



FINHAM PARK
MULTI ACADEMY TRUST

FINHAM PARK MULTI ACADEMY TRUST

MEDICATION IN SCHOOL AND FIRST AID POLICY

Written by: Rui Martins Tech IOSH
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Finham Park School
Green Lane
Coventry
CV3 6EA
Tel: 024 7641 8135
Fax: 024 7684 0803
Email: headteacher@finhampark.co.uk
www.finhampark.co.uk

Executive Headteacher: Mark Bailie
Chair of Trustees: Peter Burns MBE JP





MEDICATION IN SCHOOL AND FIRST AID POLICY

CONTENTS:

- Medication in School
- The Legal Aspects
- Aims of this Policy
- To achieve the Policy Aims, the School will
- Asthma, Epilepsy, Diabetes and Severe Allergic Reactions
- First Aid Room
- First Aid Boxes and First Aid Travel Bags
- First-Aiders
- First Aid Information
- In the event of an accident/asthma attack
- Accident reporting
- Recording information and Communication
- Reference used in compilation of this policy
 - DfE Circular 14/96 'Supporting pupils with medical needs in schools'
 - DfE – a good practice guide (as above)
 - DfE - Guidance on First Aid For Schools
- Appendices:
 - Specimen Accident Form
 - Request for administration of medicine
 - Request for child to carry medication
 - Agreement to administer medication
 - Record of school administration of medication
 - Care Plan





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MULTI ACADEMY TRUST

Medication in School

This school is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors.

The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the School in regards to all staff, pupils and visitors.

Most students may at some time have a medical condition which may affect their participation in school activities. This is likely to be short-term. Others, may, have medical conditions which, if not properly managed, could limit access to education.

These are regarded as having medical needs and extra care may need to be taken in supervising these students in some activities.

The School complies and accepts responsibility, in principle, for school staff **who volunteer** to supervise students taking prescribed medicine during the school day.

Medication should only be taken when absolutely essential. Parents should ask the prescribing doctor to prescribe in dose frequencies which will enable it to be taken outside school hours. If necessary, the prescribed dose should only be brought to school on a daily basis. Where a student has been prescribed medication from a GP, the Medical supervisor must be informed, so that a healthcare plan and medication form can be completed. Medication will be stored in the medical room and will be logged on to care plan when administered.

Non-prescription medication (painkillers/ analgesics) should not be given by staff. Students should be discouraged from having such medication in school because of possible misuse by themselves or dangers to other students. If a student attends school suffering from acute pain, (such as migraine), and brings with them non-prescription medication, they should have written authorisation from a parent. This should provide instructions about when the child should take the medication. The student should be supervised by a member of staff and parents notified in writing that medication has been taken. (A First Aider could be asked to supervise and notify parents).

The Legal Aspects

This policy aims to comply with paragraph 3(6) of the schedule to the Education (Independent School Standards) (England) Regulations 2003 (SI 2003/1910), Finham Park MAT is the employer and is ultimately responsible, through the governing body and Headteacher, for the implementation of the Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the First aid at work: Health and Safety (First Aid) Regulations 1981, approved code of practice and guidance.





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All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the administration of first aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

Anyone on the School premises is expected to take reasonable care for their own and others' safety.

This policy is part of a number of school policies aiming at safeguarding children in all circumstances.

Aims of this Policy

To ensure that the School has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

- To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- To ensure that medicines are only administered at the School when express permission has been granted for this.
- To ensure that all medicines are appropriately stored.
- To promote effective infection control.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

To Achieve the Policy Aims, the School Will

- Have suitably stocked first aid boxes as instructed during the First Aid course;
- Carry out a suitable and sufficient assessment of the risks posed to persons in the event that they suffer an accident, injury or ill health;
- Appoint sufficient First Aiders to take charge of first aid.
- Provide information to employees, pupils and parents on the arrangements for first aid.





- Have a procedure for managing accidents, including immediate liaison with emergency services, medical staff and parents.
- Review and monitor arrangements for first aid on as appropriate on a regular basis (and at the very least on an annual basis).

Asthma, Epilepsy, Diabetes and Severe Allergic Reactions

All these conditions may require medication during the school day. At secondary age the students should have become mature enough to be responsible for administering it.

Students are responsible for carrying their own inhalers for treatment/prevention of asthma attacks; diabetics will normally be on medication taken out of school hours; diabetics will also normally be on a regime of injections of insulin out of school hours but care must be taken to ensure that meals and snacks are taken at regular intervals and physical activity taken into account.

Anaphylaxes (severe allergic reactions) can be very serious. Where severe anaphylaxis is known about, the student should carry the prescribed dose of adrenalin for immediate administration. First Aiders are trained to administer this.

First Aid Room

The Education (School Premises) Regulations 1999 state that a school should have accommodation for medical or dental examinations, treatment and for care of students during school hours. This school has a designated First Aid Room which is located near to the Reprographics and Finance Office and it is clearly marked by a sign.

First Aid Boxes and First Aid Travel Bags

The first aid boxes are located in the following locations:

- Main Reception.
- Science Department (Classrooms.....).
- PE Department - PE Office (Boys Changing Room; Girls Changing Rooms).
- Technology Department
(Classrooms)
- Art Department
(Classrooms).
- Site Services Office.
- Personalised Learning Centre (PLC)

Very minor injuries can be dealt with by any member of staff and each First Aid Box contains the items as outlined in the DFEE Guidance on First Aid or Schools Document. A First Aid box are also in the school minibs and a kit is available to be taken on school journeys.





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It is important to keep the first-aid boxes fully stocked. If an item is used it should be replaced immediately by the Principal First-aider in First Aid Room. In addition, the Facilities Manager will ensure that each box is checked by the Principal First-aider every year. If first-aiders and staff find that supplies are running low, it is their responsibility to replace missing items.

First Aiders

The main duties of First Aiders are to give immediate first aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary.

The school identifies the need for trained first-aiders in sufficient numbers and at suitable locations to enable first-aid to be administered without delay. The practical, physical education and sports departments are areas where first-aid assistance is readily available at all times.

A first-aider must hold a **current** Certificate of Competence in First-Aid at Work issued by an organisation approved by the HSE, e.g. St John's Ambulance. Training courses normally take 4 days and the certificate is valid for three years. The school will maintain a record of employees who have undergone first aid training, which can be requested from the Principal First-aider and Facilities Manager.

First Aid Information

Notices are located throughout the School indicating the location of the first aid boxes and the names of the School's First Aiders.

IN THE EVENT OF AN ACCIDENT / ASTHMA ATTACK

THE FOLLOWING APPLIES

- 1) In the case of serious injury, the student must not be moved and a First Aider must be notified.
- 2) The member of staff to refer the student to First Aid Room will contact the First Aider.
- 3) The First Aider will decide whether a referral to hospital is necessary. If not, he/she will deal with the matter.
- 4) If transfer to hospital is necessary, the First Aider or designated person will telephone the emergency services and/or the parents/emergency contact of the student to request them to meet at the hospital.





FINHAM PARK
MULTI ACADEMY TRUST

- 5) The member of staff must check with the First Aider, that the situation has been resolved at the earliest opportunity.
- 6) If no 'emergency' contact can be made with the relevant family and a referral to hospital is necessary, then:
 - a) A member of staff not teaching will accompany the student to hospital if the parents are not contactable or available.
 - b) First Aider or designated person will continue to attempt to contact parents.
 - c) If a member of staff has had to wait until the end of treatment, they will have to take the child home and explain the situation to parents, if this is possible.

PLEASE NOTE:

- 1) Teachers/tutors are expected to deal with routine sickness/headaches. Please keep students in lessons as long as possible. If necessary, contact the relevant Head of Year.
- 2) Following any bump/knock to the head the student, parents are contacted and asked to take the child into hospital.
- 3) As per 6-a) (stated above)
- 4) If a member of staff does not wish to use their own car a taxi will be called. Claims via 'travel' expenses are perfectly legitimate for any car journey made.

The legal position is that a student must be accompanied to hospital by an adult.

An adult accompanying a child by car/ambulance/taxi must stay at hospital until parental contact is made/parents arrive.

Accident Reporting

All accidents/Incidents must be recorded on official accident forms, usually by the member of staff responsible for the student at the time of the accident and/or the First-aider. All reports will then be analysed and investigated by the Principal First-Aider and/or Facilities





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Manager, all recorded documents are to be kept in the Accident Reporting Folders in the First Aid Room.

Recording Information and Communication

Parents are asked to supply information about medical conditions on the Admissions Form. This information is transferred to Health Care Lists, produced annually, to inform all staff of students with health problems, major and minor. Information which is supplied during the year is added to a copy held by the Principal First-Aider. Year Heads also hold information about serious medical conditions of students in their year group and pass this information on to first aiders and staff who come into contact with these students. Information is updated also by discussion with the School Health Adviser following health interviews and medicals, where the information is not confidential. This ensures that information can be added to (or deleted from) the Health Care Lists.

Care Plans

For those students with a significant medical need, Care Plans will be constructed jointly by the Principal First Aider, the Parent/Carer, and where applicable the medical professional(s).

Procedure for Sick Pupils

Students who feel unwell should be sent to the First Aid Room to explain the nature of their illness. The decision to send a sick student home will be made by the Principal First-aider with the knowledge of a college leader or mentor. Unwell students must be signed out when leaving school for medical reasons.

Students with medical needs must be brought to the attention of the SENCO and teaching staff in year group meetings, and to the attention of all supervisory staff and extended school staff. Details will be shared in teaching assistant and lunchtime supervisor meetings and meetings with extended school staff.

Monitoring and evaluation

In order to monitor and evaluate this policy, injury/accident books will be monitored to identify recurring incidents which may be prevented if appropriate action is taken.

Reviewing

The school will review regularly the Medication in School and First Aid Policy and ensure that the necessary legal standards are being met and that, where improvements to the policy can be made in the light of monitoring accident reports, such improvements will be made.





Appendix 1

Accident/Incident/Near Miss Report Form

THIS FORM IS CLASSIFIED AS PROTECT.

Finham Park School collects personal information about you on this form in relation to accidents, injuries, diseases, near misses and dangerous occurrences arising out of or in connection with work. We may share your information with the HSE to ensure that we meet our legal requirements. For further information on how we maintain the security of your information and your rights to access information we hold on you please consult the Finham Park School Accident/Incident/Near Miss Procedure.

• **Definition of Accident/Incident:**

(*Mandatory Field)

(Please the appropriated answer)*

- Minor injury
- Injury/ill health
- Near miss/ dangerous occurrence
- Verbal/physical assault
- Road traffic incident
- Environmental

• **Establishment/Premises:***

SECTIONS A, B, C AND D TO BE COMPLETED BY INJURED PERSON IF POSSIBLE

A. Personal details of injured person (if reporting a near miss / dangerous occurrence or an environmental incident go to Section B)*

Male*

Female*

Age*

Home address*

Post Code*

Home Telephone No. (if known)

Surname*

Forenames*

Status:*

Pupil or Student

Work Experience/14-19

Agency Staff

Volunteer

Employee

Contractor

Member of Public

Customer

Trainee

Employee Job Title:

Full Time*

Part Time*

B. DETAILS OF ACCIDENT/DANGEROUS OCCURRENCE (please continue on separate sheet)*

(Continue on separate sheet if required)

Date of accident/incident:*

/ /

Time of accident incident:*

am/pm

Describe the circumstances Please provide as much information as possible including contributing factors e.g. weather, floor conditions, noise, lighting, using PPE, involved other people, doing something out of the normal job remit, not trained to do, any chemical/equipment involved, etc.)





Sections E and F to be completed by Headteacher / Deputy Head or Health and Safety Officer

E. KIND OF ACCIDENT*

--

F. ACTION TO PREVENT RECURRENCE * (please continue on separate sheet)

What action are you taking to prevent recurrence? Specify the cause and the action that can be taken to prevent it from happening again. If there appears to be no cause of the accident, this needs to be stated). If a risk assessment or safe system of work has been reviewed following the accident, details should be given on any additional measures to be implemented.

--

(Continue on separate sheet if required)

When will it be implemented?*

/ /

Signed by Supervisor/ Teacher/ Ancillary

Signature	Print Name	Date / /
-----------	------------	----------

Signed by Principal First-aider and/or the Facilities Manager*

Signature	Print Name	Date / /
-----------	------------	----------

Facilities Manager Use Only

Notification to HSE:	F2508 serial number:	Date Inputted:	Initials:
----------------------	----------------------	----------------	-----------

Definitions of Incident/Accident:

Accident/Incident – any unplanned event that results in injury or ill-health to people involved in activities, or damages equipment, property or materials but where there was a risk of harm

Minor injury – any minor injury such as a scratch, bruise, minor cut or grazing

Injury – any injury or ill-health which has arisen out of, or in connection with the work activity (excluding minor injury)

Near Miss - any incident that could have resulted in injury, damage or loss but did not on this occasion but could in the





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future

Dangerous Occurrence – any unplanned event that is listed in schedule 2 of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) examples can be found in appendix 1 but include; exposure of hazardous substances, collapse or failure of building structure, outbreak of fire.

Verbal & Physical Assault - any incident, in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threat as well as physical attacks of violence

Road Traffic Incident – Any incident which causes injury or damage to a person, animal, vehicle or property whilst driving for work. This does not include any Road Traffic Incidents that happen on your commute to and from work, as it only applies when you are driving for a work activity (for example travelling to and from meetings or training venues). This applies whether you are driving your own vehicle, a Finham Park fleet vehicle including minibus or a hire vehicle.

Environmental – any incident which solely impacts on the environment, for example discharge to drainage, damage to flora and fauna and spillages





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Kind of accident:

Animals - injured by
Anti-Social Behaviour
Asbestos - possible or actual exposure to
Assault - Physical - malicious - person or vehicle
Assault - Physical - non malicious
Assault - Verbal
Assault - inter-violence non-school staff e.g. pupils
Damage to vehicle
Dismounting from/1getting out of vehicle
Drowning
Electricity or electrical discharge - contact with
Environmental - oil/chemical spill
Environmental - noise complaint
Environmental - smoke emission/fire
Environmental - odour emission
Environmental - issues from local residents
Environmental - waste issues
Environmental - damage to flora/fauna
Explosion
Fall from height
Fire - exposure to
Gas/Steam - release of
Hand Tools
Harmful Substance - contact with/exposed to
Hit by moving/flying or falling object

Machinery - contact with moving machinery
Machinery - contact with materials being machined
Manual Handling - lifting/carrying objects
Manual Handling - lifting/carrying persons
Play equipment - outdoor
Play equipment - indoor
Slip, trip or fall on same level
Sports Equipment - outdoor
Sports Equipment - indoor
Trapped by something collapsing
Trauma - Psychological/Physical
Weapon - use of
Vehicle Incident
Water Incident - on water or with water
Work Related Ill-Health

Type of Injury:

Hit by moving vehicle
Hit something fixed/stationery
Hot Work - welding/brazing
Hot Substance/surface - contact with
Insects

Allergic reaction
Amputation
Asphyxiation
Bite
Bruise
Burn
Cut, puncture or laceration
Dislocation
Drowned
Electric Shock
Existing medical condition/illness
Fracture (broken bone)
Graze
Illness due to medication
In need of resuscitation
Infection
Inflammation

Irritation - chemical or foreign body
Musculoskeletal – Repetitive strain injury e.g. carpal tunnel syndrome
Needlestick
No injury
Psychological/Mental Health
Poisoning/Gassing
Rendered unconscious
Respiratory
Scold - hot water/liquid
Scratch
Seizure/Fit - no previous history
Sight - loss of
Strain/Sprain
Teeth - damage to
Whiplash





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Parts of Body:

Abdomen
Ankle
Arm
Back/Spinal Column
Buttock
Calf
Chest
Chin
Ears
Elbow
Eye
Face (whole)
Fingers
Foot
Groin
Hand
Head
Hip

Knee
Leg
Mouth
Multiple
Neck
No injury
Nose
Pelvis
Ribs
Shin
Shoulder
Teeth
Thigh
Thumb
Toes
Tongue
Wrist
Other injuries specify





WITNESS: ACCIDENT/INCIDENT STATEMENT FORM

1.	Full name and address of Witness	
2.	Daytime contact number of witness (mobile number also if possible)	
3.	Job title of employee (If non- employee please specify)	
4.	Please confirm date and time of accident/incident	
5.	Name of injured person(if known)	
6.	Where did the incident occur (location)?	
7.	Do you know the person involved in the accident/incident? (If yes please answer questions 8 and 9 if not move to question 10)	
8.	How long have you known the person involved in the accident/incident?	

9.	In what capacity do you know them?	
10.	Please detail what you witnessed; please include what happened, if there was anyone else involved, other witnesses, weather, surface conditions etc.?	
11.	Can you confirm what you were doing at time of accident/incident?	
12.	What action did you take (if any)?	
13.	Do you believe anything could be done to prevent a similar accident/incident occurring in the future?	
14.	Please detail any other information you feel may be relevant.	

Name (Print): _____

Signature : _____

Date: _____

Appendix 3



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PUPIL HEALTHCARE PLAN

Date form completed:
Date for review:
Copies held

1. Pupil's information

Name of
pupil

Address of pupil

Post code

Date of birth Male Female

Condition

2. Contact information

Family contact 1

Name

Phone (Work)

Phone (Home)

Mobile

Relationship

Family contact 2

Name

Phone (Work)

Phone (Home)

Mobile

Relationship

GP
Name

Phone

Medical condition information

3. Details of pupil's medical conditions

Signs and symptoms of this pupil's condition

.....

.....

.....

Triggers or things that make this pupil's condition/s worse

.....

.....

.....

4. Routine healthcare requirements

(for example dietary, therapy, nursing needs or before physical activity)

During school hours

.....

.....

.....

Outside school hours

.....

.....

.....

5. What to do in an emergency

.....

.....

.....

.....

6. Regular medication taken during school hours

Medication 1

Name/type of medication (as described on the container)

.....
.....
.....

Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection)

.....
.....
.....

When is it taken (time of day)

.....

Are there any side effects that could affect this pupil at school?

.....
.....
.....

Are there any contraindications (signs when this medication should not be given)?

.....
.....

Self-administration - can the pupil administer the medication themselves?

yes no yes with supervision by:

Staff member's name

.....

Medication expiry date

.....

Medication 2

Name/type of medication (as described on the container)

.....
.....
.....

Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection)

.....
.....
.....

When is it taken (time of day)

.....

Are there any side effects that could affect this pupil at school?

.....
.....
.....

Are there any contradictions (signs when this medication should not be given)?

.....
.....

Self-administration - can the pupil administer the medication themselves?

yes no yes with supervision by:

Staff member's name

.....

Medication expiry date

.....

7. Emergency medication
(please complete even if it is the same as regular medication)

Name/type of medication (as described on the container)

.....
.....
.....

Describe what signs or symptoms indicate an emergency for this pupil

.....
.....
.....

Dose and method of administration (how the medication is taken and the amount)

.....
.....
.....

Are there any contraindications (signs when medication should not be given)?

.....
.....
.....

Are there any side effects that the school needs to know about?

.....
.....
.....

Self-administration – can the pupil administer the medication themselves?

yes no yes with supervision by:

Staff member's name

.....
.....
.....

Is there any other follow up care necessary?

.....
.....
.....

Who should be notified?

Parents Specialist GP Ambulance

8. Regular medication taken outside of school hours
(for background information and to inform planning for residential trips)

Name/type of medication (as described on the container)

.....

.....

.....

Are there any side effects that the school needs to know about that could affect school activities?

.....

.....

.....

9. Members of staff trained to administer medications to this pupil

Regular medication

.....

Emergency medication

.....

10. Specialist education arrangements required
(eg activities to be avoided, special educational needs)

.....

.....

11. Any specialist arrangements required for off-site activities
(please note the school will send parents a separate form prior to each residential visit/off site activity)

.....

.....

12. Any other information relating to the pupil's healthcare in school?

.....

.....

.....

Parental and pupil agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services) I understand that I must notify the school of any changes in writing

Signed Date
Pupil

Print name

Signed Date
Parent (if pupil under the age of 16)

Print name

Permission for emergency medication

- I agree that I/my child can be administered my/their medication by a member of staff in an emergency
- I agree that my/child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements
- I agree that I/my child can keep my/their medication with me/them for use when necessary

Name of medication carried by pupil

Signed Date
Parent/guardian (or pupil) if above age of legal capacity)

Headteacher agreement

It is agreed that (name of child)

- will receive the above listed medication and the above listed time (see part 6)
- will receive the above listed medication on emergency (see part 7)

This arrangement will continue until
(either end date of course of medication or until instructed by the pupil's parents)



Appendix 4

Residential visits and out of school activities

1. Pupil's information

Name of pupil

Address of pupil

Date of birth Mentor Group

Medical condition/illness

Visit destination

Date(s) of visit

2. Contact details

First contact

Name

Relationship to pupil

Address

..... Post code

Phone (Day) Phone (evening)

Mobile

Second contact

Name

Relationship to pupil

Address

..... Post code

Phone (Day) Phone (evening)

Mobile

Medication 1

Name/type of medication (as described on the container)

.....
.....

Expiry date

Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection)

.....
.....
.....

When is it taken (time of day)

.....

Are there any side effects that could affect this pupil at school?

.....
.....
.....

Are there any contraindications (signs when this medication should not be given)?

.....
.....

Self-administration - can the pupil administer the medication themselves?

yes no yes with supervision by:

Staff member's name

What to do in an emergency

.....
.....
.....

Medication 2

Name/type of medication (as described on the container)

.....
.....

Expiry date

Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection)

.....
.....
.....

When is it taken (time of day)

.....

Are there any side effects that could affect this pupil at school?

.....
.....
.....

Are there any contraindications (signs when this medication should not be given)?

.....
.....

Self-administration - can the pupil administer the medication themselves?

yes no yes with supervision by:

Staff member's name

What to do in an emergency

.....
.....
.....



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I understand that I must deliver the medication personally to:

Name of agreed member of staff

.....

Signature(s) (parent) Print

name

..... Print

name

Date

.....





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MEDICATION IN SCHOOLS AND FIRST AID POLICY

Written by Rui Martins

October 2015

To be reviewed

October 2018

Approved by DIRECTORS:

Signed:

Signed:

MARK BAILIE
Executive Headteacher

Board Member

Date: 10/05/2016

Date: 10/05/2016

Signed:

Date: 10/05/2016

PETER BURNS
Chair of the Multi Academy Trust

