



Fowey River Academy

First Aid and Medicine Policy

Board Approval December 2017

Reviewed Annually



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1. REVIEW PROCEDURES

The First Aid and Medicines Policy for Fowey River Academy is to be reviewed annually by the Principal.

The next review of the Policy Document will be: October 2019.

2. AMENDMENTS

The Policy Document has been amended in light of updated guidance on supporting pupils with medical conditions, drafted by the Department of Education for maintained schools and proprietors of academies in England. It is the responsibility of the Principal to ensure that the complete amendment is incorporated into all copies of the document and recorded accordingly on the Amendment Sheet. Copies of pages made redundant by the amendment are to be disposed of immediately and not to be retained for any reason.

amdt No	Date of Issue	Incorporation Details		
		Name	Signature	Date
1				
2				
3				
4				
5				
6				
7				
8				

3. DISTRIBUTION OF COPIES

Master Copy	Principal
Copy One	All First Aiders
Copy Two	All staff

The Policy Document will be accessible to parents, Firefly via the website.

4. STATEMENT OF INTENT

The Drive Team and Principal of Fowey River Academy believes that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the School is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness, a staff member will accompany the pupil to the relevant year office or call for MOSOC. In order to manage their medical condition effectively, the School will not prevent pupils from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and staff should be aware of.

Name: _____

Signature: _____ (Principal)

Date: _____

5. ARRANGEMENTS

The Nurse/ Healthcare Professional

The academy will work with suitably qualified healthcare professionals; as necessary and has the lead role in ensuring that pupils with medical conditions are identified and properly supported in the academy; including supporting staff on implementing a pupil's Healthcare Plan. The healthcare professional will work with the Principal to determine the training needs of school staff. Suitable cover will be provided in the absence of the nurse/healthcare professional.

The First Aid Team

The members of staff in the school who trained in First Aid are:

- Mrs L McHardy
- Mrs K Lefley
- Mrs K Pedley
- Mrs K Evely
- Mrs D Ball
- Mrs D Bateman
- Mr J Payne
- Mrs B Higgins
- Mrs J Walmsley

Trained Staff

The members of staff in the school who are able to administer medicines are:

- Mrs L McHardy
- Mrs K Lefley

First Aid Boxes

The first aid posts are located in:

- Heads of school office
- Top Corridor
- Compass
- College
- Reception
- Sports Hub

Medication

Only pupils' specific, risk assessed substances are medicines administered in the academy. Our routine policy is for medicines not to be present on site and will work with parents to avoid the need for medicine to be taken during school hours.

First Aid

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note.
- Full details of the accident are recorded in our accident book

- If the child has to be taken to hospital or the injury is 'work' related, then the accident is reported via Injury forms and the incident/accident/near miss form. The accident is then reported to the Principal.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then as the Principal.

School Insurance Arrangements

School Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

Administering Medicines in School

Prescribed medicines may be administered in school (by a staff member appropriately trained by a healthcare professional) only where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. Evaluation of need will then be undertaken and only with the Principal's permission will it be agreed that medicine will be allowed on site.

Staff will ensure that records are kept of any medication given.

Non-prescribed medicines may not be taken in school, this includes over the counter medicine.

Storage/Disposal of Medicines

Wherever agreed, children will be allowed to carry their own medicines/relevant devices or will be able to access their medicines in the School office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access; this is especially important on school trips. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.

Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has

been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The academy will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The academy will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The School appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide school's with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician.

Procedure that will be followed when the School is first notified of a pupil's medical condition

All relevant parties will be notified and SIMs to be updated.

This will be in place in time for the start of the relevant school term for a new pupil starting at the School or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the School mid-term.

Appendices

Appendix 1 – Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan
Form 3:	Parental agreement for school to administer medicine
Form 4:	Record of regular medicine administered to an individual child
Form 5:	Indication for administration of medication during epileptic seizures
Form 5A:	Epileptic seizure chart
Form 6A:	Emergency instruction for an allergic reaction - EpiPen®
Form 6B:	Emergency Instructions for an allergic reaction - Anapen®
Form 7:	Medication given in school (note to parent/carer)
Form 8:	Record of staff training

Form 1 – Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

2. Give your location as follows (*Kelston Road, Bath, BA1 9AB*)

3. State that the postcode is:

4. Give exact location in the school (brief description)

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

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

Put a completed copy of this form by the telephone

Form 2 – Healthcare Plan

School	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What constitutes and Emergency	
Action to Be Taken in Emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	
GP Name Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements <i>If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	

School Trip Support/Activities Outside School Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from School. *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles*

Form 3 – Parental agreement for Fowey River Academy to administer medicine

(One form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine _____

(as described on the container) _____

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the

School should know about? _____

Self-administration Yes/No (delete as appropriate)

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 safely to school office

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

Parent's signature _____

Print Name _____

Date _____

Form 4 – Record of regular medicine administered to an individual child

Name of school _____

Name of child _____

Date of medicine provided by parent ____/____/____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

Form 4 (continued)

Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Form 4 (continued)

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given _____

Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Form 5 – Indication for administration of medication during seizures

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parent's consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

Form 6A – Emergency Instructions for an allergic reaction EpiPen®

Child's Name: _____

DOB: _____

Allergic to: _____



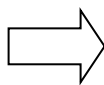
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



ACTION

Give _____

(Antihistamine) immediately

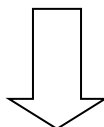
Monitor child until you are happy he/she has returned to normal.

If symptoms worsen see –

SEVERE REACTION

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Form 9A – Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Head teacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Pediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few months

Form 6B - Emergency Instructions for an allergic reaction ANAPEN®

Child's Name: _____

DOB: _____

Allergic to: _____

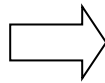
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



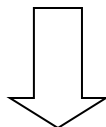
ACTION

- Give _____
- (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –

SEVERE REACTION

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. **Accompany child to hospital in ambulance.**
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

Form 7 – Medication given in School (note to parent/carer)

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/

Fowey River Academy

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