

# Saint Mary's Primary School, Killyleagh



## First Aid and Administration of Medicines Policy

**Policy reviewed by staff – August 2020**

**Policy presented to parents for consultation –**

**Policy reviewed and ratified by Governors-**

The Board of Governors and staff of St. Mary's Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so. In formulating this policy, the school has given cognisance to the guidance set out in DE's 'Supporting Pupils with Medical Needs' and Circular 2017/04 'Safeguarding and Child Protection: A Guide for Schools'. Parents should understand that the implementation of this policy is based on the good will of staff. It is not a statutory requirement for staff to administer medication, but school staff will seek to support pupils and parents in a voluntary role. The school will endeavour to administer the medication at the nominated time(s) each day but we cannot guarantee that the medication will be administered at the exact time each day or indeed at all, given certain events that can transpire in a busy school day (e.g. teacher absence/trips) Please note that parents should keep their children at home if acutely unwell or infectious. Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent. Please see Appendix for template to record information required by school. Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time). For the administration of asthma inhalers please see the separate Asthma Policy. Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care. Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Each item of medication early labelled with the following information:

- Pupil's Name.
- Name of medication.
- Dosage.
- Composition of medication
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

The school will not accept items of medication in unlabelled containers. Medication will be kept in a secure place, out of the reach of pupils. If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed. It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased. It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. The school will not make changes to dosages on parental instructions. School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal. For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary, under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. We will carry out a risk assessment to review whether children will have access to nuts, etc. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed. All staff will be made aware of the procedures to be followed in the event of an emergency.

## First Aid Requirements in response to Covid-19

This document supplements the existing first aid arrangements.

First aid needs assessment and guidance form specific considerations relating to management of first aid is covered in COVID-19 Guidance for all education settings.

### **Practicing First Aid Safe Working Arrangements**

Avoid close contact in the first instance.

Consider where you may be able to instruct a person about what to do or pass them items that they need in order to treat minor injuries.

Stand at a distance if this is age appropriate.

If a person has suspected COVID-19, wherever possible, ask them to move to a location away from others.

If there is no physically separate room, or the individual is not able to move to another room, ask all other persons not required to assist in first aid provision to leave the vicinity.

Where a close contact response is needed (for symptomatic people), the following equipment is required:

- Disposable gloves
- Plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (for cleaning first aid box) Public Health have confirmed that PPE is not required for first aid for non-symptomatic people.

### **Using PPE**

Schools and settings might want to designate particular staff to support children with suspected symptoms but it is vital that any member of staff who uses PPE reads the national guidance (COVID-19 Personal Protective Equipment Guidance) and takes the time to familiarise themselves with the instructions for putting on and removing PPE.

### **Removal of PPE**

It is critical that you do this in order to avoid self-contamination. Posters will be placed in the isolation room to guide you. You should not walk through the premises whilst wearing PPE. You can use hand washing facilities after you have followed the PPE removal sequence, or hand sanitizer, where hand washing facilities are not in close proximity.

## **Cleaning**

If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific guidance document for the school/setting that you work in. Additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (e.g. corridors). If these are not visibly contaminated, they can be cleaned using the setting's usual procedures.

## **Clothing**

You do not need to change your clothing unless your clothing has become contaminated or soiled as a result of close contact but should change your clothing on arrival at home (after close contact or wearing PPE). Clothes should be washed separately from other household linen, in a load not more than half the machine capacity - at the maximum temperature, the fabric can tolerate, then ironed or tumble dried.

## **Staff Responsibilities**

Headteachers must ensure that:

- The requirements relating to the management of first aid outlined in *COVID19 Guidance* for all education settings have been implemented.
- An adequate supply of PPE is available to enable first aiders to familiarise themselves with the equipment, or practice using it as required (for circumstances where they are not otherwise familiar with wearing PPE).
- First aiders take time to practice the use of PPE prior to needing to use it.
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out).
- Discuss this guidance with first aiders and ensure that they understand the requirements included within it.

## **First Aiders must ensure that:**

- They familiarise themselves with the guidance and follow these requirements where it is possible to do so.
- They undertake first aid duties applying the principles of social distancing and infection control as much as is possible.
- Where close contact is required, they follow the requirements for wearing PPE, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination.
- Ensure that the equipment is ready for use as part of their response arrangements.

## **Cardiopulmonary resuscitation**

If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE. In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxia arrest (cardiac arrest not due to lack of oxygen).

The following steps are recommended:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If the individual is suspected to have COVID-19, make the operator aware when you dial 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victim's mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.
- Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxia arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxia arrest, use a resuscitation face shield where available. We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

## **First Aider Actions**

- If you have been in close contact with a person and/or have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.
- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE so that it is available for the next first aid event
- Follow your normal arrangements for recording first aid and checking stock.

**APPENDIX**

St. Mary's Primary School MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date: \_\_\_\_\_ Review Date: \_\_\_\_\_

Name of Pupil: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Class: \_\_\_\_\_

National Health No. \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Information

1. Family Contact Name:

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship:

\_\_\_\_\_

2. Family Contact Name:

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship:

\_\_\_\_\_

3. GP Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

4. Clinic/Hospital Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Plan prepared by: Name: \_\_\_\_\_

Designation \_\_\_\_\_ Date: \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

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Members of staff trained to administer medication for this child (state if different for off site activities)

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Describe what constitutes an emergency for the child, and the action to take if this occurs

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Follow up care

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I agree that the medical information contained in this form may be shared with individuals involved with care and education of;

Signed: \_\_\_\_\_

Parent/Carer Date: \_\_\_\_\_

Distribution School Doctor: \_\_\_\_\_ School Nurse: \_\_\_\_\_

Parent: \_\_\_\_\_ Other: \_\_\_\_\_

Saint Mary's Primary School

MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

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Name of Pupil: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class: \_\_\_\_\_

National Health No. \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

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Contact Information

1. Family Contact Name:

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Family Contact Name:

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

GP Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Clinic/Hospital Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Plan prepared by: Name: \_\_\_\_\_ Designation

\_\_\_\_\_ Date: \_\_\_\_\_

St. Mary's Primary School

REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

Details of Pupil Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: M \_\_\_\_ F \_\_\_\_

Class: \_\_\_\_\_

Condition or illness:

\_\_\_\_\_

\_\_\_\_\_

Medication Parents must ensure that in date properly labelled medication is supplied.

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

Date dispense: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full directions for use: Dosage and method:

\_\_\_\_\_

\_\_\_\_\_

NB Dosage can only be changed on a Doctor's instructions

Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

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

\_\_\_\_\_

Self Administration: Yes/No (delete as appropriate) Procedures to take in an Emergency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Details:

Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_ (agreed member of staff) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing. Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Agreement of Principal I agree that \_\_\_\_\_ (name of child) will receive \_\_\_\_\_ (quantity and name of medicine) every day at \_\_\_\_\_ (time(s) medicine to be administered e.g. lunchtime or afternoon break) The child will be given/supervised whilst he/she takes their medication by: \_\_\_\_\_ (name of staff member) This agreement will continue until \_\_\_\_\_ (either end date of course of medicine or until instructed by parents) Signed:

\_\_\_\_\_ (The

Principal/authorized member of staff) Date:

\_\_\_\_\_ The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

St. Mary's Primary School

REQUEST FOR A PUPIL TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers If staff have any concerns discuss this request with healthcare professionals.

Details of Pupil Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender M \_\_\_ F \_\_\_

Class: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

Medication Parents must ensure that in date properly labelled medication is supplied.

Name of medication:

\_\_\_\_\_

Procedures to be taken in an emergency

\_\_\_\_\_

\_\_\_\_\_

Contact Details:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my child to keep his/her medication on him/her for use as necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Agreement of Principal I agree that \_\_\_\_\_ (name of child) will be allowed to carry and administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_

(either end date of course of medicine or until instructed by parents)

Signed: \_\_\_\_\_

(The Principal/authorized member of staff)

Date: \_\_\_\_\_

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own