kitchen with first aid supplies
- EYFS & KS1 (x2 accident/first aid books, each covering separate areas of the playground):



- stored in the KS1 cloakroom with first aid supplies; but
- taken to playground when in use
- KS2 (x1 general accident/first aid book and x2 playground specific accident/first aid books):
 - all stored centrally in the KS2 Office; but
 - playground books taken to playground when in use

The designated first aider dealing with the incident and completing the log must include the following data:

- date
- time
- pupil first name and initial of surname
- registration group
- a brief description of the incident
- the actions taken and first aid administered
- their signature

Any first aider dealing with a bumped head is also required to indicate that a bumped head letter has been completed and given to the class teacher to hand to a parent or carer.

Records held in the first aid book will be retained by the school in line with its data retention policy (and for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979) and then securely disposed of. In order to maintain individuals' data protection rights, new first aid and accident books will be started at the commencement of each academic year. The previous year's books will be scanned for retention as detailed above.

Escalation of an incident

The designated first aider dealing with the incident decides how the incident should be escalated if necessary. Should an ambulance be required, the Front of House team in the relevant building must be notified immediately. The FoH team will summon the ambulance and advise the most senior member of the Senior Leadership Team (SLT) on duty. Parents/carers will then be contacted at the earliest opportunity.

In non-emergency situations but where further medical treatment or assessment may be required, the first aider should liaise with a member of the SLT. In non-emergency situations where no follow up treatment is required but the person would be better off recovering at home, the first aider should liaise with the FoH team or classteacher in the first instance.

Notifying parents

The school will inform parents of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day or as soon as reasonably practicable. Parents of children further up the school will be advised about bumped heads on the same basis.





Reporting to Child Protection Agencies

The Headteacher will notify the Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

Reporting to Ofsted

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

Reporting to the Health and Safety Executive

Any incident on site which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation must be reported to the DWR Manager who will oversee a report of the incident via the (LBRuT) ROSS portal <https://ross.info-exchange.com/Incidents>. The report, to be made by the staff member who dealt with the incident if at all possible, should be completed as soon as is reasonably practicable and, in any event, within 10 days of the incident. The DWP Manager will oversee the process and advise/guide any member of staff who is unfamiliar with the online reporting process.

Reportable injuries, diseases or dangerous occurrences include:

Specified injuries to workers:

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalpings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;

Over-seven-day injuries to workers:

Where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

Injuries to non-workers:

Work-related accidents involving members of the public or people who are not at work if a person is injured on site and is taken from the scene of the accident to hospital for treatment to that injury.

Reportable occupational diseases:

Diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by work. These diseases include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;



- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Reportable dangerous occurrences:

Dangerous occurrences are certain, specified 'near-miss' events (incidents with the potential to cause harm). Not all such events require reporting.

In the event that a pupil or member of staff has left/been collected from the premises as a result of an injury which is not reportable, a follow up call will be made to check on their condition, even if they appear well at the time.

Follow up and learning lessons

In the event of an incident involving onsite equipment, it will be put out of service where possible until such time that a full risk assessment can take place.

An overview of the incident will be undertaken by members of the Senior Leadership Team who will bring in any outside consultants that they see fit. Findings will be recorded. Details of the incident, findings and any remedial actions undertaken or planned will be presented to the Premises, Health and Safety Committee of governors at the latest at the next scheduled meeting.

Parents/carers who subsequently wish to question any part of the process or discuss how the incident is being followed up will be invited to meet with the Headteacher.

Status

- Reviewed by: Safeguarding Governors
- Last reviewed: Spring 2022
- Next Review: Spring 2024