Administration of Medicines
And
First Aid Procedures

Mission Statement
"We are called to be the hands and face of Jesus as we learn, love and grow together"

Reviewed Spring 2014
To be reviewed Spring 2016
Reviewed by the Safeguarding Committee
The First Aid Procedures Policy at St Vincent de Paul Catholic Primary School is in place to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major.

In the event of an accident all members of the school community should be aware of the support available and the procedures on hand to activate this.

**First Aid Equipment**

Outside each classroom area is a green First Aid Box containing plasters, gloves, one way membrane resuscitation mask and wipes. Resuscitation masks and gloves are displayed in both the Infant and Junior Hall for emergency use. Each Teaching Assistant should carry a basic first aid pouch containing gloves, wipes and plasters. More comprehensive first aid equipment can be found in the medical room in the Junior building and Infant building. Icepacks and sick bowls can also be found in the two medical rooms. Each medical room has yellow, disposable clinical waste bags, suitable for the safe disposal of clinical waste.

**Provision for Allergy Treatment**

**Epipens:** Epipens are kept in the dining hall on the left of the hatch area in the cupboard – marked with an Epipen sign. Inside the cupboard are all the Epipens, each one in a container with the pupil’s name and picture on the front. Details of the child and next of kin are inside. This tub is replicated in each child’s classroom. It is the responsibility of the parents to update these Epipens when necessary. Training is given by the school nurse at regular intervals. As with Asthma treatments one of these tubs will be taken on any trips involving those particular pupils. A picture of any child needing an Epipen will be kept in the front inside cover of their class register; this will inform any member of staff/supply teacher that a pupil in their class may need Epipen treatment.

**Asthma:** treatments will be kept in the classroom in a place where the child may access them if necessary but must not be available to other children. It is the responsibility of the parents to update these inhalers when necessary. These inhalers will be taken on trips, ideally carried by the child.

**Children with extraordinary medical needs**

These children will have a Health Plan drawn up by the school, parents and relevant health professionals. A list of all children with any medical needs/allergies is distributed to the relevant classes with a central alphabetical list kept in the Junior and Infant medical room.

**First Aid during class time**

Minor incidents will be dealt with by the class teacher or teaching assistant and is classified as pastoral care. Examples are minor cuts or grazes, pupils who feel sick, minor bumps, slight bruises. If there is blood or vomit or other residual of the incident to be cleared up, the Site Manager may be asked to assist.

Children needing to be sent home must be sent to the School Office and office staff will contact the parent/carer.
**First Aid at lunchtime and playtime**

Injuries will be assessed by the staff on duty. Some minor injuries/ailments can be dealt with outside as all Teaching Assistants should have their first aid pouch with them. In the event of serious illness or injury any staff member on the spot will act to prevent further injury to the casualty and to others (including themselves) and to preserve life. If the casualty can be moved then they are brought to the Medical Room, either Infant or Junior building.

If the person cannot be moved then further assistance is called for, either the nearest qualified first aider or a member of the School Office should be called. Assessment by a first aider is made and appropriate measures taken.

The person on duty may choose to send the injured/ill person to the Medical room. All pupils who attend the medical room are recorded in the medical book and given a sticker to indicate they have received first aid. If any child has received treatment for a bumped head they must display a ‘bumped head’ sticker and be given a letter for home. Office staff will decide if an incident must be reported to parents. If parents are called to collect a child this must also be recorded in the medical book.

**Recording and Reporting**

In the event of a major injury a trained first aider must be called. They will assess the situation and the appropriate treatment given. Should the injury require medical assistance (i.e. parent called or hospital treatment/ambulance) a member of the office staff must be contacted immediately to seek authorisation and action to be taken.

**IDOR**

If a child/adult requires hospital treatment then an IDOR form is filled in and recorded. (Injury or Dangerous Occurrence Report). If the injury is sustained through an accident then this must be investigated by the appropriate member of staff. Forms available from the School Office.

**RIDDOR**

If a child/adult receives a major injury requiring hospital treatment and more than three days off work/school then a RIDDOR form is filled in by those involved in the incident and the accident treated according to the HSE regulations. (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Forms available from the School Office.

**Trips and visits**

A basic first aid kit will be taken on all excursions out of school. Where possible children with asthma will take their own inhaler. Epipens where appropriate will be kept with an adult.
**Additional guidance for head injuries**

Head injuries are potentially serious so it is important that parents know if their child has sustained a significant bump to the head. A form is filled in with details of the incident and if possible the parent/carer is informed by phone. In ALL cases a bumped head letter is issued to the pupil.

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This policy has been draw up using advice from Department for Education and Employment, *Guidance on First Aid for Schools* and Department of Health, *Managing Medicines in Schools and Early Years Settings.*

Sept 2009
Administration of Medicine Policy

School staff cannot legally be required to administer medication or supervise a pupil taking it. However, all staff in school have a duty to act as any reasonable prudent parent would, to make sure that pupils in their care are healthy and safe and this might extend to administering medicine or taking action in an emergency.

1. Procedures for managing prescription medicines which need to be taken during the school day.
   • Medicines should only be taken to school when essential; that is where it would be detrimental to a child’s health if the medicine were not administered during the school day. The school accept medicines that have been prescribed by a doctor or dentist or a pharmacist prescriber. (only if the medicine needs to be taken more than 3 times a day).
   • Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration.
   • Medicines that need to be taken three times a day can be taken in the morning, after school hours and at bedtime and therefore do not need to be administered whilst the pupil is at school.

2. Controlled Drugs
   • Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber’s instructions.
   • Controlled drugs will be kept in a locked non-portable container in the Office area and only named staff should have access. A record will be kept for audit and safety purposes. Only one week’s supply must be on the premises at any one time.
   • Controlled drugs will be returned to the parent when no longer required.

3. Procedures for managing non-prescription medicines
   • Staff will not give non-prescribed medicine to a child. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

4. Long-term medical needs
   • The school must have all necessary information about the medical condition of any child with long-term medical needs.
   • If a child attends hospital appointments on a regular basis, special arrangements may be necessary and a health plan may be written, involving the school, parents and relevant health professionals.
5. Administering Medicines
- No child (under 16) should be given medicines without parent’s written consent.
- A written record must be kept each time medicines are given.

6. Refusing Medicines
- If a child refuses to take medicine, staff will not force them to do so, but will inform parents on the same day.

7. Record Keeping
- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions, including the child’s name.
- Parents must sign a consent form before leaving medicine, giving dosage and time medicine is to be administered.

8. Asthma – Inhalers
- Children with asthma need to have immediate access to their reliever inhalers when they need them, therefore these must be kept in the class room at all times.
- Parents are responsible for supplying the inhaler which must be clearly marked with their child’s name.

9. Off-Site Activities
- A named member of staff has responsibility for management of medication. This person must be given all the relevant information in writing by the parent.
- All children carry their own inhaler for self-administration under supervision.
- For residential visits, parents are asked to give written permission for the use of mild analgesics if required.

10. Parents are asked:
- to administer medicines out of school where possible
- to offer to administer medication during school day themselves
- to ensure that medicines are in date and collected after required period is finished
- to ensure that current and accurate medical information is passed to the office.

This policy has been drawn up using advice from Department for Education and Employment, Guidance on First Aid for Schools and Department of Health, Managing Medicines in Schools and Early Years Settings. October 2012