



FIRST AID, ACCIDENT REPORTING AND ADMINISTRATION OF MEDICATION POLICY

Date of Policy

Approved by Trust Board: 16th October 2024

A handwritten signature in black ink, appearing to read 'S. M. S.', is written above the 'Signed:' label.

Signed:

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1.0 Statement of intent

1.1 As a responsible employer, Rise Multi Academy Trust recognises that they have a legal obligation to ensure pupils/students are fully supported with medical emergencies and outstanding conditions, so far as is reasonably practicable.

The Trust considers that ensuring the safety of our community is of paramount importance and this policy reflects our commitment to creating a safe environment across our school sites.

This policy has not been developed by a specific medical professional or organisation / body.

The Trust will:

- Ensure that the arrangements detailed within this policy are implemented effectively, by the Head of Estates, who has overall responsibility for policy implementation and Head Teachers who have overall responsibility for local policy implementation.
- Ensure that there are adequate and appropriate equipment and facilities in place to enable the application of First Aid to employees who become ill or are injured at work, extending these responsibilities to visitors and contractors
- Have clear roles and responsibilities to be able to support pupils so that they have full access to education, including school trips and physical education.
- *Administer prescribed, and non-prescribed medications, to support a pupil's continuous attendance at school, when written consent has been provided by a parent/carer (see Template B).*
- Ensure full co-operation with all relevant parties; healthcare professions, local authority and clinical commissioning groups (CCGs) as required
- Provide support and training to enable staff to support pupils with medical incidents and conditions
- Ensure that clear arrangements are in place to manage the administration and storage of all medicines and first aid equipment on the premises
- Ensure that the appropriate level of insurance is in place to appropriately reflect the level of risk
- Ensure that written records are kept of accidents, near misses and all medicines administered to pupils
- Ensure that emergency procedures are in place and shared with all staff
- Ensure that all staff are aware of what practice is not acceptable
- Ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition

This policy should be used to reflect the overarching management, training, first aid reporting and administering medication and medication storage procedures of the Trust. A separate Risk assessment should be completed for each school.

2.0 Legal Framework

2.1 This policy has been developed for Rise Academy schools to ensure students and staff are fully supported with accidents and medical conditions. It has been developed in

line with the Department for Education statutory guidance on Supporting Pupils with Medical Conditions (2014) For Governing Bodies of Maintained Schools and Proprietors of Academies in England December 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

2.2 The Health and Safety at Work etc. Act 1974 imposes a general duty on employers to ensure that their establishments are safe and healthy places.

2.3 The Health and Safety (First Aid) Regulations 1981 (First Aid Regulations) (amended 1st October 2013) and the associated Health and Safety Executive (HSE) Approved Code of Practice (ACOP) L74: First Aid at Work applies to all employers and employees who work in establishments.

2.4 The First Aid Regulations do not apply directly to non-employees, although ACOP L74 places emphasis on the need, when assessing the overall risk, to take account of all persons who have access to the premises. Therefore, it is sensible to combine first aid provisions and facilities for employees and non-employees (including visitors to the premises and contractors) ensuring that the level of provision for employees is not diluted.

2.5 Section 100 of the Children and Families Act 2014 **places a duty on Local governing committees of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.**

2.6 The aim of this policy is to ensure that Academy carries out their statutory duty regarding first aid incidents, near misses and to make arrangements to support pupils at school with medical conditions.

2.7 LIABILITY AND INDEMNITY

2.7.1 The Trust will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing first aid and medication on the premises. The Department for Education's guidance for "Supporting Pupils at School with Medical Conditions 2015" refers to the appropriate level of insurance being in place, or that the Academy is a member of the Department for Education's Risk Protection Arrangements (RPA). RPA is a scheme provided specifically for academies. <https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa>

The insurance arrangements will cover staff providing support to pupils with medication conditions. Insurance policies should be accessible to staff providing such support.

The level and ambit of insurance cover required must be ascertained directly from the insurers. Any requirements of the insurance, such as the need for staff training, should be complied with. Insurers should be updated when a pupil is newly diagnosed, if a pupil's condition changes resulting in extra support needs, or if a pupil with a medical condition leaves the Academy.

3.0 First-Aid Facilities

3.1 The number of first aiders, first aid kits and whether a dedicated first aid room is required will be dependent upon the assessment of risk as laid out by ACOP L74 that require the employer to make an assessment of first aid needs appropriate to the circumstances (hazards and risks) of each workplace; see Appendix 1. This is commonly referred to as a 'First Aid Needs Assessment'. This requires conducting a suitable and sufficient risk assessment considering, and dependent on, the following:

- (i) The number of staff, visitors and contractors to site
- (ii) The nature of the hazards likely to be encountered and activities undertaken
- (iii) Age group of users
- (iv) The geographical layout of the establishment and the facilities it provides
- (v) Accessibility to assistance and emergency medical services.

3.2 First aid boxes or kits should be identifiable, signed with a white cross on a green background, easily accessible and placed in areas of greatest risk.

3.3 All staff members, as part of their initial induction, should be given information relating to:

- (i) Who the first aid trained staff are.
- (ii) Where the nearest first aid box/kit is located
- (iii) Site procedure for dealing with first aid emergencies

3.4 First Aiders must make themselves known to all employees.

3.5 HSE guidance on suggested first aid box contents:

ITEM	MINIMUM QUANTITIES
First Aid Guidance Leaflet	1
Sterile Adhesive Dressing (individually wrapped plasters)	20
Sterile eye pads	2
Sterile Triangular Bandage (individually wrapped)	4
Safety Pins	6
Medium Sterile Dressing	6
Large Sterile Dressing	2
Disposable Gloves	3 Pairs
Sterile Cleansing Wipes	4
Sterile Water or Saline (if mains water not available)	1 Litre

3.6 Other suggestions based on the activities being undertaken and risk assessment:

- Instant ice packs
- Disposable yellow plastic bags for clinical waste/sharps bin
- Silver foil survival blanket
- Protective Resuscitation Aid (Vent Aid)

AED – All schools should have their own AED, locations of this device should be clearly written in every first aid kit. Should the school not have one then the nearest public access AED should be recorded.

The responsibility to check the date and power levels of the school situated AEDs falls to the first aid lead of the school

3.7 It is important that a first aid lead within your school is given responsibility for checking and, where necessary, replenishing the contents of first aid boxes/kits to the above minimum quantities on a regular basis.

3.8 Sterile items are marked with a 'use-by' date. When replacing these items within the first aid boxes/kits the dates marked on such items should be checked to ensure that expired items are disposed of and replaced. For non-sterile items without dates, personal judgement should be used to determine whether they are fit for purpose.

3.9 Following administration of first aid, the first aider is responsible for ensuring any stock is replenished by informing their manager. Checks should be recorded. All orders should be via Rise purchase order system.

3.10 Anti-bacterial pump soap, water and disposable drying materials or suitable equivalents must be available.

3.11 If utilising a designated room or area as a 'First Aid Room' to allow patients to sit/lay down quietly in private, it is important that casualties are not left alone, or are checked regularly, dependant on the severity of their illness/injury.

4.0 First Aid Training and Qualifications

4.1 It is the employer's duty to select a competent training provider. In the Case of Rise this is carried out By the Head of estates.

4.2 The First Aid lead for each school should also have knowledge and competence in first aid, as demonstrated by a current, valid First Aid at Work certificate

4.3 There are three types of first aid personnel often referred to as "First Aiders":

- (i) First Aid Leads – First Aid at Work (FAW) - 3-day initial course
- (ii) Emergency First Aid at Work (EFAW) – 6-hour course
- (iii) Paediatric first aider – a qualified EYFS Paediatric FA qualification. - 2 Day initial course
(Only required if you have an EYFS provision)

4.4 All first aiders are encouraged to conduct an annual refresher to ensure their skills remain up to date. This can be done online but will not replace the three-year refresher.

4.5 It is important that staff complete a formal refresher prior to the expiry of their certificate which is valid for 3 years. This training should be arranged in plenty of time before it expires. Should a certificate expire, the employee will be required to complete the course in its entirety.

4.6 It is essential when selecting members of staff to fulfil the roles of First-Aid provisions, personal qualities likely to make a good First-Aider should be considered. Reliability, strength of character, ability to remain calm in an emergency or when others may be injured should all be considered. Additionally, it would be sensible to select members of staff who are employed in what are generally regarded as the most hazardous areas and

where the greatest need is likely to arise, but establishments will need to determine their own priorities.

4.7 A qualified first aider should always be readily available on the premises and easily contactable when employees are at work. Consideration must be made to consider annual leave, out of hours working and other unplanned absence.

4.8 In an Early Year's Foundation Stage setting, there should be at least one person who has a current Paediatric First Aid (PFA) certificate. This person must be on the premises, and available, always when children are present and accompany children on outings. The PFA certificate must be a full course consistent with the criteria set out in Appendix 2 and Annex A of the Statutory framework for the early year's foundation stage government guidance.

4.9 The cost of an individual's first aid training will be paid for by Rise.

5.0 Administration of First Aid

5.1 Any persons detailed in 4.3 (above) can administer first aid in line with the training they have received. However, it is not the responsibility of a first aider to administer medication.

5.1.1

In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved to the medical Room (if available) or placed in a recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the school office will contact parents immediately.
- For serious injuries and any head bump, the first aider or relevant member of staff will complete an accident form in the accident book on the same day or as soon as it reasonably practical after an incident resulting in an injury. For a minor graze, that does not require any first aid treatment, the first aider will ensure that teaching teams are informed so that information can be shared with parents.
- For serious matter that require an investigation the Headteacher and the Head of Estates must be informed as soon as practicable.

5.2 Where accidents involve external bleeding, first aiders must wear protective gloves and ensure that their own personal wounds are covered with a waterproof dressing.

5.3 If a first aider receives bites, scratches or needle stick injuries, wash the wound with water, make it bleed, if you can, and then cover with a waterproof dressing. Report the incident to your line manager and record the incident through your own incident/accident reporting procedure. This should then be addressed within your sites workplace risk assessment to ensure sufficient and suitable control measures are in place (see the Leicestershire Traded Services Blood Borne Viruses and Needle Stick Injuries Guidance for more details).

5.4 Mouth to Mouth Resuscitation

5.4.1 If contaminated blood is present through facial injuries, and mouth to mouth contact is required, a Vent Aid should be kept in first aid boxes/kits to facilitate this.

5.4.2 Where first aiders feel unable to deliver rescue breaths due to the presence of blood, vomit or other reason, they should endeavour to continue to provide chest compressions in line with their training.

5.5 Requesting the Attendance of an Ambulance

5.5.1 All first aiders must be fully aware of their work location procedures for calling, and meeting, the emergency services.

5.5.2 First aiders should follow NHS guidance on when to visit an urgent care centre when deciding whether to call an ambulance, in line with their training. However, if there is any doubt, an ambulance should be called without delay and follow any instructions provided by the emergency services call handler.

5.6 Link to disease control
[Guidance on infection control in schools poster.pdf \(hscni.net\)](#)

6.0 Mental Health First Aid (MHFA)

6.1 It is important for employers to recognise the effects of mental health issues in the same way as physical first aid needs.

6.2 Mental Health First Aid (MHFA) is an educational course which teaches people how to identify, understand and help a person who may be developing a mental health issue. In the same way as we learn physical first aid, Mental Health First Aid teaches you how to recognise the crucial warning signs of mental ill health.

6.3 MHFA courses teach people how to:

- Recognise the signs and symptoms of common mental health issues
- Provide help on a First Aid basis
- Effectively guide someone towards the right support

Managers/Head Teachers are encouraged to consider the need within their school for staff to hold a MHFA qualification.

7.0 Near Miss Procedures

7.1 Appropriate information on Pupils, Staff and Visitors receiving treatment must be recorded in the accident report book. Please see the reporting flow chart (Next Page) for more information.

7.2 A child/pupil who has been administered first aid will get a completed letter given to them to take home. Class teachers should also be informed of the injury so they are aware, can monitor the situation, and can ensure the letter is sent home.

7.3 Where parents/carers or staff are required to take the child for further medical advice, this should be recorded in the book.

7.4 Where an injury is of a more concerning nature to the first-aider, parent/carer/family will be contacted for their view on whether to seek further medical attention. This should also be recorded in the folder.

7.5 Near-misses should also be recorded via the Near Miss form and kept in the near miss binder. (Located in school office). Example below

<u>Near Miss/Hazard Report Form</u>	
<u>Date and time</u>	<u>Location of near miss/hazard spot</u>
<u>Description of hazard</u>	
<u>Corrective action taken</u>	
<u>Any further action required</u>	
Person reporting:	
Reported to:	

Pupil incident (minor)

If minor incident treatable at school with no significant injury record (accident book/online system)

Investigate what happened and why, briefly record e.g.

Pupil tripped no hazards in area
Pupils playing and collided

Respond as required to investigation findings

Pupil incident (more serious)

If incident results in an injury requiring professional medical intervention/treatment then a more detailed accident report should be completed. This is the Boons Portal please contact Katy Law for assistance.

Some pupil incidents will be reportable under RIDDOR. Refer to HSE guidance EDIS rev 1 to ascertain whether reportable (if in doubt call YMD Boon or B.Goodman for advice)

If reportable this will be reported via www.hse.gov.uk/riddor/report.htm
This is done by B.Goodman and Adrian (Boons)

Any pupil incident that is reportable must be communicated to the Head Teacher, Head of Estates, Chair of Governors and YMD Boon H&S

B.Goodman to undertake a formal investigation as what happened and why, taking photos and statements as required (YMD Boon H&S can assist as required)

Review risk assessments, procedures etc and take appropriate actions as required

Employee or visitor to site

All employee incidents must be reported on the school incident report form/ employee accident book/online system as soon as possible following incident
All visitor (others) incidents should be reported as above

Employee incidents resulting more than 7 days lost time, more than 24 hours in hospital or serious injury will require reporting under RIDDOR refer to HSE guidance (if in doubt call YMD Boon or B.Goodman for advice)

Any employee/visitor incident that is reportable must be communicated to the Head Teacher, Head of estates, Chair of Governors and YMD Boon H&S

If reportable report this via www.hse.gov.uk/riddor/report.htm
This is done by B.Goodman and Adrian (Boons)

All employee/visitor incidents should be proportionately investigated By B.Goodman to determine root cause. For serious incidents undertake a formal investigation taking photos and statements as required (YMD Boon H&S can assist as required)

Review risk assessments, procedures etc and take appropriate actions as required

8.0 MEDICATION MANAGEMENT PROCEDURES

8.1 TRAINING/QUALIFICATIONS - SUPPORTING PUPILS WITH A MEDICAL CONDITION

8.1.1 Specific support and training needs will be identified through the Individual Health Care Plans (IHCP), together with who will provide the training. This will enable staff who support a pupil with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures.

The Academy will ensure that adequate first aid cover is available at all times. The first aider role is key in emergency procedures. However, a first aid certificate does not constitute appropriate training in the general day to day support of a pupil with a medical condition.

8.1.2 Training on administering medications/injections for specific medical conditions at the Trust will be carried out by the Head of Estates.

8.1.3 Named staff will be responsible for administering a pupil's medication. When a controlled drug has been prescribed for a pupil's medical condition, at least two members of staff should be trained on how to manage this medication.

8.1.4 Arrangements should be in place to cover staff absence, or staff turnover, so that someone is always available.

8.1.5 All training should be documented on Department for Education's Template E, together with a clear plan for refresher sessions, or updates if the pupil's condition changes.

8.1.6 The medicine box is kept in an agreed area in each school and all staff who work in this area must be aware of:-

- what medication is in the box
- who it belongs to and a copy of the parental consent – see Template B
- the dose and frequency of administration to the pupils concerned
- who will administer this medication

8.2 INDIVIDUAL HEALTH CARE PLAN (IHCP)

8.2.1 An Individual Healthcare Plan – see Department for Education's Template A - will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designed named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Appendix 1 is a Department for Education model flowchart for an IHCP.

Where a child has SEN but does not have a statement of EHC plan, their special educational needs are mentioned in their IHCP.

8.2.2 The IHCP will cover the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, whether it is a controlled drug, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and any environmental issues (crowded corridors, travel time between lessons)

- Specific support for the pupil's educational, social and emotional needs – for example how absences will be managed, requirements for extra time to complete exams, rest periods or additional support in catching up with lessons
- The level of support needed, including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil's conditions
- Emergency plans, including whom to contact and contingency arrangements.

8.2.3 IHCPs will be reviewed regularly, at least every year, or whenever the pupil's needs changes.

8.2.4 The parents/carers, specialist nurse (where appropriate) and relevant healthcare services should hold a copy of the IHCP. Other school staff will be made aware of, and have access to the IHCP for the pupils directly in their care.

8.3 MANAGING MEDICINES ON SCHOOL PREMISIS

8.3.0 Medication will only be administered when it would be detrimental to a pupil's health or school attendance not to do so.

8.3.1 Rise Staff will not give any medication (prescribed, or non-prescribed) to a child under 16 without a parent's written consent except in exceptional circumstances under direction of a medical professional.

8.3.2 Pain relief, anti-histamine and cough relief mixtures

When administering pain relief, anti-histamine or cough relief medication, the member of staff will check the maximum dosage and when a previous dose was given. Parents/carers will be informed of all doses given at school – see Template C. The school will only give prescription medicines to pupils for the duration stated by the medical professional, even where parents give permission. **All non-prescribed medicine must be administered by a parent/guardian.**

8.3.3 A child under 16 years of age should never be given medicine containing Aspirin unless prescribed by a healthcare professional.

8.3.4 Some medicines need to be given at specific times, for example

- before, with or after food – the absence/presence of food in the stomach can affect how the medicine works and may cause unwanted effects
- some illness can only be controlled with very precise dose timings, for example, seizures may only be controlled if the medication is taken at set times

8.3.5 Non-prescribed medications will not be administered whilst in the care of the school.

8.3.6 Schools must have robust communication procedures in place to ensure that any information relating to the administration of medications, whilst in their care, is shared with external providers. For example, extra curriculum activity, including Before and After School clubs, whether led by the school or an external provider.

8.3.7 Oral Mixtures

A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Instructions on the medication label must be followed. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

8.3.8 Tablets/capsules

Pupils who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day. Pupils should go to the admin office and ask for their tablets from the appropriate member of staff (see Training)

8.3.9 Inhalers

Inhalers will be kept in individual classrooms in a grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP. When the pupil needs to take their inhaler, e.g. before a PE lesson, or at break time/lunchtime, the teacher/admin staff should record this on a daily record. Where a child increases the number of times they need their inhaler, staff will be alerted to this by the record, and they are able to pass this information onto the parents, so that the 'preventer' inhaler dose can be checked by their GP.

Pupils are trained how to access and use their inhaler, and the importance of adult supervision. Pupils should be supervised when they take their inhaler. If they have any difficulty, a First Aider should be called to assist.

If parents request that their child keeps their inhaler with them during the day, the pupil must be reminded by the class teacher to record when a dose has been taken.

8.3.10 Emergency Salbutamol Inhalers

Rise has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with asthma and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.

Written parental consent for its use has been obtained, and a record of this is kept with the emergency inhalers to establish which pupils have this in place. School Office staff are responsible for ensuring that this register is reviewed and kept up to date. This information will also be included on the pupil's IHCP.

If there is an emergency situation whereby consent has not been received, either for a pupil with diagnosed asthma, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

An emergency kit is in place, kept in the School office, which includes:-

- a salbutamol metered dose inhaler
- at least two plastic spacers
- instructions on using the inhaler and spacer, together with cleaning/storage instructions

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the pupil to take home for future personal use. The inhaler can be cleaned and reused.

If a pupil has used the emergency inhaler, their parent/carer will be informed as soon as possible - this will be completed by School Office staff.

A "Guidance on the use of Emergency Salbutamol Inhalers in School" consent form template, to be completed by parent/carers template is attached– See Appendix 2.

A "Guidance on the use of Emergency Salbutamol Inhalers in School" specimen letter to inform parents of the use of an emergency inhaler is attached - see Appendix 3.

Further information can be found in the Department of Health's "Guidance on the user of emergency salbutamol inhalers in school – March 2015"

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

8.3.11 Emergency Medication for Anaphylactic Shock

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.

Where an adrenaline auto-injector has been prescribed, the pupil's parent/carer should ensure that up to two in date adrenaline auto injectors (e.g. an Epi Pen) are kept in the school. If appropriate, the pupil may keep an auto injector on their person – refer to the section on Self-Management. If this is not appropriate, the auto injector should be kept safely in the pupil's classroom. A second auto-injector if supplied should be kept in the medicine cupboard in the front office and be available for administering if the pupil goes into anaphylactic shock.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately

If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest anaphylactic shock is occurring, the emergency services will be called. If advised to do so by the emergency services, another pupil's auto-injector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

8.3.11 Injections

School staff will not give a pupil an injection unless staff have agreed and specific training to do so has been delivered. This training will be delivered by an independent health care provider.

8.3.12 Ointments/creams

The school will only administer ointments/creams prescribed by healthcare professionals. All efforts should be made for the pupil's ointment/cream to be applied at home by

parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded on Template C.

If it is a long-term prescription (i.e. more than 4 weeks), a Healthcare Plan should be provided by the pupil's healthcare professionals.

The pupil will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff. Where this is not possible due to competency or location area on the body then Department for Education's Template B should be completed. A body map should be completed for the area where the cream/ointment is to be applied – See Appendix 4.

8.3.13 Eye, Nose and Ear Drops

Schools will only administer ear, nose or eye drops prescribed by healthcare professionals. All efforts should be made for the pupil's ear, nose or eye drops to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded on Department for Education's Template C. The drops should be administered, following the label's instructions by a member of staff. Good infection prevention practice should be adhered to, i.e. using a clean environment, with handwashing facilities immediately available.

8.4 SELF MANAGEMENT

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age, and schools will encourage pupils to manage the use of their inhalers and adrenaline auto injectors (Epi-Pens) accordingly. The trust acknowledges that the age at which pupils are ready to take care of and be responsible for, their own medication varies. Health professionals need to assess, with parents and pupil, the appropriate time to make this transition.

8.5 REFUSAL TO TAKE MEDICINE

If a pupil refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the School must take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

8.6 STORAGE AND ACCESS

8.6.1 All medications should be stored safely. Pupils with medical conditions should know where they are at all times and have access to them immediately. The school should provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

8.6.2 The school should only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.

8.6.3 Medicine (*with the exception of individual inhalers*) should be stored in a named Medical Box with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. A photograph of the pupil can be attached to the medication for clear identification. Facilities should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHCP.

8.6.4 It is essential that a pupils' emergency medication is immediately accessible for that pupil, if participating in an extra curriculum activity, including Before and After School Clubs, whether led by the school or an external provider.

8.6.5 Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

8.7 RECORD KEEPING

8.7.1 As part of the school's admissions process and annual data collection exercise parents/carers are asked if their son/daughter has any medical conditions. These procedures also cover transitional arrangements between schools.

8.7.2 The pupil's confidentiality should be protected and the School should seek permission from parents/carers before sharing any medical information with any other party. The School will keep an accurate record of all medication administered, including the dose, time, date and supervising staff by using Department for Education's Template C.

8.8 CONTROLLED DRUGS

8.8.1 Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. The School should follow these to ensure that all legal requirements and best practice are adhered to.

A list of commonly encountered controlled drugs can be found at the following link:-

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

Guidance on how a controlled drug is classified can be found at the following link:

<https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs>

8.8.2 An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin tm) may be prescribed. Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However it is best practice to store and control this medication in the same way as other controlled drugs.

8.8.3 A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan – see the Department for Education's Template A: Individual Healthcare Plan. When a controlled drug is prescribed, and has to be administered during school hours, it should be highlighted on Template A. Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from healthcare professionals together with consultation with the parent/carers.

8.8.4 THE FOLLOWING REQUIREMENTS SHOULD BE MET, IN LINE WITH THE ABOVE LEGISLATION:

8.8.4.1 STORAGE

- The medication should be double locked, i.e. in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP.
- Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.

8.8.4.2 ADMINISTERING

- Two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration.

8.8.4.3 RECORD KEEPING

- A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. This register is to be kept for two years from the date of the last entry in the register.
- If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher, and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from healthcare professionals.

8.8.4.4 DESTROYING

- Unused controlled drugs should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals.

8.8.5 UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, the following is generally not acceptable practice.

8.8.5.1 The School will not:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- Penalise pupils for their attendance record if their absences are related to their medication condition, e.g. hospital appointments.
- Require parents, or make them feel obliged, to attend school to administer medications, or provide medical support to their child.
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents; ignore medical evidence or opinion
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans

- Send a pupil to the school office/medical room if they become ill unaccompanied, or with an unsuitable person
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Prevent pupils from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the pupil.

8.8.5.2 If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible, and the School's behaviour procedures are followed.

8.8.5.3 The School will ensure that all staff responsible for administering medications understand that they must strictly adhere to the prescription dosage, and the implications for not doing so. This will be done at the time of agreeing to undertake this role.

8.8.5.4 Staff should be aware that they must not alter/amend any medications, i.e. by crushing tablets or increasing a dose if requested by the pupil. Specific written instructions will be given by a healthcare professional if there are any changes to a dose or methods of administration.

8.8.5.5 The School will make it clear to staff responsible for administering medicines of the implications for covertly taking medications and that the Academy will immediately undertake disciplinary action/police investigations as needed.

8.9 MANAGING MEDICATIONS ON AN OUTING/RESIDENTIAL VISIT

Risk assessments are completed before each school trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others.

8.9.1 Pupils who require short term medication for the duration of the trip/residential

Parent/carers complete medical forms at least three weeks before the visit at which point the School will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

8.9.2 All medication must be provided in the original packaging as supplied from the pharmacy.

8.9.3 Pain Relief

Pupil's/students who require regular/prescribed pain relief that needs to be taken whilst on an outing/residential visit must bring in their own supply of the medication and parents must complete a separate medication consent form. All pupil/student medication will be held in by the Visit Leader.

8.9.4 Pupils with an Individual Healthcare Plan in place

For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.

8.9.5 For Early Years/Foundation Stage pupils, where it is assessed that the pupil cannot self-manage their inhaler, Group Leaders will ensure that staff keep the inhalers for pupils allocated to them. All doses administered need to be recorded.

8.9.6 Controlled drugs

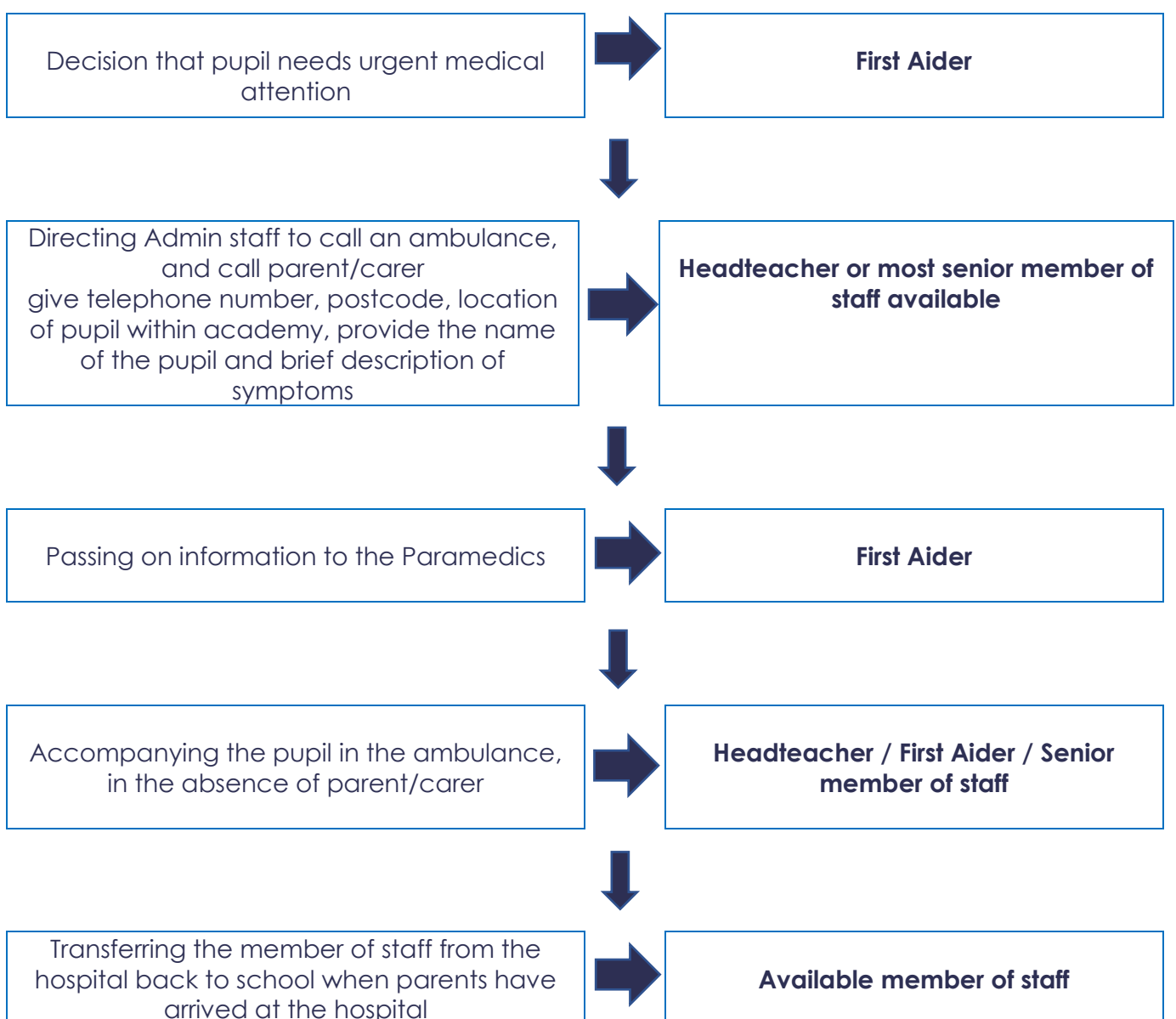
The School will make every effort to accommodate pupils with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.

9.0 EMERGENCY PROCEDURES

The flowchart follows the Department for Education statutory guidance.

Staff should not take pupils to hospital in their own vehicle, unless it is an emergency situation, which would ensure that the pupil receives quicker professional medical attention, by doing so. This must be assessed following dialogue with the emergency services. Staff should not travel alone with a pupil in their own car.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.



10.0 FURTHER GUIDANCE/REFERENCES

GUIDANCE

Department for Education – “Supporting Pupils at School with Medical Conditions - December 2015”

Royal Pharmaceutical Society of Great Britain (RPSGB) - The Handling of Medicines in Social Care

Department of Health - “Guidance on the use of emergency salbutamol inhalers in school – March 2015”

<https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs>

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

LEGISLATION

Section 2 of the **Health and Safety at Work Act 1974** and the associated regulations, provides that it is the duty of the employer (the governing body and academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Misuse of Drugs Regulations 2001 and associated regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a pupil who has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies)

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions

11.0 DEPARTMENT FOR EDUCATION TEMPLATES

Appendix 1: Model IHCP flowchart

Appendix 2: Model letter from parent/carer for use of emergency inhaler

Appendix 3: Model letter to inform parent/carer of use of emergency inhaler

Appendix 4: Model letter from parent/carer for use of emergency adrenaline auto-injector

Appendix 5: Body map letter

Template A: Individual Health Care Plan (IHCP)

Template B: Parental agreement for setting to administer medicine

Template C: Record of medicine administered to an individual child

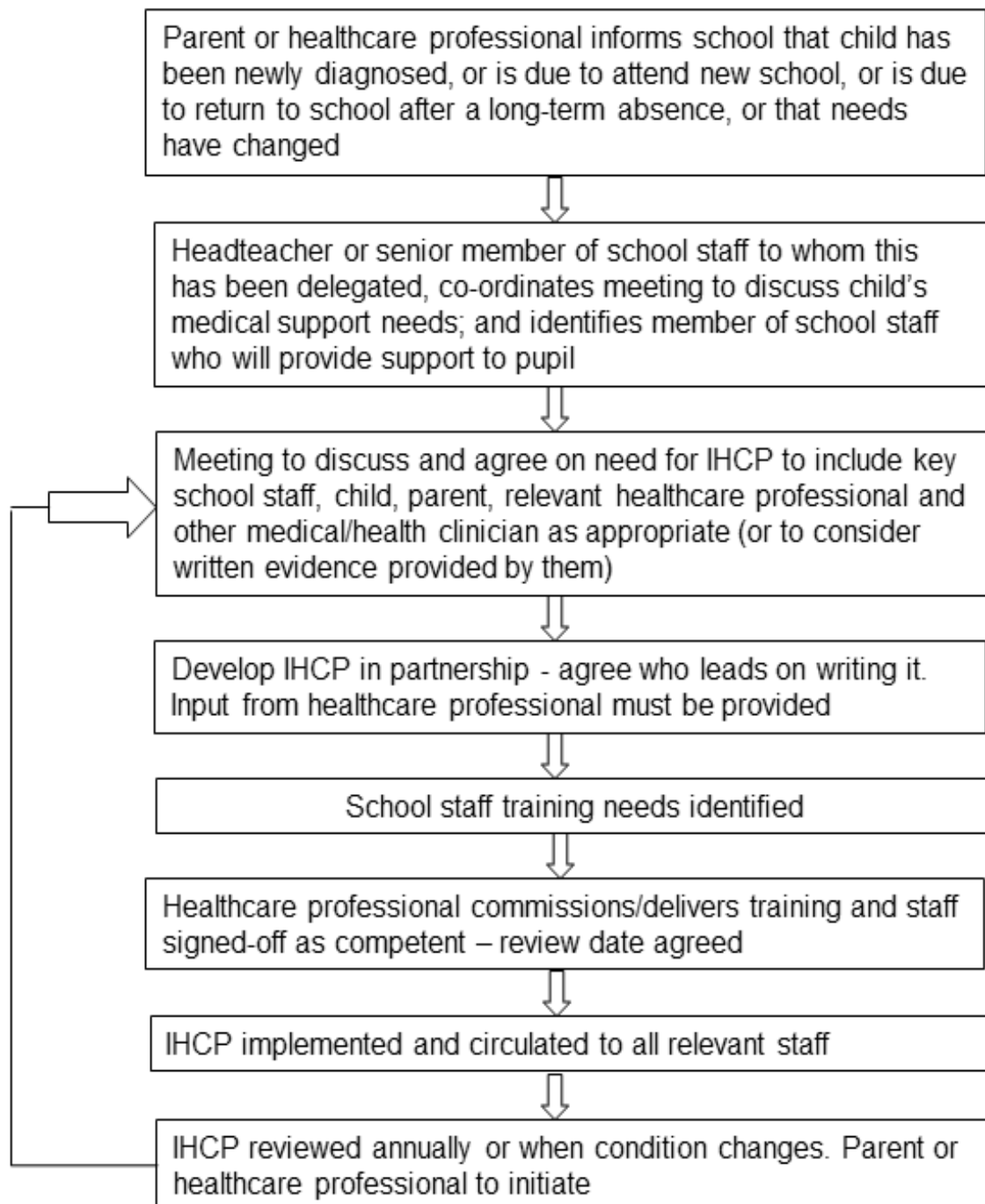
Template D: Record of medicine administered to all children

Template E: Staff training record – administration of medicines

Template F: Contacting Emergency Services

Template G: Model letter inviting parents to contribute to individual healthcare plan development

APPENDIX 1: MODEL IHCP FLOWCHART



APPENDIX 2: CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Consent for use of emergency salbutamol inhaler for pupils who have been prescribed with a personal salbutamol inhaler

Name of pupil:	
Date of Birth:	
Class:	

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/carer signature:	
Parent/carer name:	
Date:	

APPENDIX 3: SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Name of pupil:	
Date of Birth:	
Class:	

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that your child has had problems with their breathing today. This happened when

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible and arrange for a new salbutamol inhaler to be provided and kept in school.

Yours sincerely,

APPENDIX 4: CONSENT FORM USE OF EMERGENCY ADRENALINE AUTO INJECTOR

Consent for use of emergency adrenalin auto injector for pupils who have been diagnosed with severe allergies and have a prescribed personal adrenalin auto injector.

Name of pupil:	
Date of Birth:	
Class:	

1. I can confirm that my child has been diagnosed with a food (please state which food.....) / wasp/bee sting/latex allergy/ [other allergy] and has been prescribed an adrenaline auto injector. *[Delete as appropriate]*.
2. My child has an in-date adrenaline auto injector, clearly labelled with their name, which they will have with them at school every day.
3. In the event of my child displaying symptoms of anaphylaxis shock, and if their own adrenaline auto injector is not available or is unusable, I consent for my child to receive an injection from an emergency adrenaline auto injector held by the school for such emergencies.

Parent/carer signature:	
Parent/carer name:	
Date:	

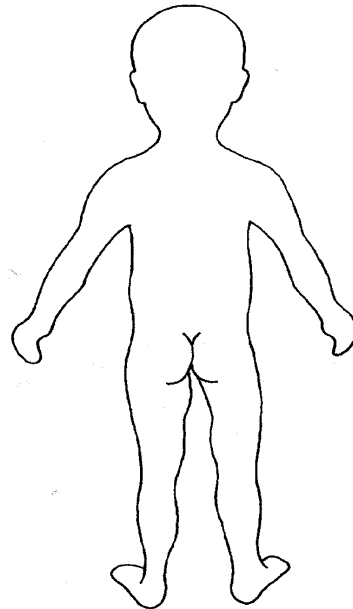
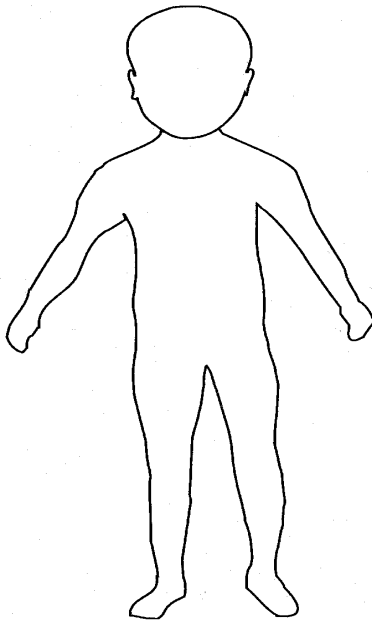
APPENDIX 5: BODY MAP

For use for pupils who require assistance with the application of creams/ointments for medical reasons

(The body map must be completed by parent/carer before any cream or ointment is applied at school)

Name of pupil:	
Date of Birth:	
Class:	
Name of medication:	
Reason for, and frequency of application:	
Name(s) of staff to apply prescribed cream/ointment:	

Indicate below the affected areas where cream/ointment may require applying:



Parent/carer signature:	
Parent/carer name:	
Date:	

RECORD OF APPLICATION

Date	Time	Affected areas applied	Staff name and signature

TEMPLATE A: INDIVIDUAL HEALTHCARE PLAN

If no healthcare professional input has been received, choose one of the following statement: Delete one or both as appropriate

Mild ill health (seasonal/childhood asthma or allergies of a mild nature)

The ill health condition of the pupil does not require direct input from a healthcare professional. Parents/carers are confident that they are able to provide sufficient information to enable the pupil to be safety supported at school.

More serious medical conditions

(Insert pupil name) healthcare professional (insert name) has been requested to provide information/assist in the development of the Individual Healthcare Plan. The healthcare professional (insert name) has declined to provide information/assist (attach response or date/time if a phone call). The information and management controls within this plan have been developed from the information provided by parents/carers only, to the best of their ability without the requested healthcare professional assistance.

Child's name:	
Group/class/form:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

FAMILY CONTACT INFORMATION

First Contact Name:	
Relationship to child:	
Phone no. (home):	
Phone no. (mobile):	
Phone no. (work):	
Second Contact Name:	
Relationship to child	
Phone no. (home):	

Phone no. (mobile):	
----------------------------	--

CLINIC/HOSPITAL CONTACT

Name:	
Clinic/Hospital:	
Phone no:	

G.P.

Name:	
G.P Practice:	
Phone no:	

Staff member(s) responsible for providing support in Academy:	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.:

Name of medication(s) – dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision. If this is a controlled drug – detail the arrangements required for storage, administering and disposal

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for Academy visits/trips etc.:

Other information:

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

Who is responsible in an emergency (state if different for off-site activities):

--

Plan developed with:

--

Staff training needed/undertaken – who, what, when:

--

Form copied to:

--

TEMPLATE B: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The Academy/setting will not give your child medicine unless you complete and sign this form, and the Academy or setting has a policy that the staff can administer medicine.

Date for review to be initiated by:	
Name of Academy/setting:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

MEDICINE

Name/type of medicine (as described on the container): NB: Medicines must be in the original container as dispensed by the pharmacy	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions/other instructions:	
Any side effects that the Academy/setting needs to know about:	
Self-administration – Y/N:	
Procedures to take in an emergency:	

PARENT/CARER CONTACT DETAILS

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy/setting staff administering medicine in accordance with the Academy/setting policy. I will inform the Academy/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/carer signature:	
Parent/carer name:	
Date:	

TEMPLATE C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of Academy/setting:	
Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Dose and frequency of medicine:	

Parent/carer signature:	
Staff signature:	
Date:	

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD (CONTINUED)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

TEMPLATE E: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of Academy/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer signature:	
Date:	

I confirm that I have received the training detailed above.

Staff signature:	
Date:	
Suggested review date:	

TEMPLATE F: CONTACTING EMERGENCY SERVICES

REQUEST AN AMBULANCE - DIAL 999, ASK FOR AN AMBULANCE AND BE READY WITH THE INFORMATION BELOW.

Speak clearly and slowly and be ready to repeat information if asked.

1	Your telephone number
2	Your name
3	Your location as follows [insert Academy/setting address]
4	State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5	Provide the exact location of the patient within the Academy setting
6	Provide the name of the child and a brief description of their symptoms
7	Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8	Put a completed copy of this form by the phone

TEMPLATE G: MODEL LETTER INVITING PARENTS/CARERS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent/Carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the Academy's policy for supporting pupils at Academy with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the Academy, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in Academy life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely