



Beech Hill School

Medical Conditions Policy

Reviewed: September 2018

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Medical Policy

*Including First Aid, Medicines, Asthma
and Headlice*

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Medical Policy Statement

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines to dealing with Asthma and headlice.

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

Guidelines

New staff to the school are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

Conclusion

The administration and organisation of first aid and medicines provision is taken very seriously at Beech Hill School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Calderdale Local Authority . The school also discusses its first aid and medicines procedures with the school nurse each year. Adjustments are made immediately if necessary.

First Aid Policy Guidelines

First Aid in school

Training

A number of teachers and Teaching Assistants and midday supervisors are fully trained first aiders. First aiders attend retraining courses as required (page 7).

First aid kits

Midday supervisors and teachers on duty will need to assess injuries in the playground. If First Aid needs to be administered, children will be sent to the First Aid Station situated at the top of the hall. All First Aid administered must be recorded in the Accident book. After recording the incident, the yellow copy will need to be torn out and given to the office who will pass onto the class teacher to send home. These children will also be given a sticker to show that they have been given first aid.

Cuts

All open cuts should be covered after they have been treated with a medi wipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file.

ANYONE TREATING AN OPEN CUT SHOULD USE LATEX FREE RUBBER GLOVES. All blood waste is disposed of in the yellow bin stored in the cupboard by the school office.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. Parents and guardians must be informed BY TELEPHONE. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident book and a note will be sent home.

Accident book

The accident book is kept in the first Aid cupboard at the top of the hall. Foundation stage have their own book kept in the Foundation stage unit. Old books are stored in the school office.

Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate on Mount Pleasant Avenue and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

Health care plans will be created to support pupils with medical conditions. See **Annex 1** for the process of developing health care plans for individual children. The school nursing team will be contacted for guidance on how to support the child.

Parental permission

For children with chronic medical conditions the GP/nurse practitioners will formulate a care plan which will be implemented by the nominated members of staff . If this is not possible school staff will be formulate the plan with parents (form A).

We do not encourage pupils to carry/administer their medicine. (Forms B,C,D E).

Medicines in School

We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).

If medicine has to be taken four times a day and a lunchtime dose is necessary, the standard practice (see below) is followed.

Medicines will not be administered unless we have the written permission of parents. Medicines forms are available from the office. Support staff will help parents complete the form but the form will need to be signed by the Head teacher or Deputy Head teachers to authorise the administration of the medicine.

In the event of a child coming into school with medicines without a permission slip, we will attempt to gain consent for administration over the phone. If we are unable to contact parents this way then the medicine will not be administered.

Standard Practice

1. Ask the Parent/Carer to complete a Medicine Administration form.
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Measure out the prescribed dose (parents should provide measuring spoons/syringes).
8. Check the child's name again and administer the medicine.
9. Complete and sign the Administration of Medicine Record form when the child has taken the medicine .
10. If uncertain, DO NOT give – check first with parents or doctor.
11. If a child refuses medication, record and inform parents as soon as possible.

What can be administered?

In school we will administer medicines such as antibiotics, anti-histamine, cough mixture, throat lozenge, and paracetamol. **All medicines must be clearly labelled with the child's name and will not be administered unless they have the child's name on them.**

ANTIBIOTICS

We can administer antibiotics although this is usually undertaken by one of the fully trained first aiders. We can only administer ONE dose of an antibiotic during the school day.

ANTI-HISTAMINE

We can administer anti-histamines in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required.

COUGH MIXTURE/THROAT LOZENGES

We can administer cough mixture and throat lozenge in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required. Children should not be sucking on throat lozenges unsupervised.

PARACETAMOL

We can administer paracetamol in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required.

CREAMS

We can administer creams for skin conditions such as eczema. Staff must wear latex gloves. HOWEVER, staff must not rub cream onto a child's body, unless agreed with the parents. With agreement, application of these creams must be made under the observation of another adult.

Where medicine is stored

Medicines should be kept in the class (except inhalers and epipen). All medicines are kept in the staff room fridge or the locked cupboard.

Administration of medicines file

When medicine is administered, staff must complete the dated entry of this, which is printed on the back of the form. Before administering medicines, staff should read this dates entry section of the form to check that the medicine has not already been administered.

Medical problems

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the classroom. New photographs and signs are made of children with severe medical problems.

1. In the classroom
2. In the school office
3. In the school kitchen
4. In the staffroom

Epipens and anaphylaxis shock training

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens are kept in the class room and one is kept centrally in the Attendance office for each child. Staff receive annual training on the use of epipens. Children who require these epipens are listed as above. Epipens must be taken to all school trips and off site educational settings.

Inhalers

Children have their inhalers with them at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key stage 1 children will keep their inhalers with their class teacher for safety. Inhalers will be taken with children on educational visits.

OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.

Parent's permission is sought by the school at the beginning of the year to administer the emergency inhaler in the event the child does not have their own inhaler.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform parents and ask them to take appropriate measures. Repeated failure to deal with headlice may be seen as 'neglect' and outside agencies may be contacted. When we are informed of a case of headlice in school, we send a standard letter to the class where the case has been identified.

Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and we would ask the child if it was alright.

If your child has any of these infections they will need to stay off school for a prescribed period of time. The Headteacher or school office will advise Timescales (refer to disease schedule).

Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Off-Site visits

A First Aider will be present when children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

First Aid Equipment is stored in every classroom and the top part of the hall.

Annex A: Model process for developing individual healthcare plans



