|  |
| --- |
| **First Aid Policy and Medicines Procedure** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Review Date** | **Headmistress** | **Proprietor** |
| **October**  **2017** | **2019-2020** | **Zoe Sylvester** | **Brian Berkery** |

**This Policy forms part of a set of documents and policies which relate to the safeguarding and educational responsibilities of the School with due adherence to the IRRS 2017 and EYFS 2017.**

**Aims**

The School wishes to ensure that every child and member of staff who has a medical condition or need, has their individual health and welfare requirements met and that this should not limit a child’s access to their education.

To ensure that the management systems put in place for these individuals are understood by the staff and are put into action. Thus, allowing individuals with a medical condition or need to maintain a successful and fulfilling contribution to School.

The School aims to develop an ethos in which children feel secure, their viewpoints are valued and they are encouraged to talk and to listen:

* confidential medical information will be required from all parents or carers of all children at Broadhurst School
* confidential medical records will be kept on all children at the School
* it is the responsibility of the parents to supply information of their child’s medical needs, whether this is short or long term. This will enable the School to complete an Educational & Health Care Plan to support individual children. All children and staff with potentially life threatening conditions will require an Educational & Health Care Plan
* it is the responsibility of the parents to inform the school of any change in their child’s medical status.
* medical treatment will be given to children and staff who become unwell during the school day. Treatment details will be recorded in the daily medical log by the Paediatric First Aiders and recorded appropriately
* parents will be informed of non-trivial care given
* prescribed or non-presribed medications will only be administered at school by the Paediatric First Aiders with the written consent of the parents or carer
* a record will be kept of all medication administered by the School
* consent must be given by a child’s parents if the child is to carry his own medication eg. asthmatic inhalers and diabetic insulin and emergency adrenalin injections as part of the child’s Educational & Health Care Plan
* certain medical conditions will require exclusion from school; this follows government guidance through Public Health England
* letters of absence (or if a phonecall has been made or an email sent this is acceptable) must be supplied by the parents when a child at Reception age is absent from school due to illness, on their return to school
* Information concerning infectious diseases and other health matters will be circulated by the School to the School community
* Risk assessments on the management of medical conditions, medications and treatment are achieved through the Educational & Health Care Plan for each individual child

**First Aiders**

At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in Appendix 2.

PFA training will be renewed every three years and be relevant for workers caring for young children. The School will take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

*EYFS- 2017-03-15*

*All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting. Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.*

*In this context, “newly qualified entrants” includes staff who have been apprentices or long term students who have gained a level 2 or level 3 early years qualification.32 Newly qualified entrants who started work between 30 June 2016 and 2 April 2017 must have either a full PFA or an emergency PFA certificate by 2 July 2017 in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting.*

*Newly qualified entrants who started work between 30 June 2016 and 2 April 2017 must have either a full PFA or an emergency PFA certificate by 2 July 2017 in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting.*

*Providers can make an exception to this requirement where a newly qualified entrant to the workforce is unable to gain a PFA certificate if a disability would prevent them from doing so. Such a newly qualified entrant can still be included in the staff:child ratios if otherwise competent to carry out their childcare duties. Where possible, such staff should attend a relevant PFA training course and obtain written evidence of attendance.*

**First Aid Boxes**

The School ensures there is a first aid box accessible at all times, with appropriate content for use with children. They can be found in:

School Office

Outdoor Playground Shed

Classes 6 & 7 Bathrooms

The staff keep a written record of accidents or injuries and first aid treatment in their class books. The staff will inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given. Head bumps are always reported to parents.

**PROCEDURE**

* **Medical Information**

When a child has been offered a place at the School, parents will complete a child’s Information/Medical Form to be returned to the School prior to the child’s start date. The School follows a strict professional code of conduct on confidentiality. The medical form seeks information on the child’s medical history including ongoing medical conditions and treatments; any medical needs; any support from other medical or therapeutic agencies (eg speech therapy); dietary requirements and vaccination history.

The child’s medical information will be stored by the School and it is the child’s parent or carer’s responsibility to update child’s medical information by informing the School. This will include illness, hospital admissions and injuries that occur out of School, new medical diagnosis, change in dietary restrictions etc. The School should be contacted if a child is to return to school on crutches or in a cast so that a risk assessment can be undertaken and measures put in place to ensure the safety of the child in School.

* **Medical Records**
* Confidential information passed to the school on the medical form is held securely in the school’s office and relevant details are shared with staff as needed. Children with medical conditions are made known to all the teaching staff who will come into contact with that child.
* **Education & Health Care Plans**

It is the responsibility of the parents to supply information of their child’s medical needs. This will include potentially life threatening conditions and complex medical needs. This will help to ensure that the School has all the information about a child to enable the School community to care for him appropriately. Information given on the child’s medical form will enable the School to generate an individual Education & Health Care Plan when needed. The main purpose of an individual Education & Health Care Plan is for a child’s medical condition to be named and the level of support identified. The Education &Health Care Plans are stored in the School Office and will be supplied to teachers when required and when a child is taken on a trip. The Education & Health Care Plan also contains parental contact details, name and contact details of GP and any other Health Care Professional supporting the named child/member of staff. The Education & Health Care Plan advises all staff (including severe food allergy cases) of the daily care required, what constitutes an emergency for that child and how to deal with that emergency for the named child. The following medical conditions may require emergency responses:

* anaphylaxis – severe allergic reaction to a substance, either ingested or touched
* asthma
* diabetes
* epilepsy. See First Aid Policy and/or notice boards for emergency care of the above conditions. Children and staff with these conditions will have notices posted in the following areas:

Class Room

School Office

These notices will give the following details:

* name (with photo for anaphylactic children and staff)
* condition
* emergency care to be given
* location of individual’s emergency medications
* emergency telephone numbers

**Purpose**

The purpose of this policy is to ensure that children receive any medication brought from home safely and appropriately. Parents should, wherever possible, administer medication before and after school. However, this might not be practicable and in such cases parents can request for medication to be administered at school. Administration of any medication at school will require the parent to complete a Medical Consent Form as provided by the School.

The School will ensure that all parents clearly label all medication brought from home as follows:

* the child’s name
* class

Parents should bring in the medication in its original packaging with the name of the medication and dosage information clearly legible.

All prescribed medication from home must be

* in its original packaging
* with the name of the child it was prescribed to
* the pharmacists’ details
* the name and required dose of the medication and
* the date it was prescribed

This information is given to parents in the Parent Handbook on joining the School, as well as on the website under Policies.

**Restriction**

The School will only accept prescription medications that have been obtained from / prescribed in the UK.

**Procedure**

The child’s parent/guardian will bring medication into School and explain a reason for the administration of the medication to their child’s key person. The Teacher/ Assistant teachers will ask the parent to sign their consent for the administration of the medication at the beginning of the course and each day thereafter, as needed.

If the child is brought to School by someone other than their parent, the parent or guardian will send the medication with a signed medical consent form. The parent/guardian must sign and date the form.

Written consent for administration of medical and dental treatment, first aid and non-prescription medicine is required from parents and guardians (blanket permission slips are not acceptable- a slip is needed each time medicine is brought into school and for each separate medicine to be administered).

**Administration of Medication**

No child should have any medicines in his/her possession.

If a child is unwell, he/she should not be in school. There are, however, times when a child is recovering but still taking prescription medicines or he/she may have long-term medical needs. In these cases one of the School’s Paediatric first aiders will give doses of prescription medicines, provided that these are brought to the class teacher each day by a parent or other adult who signs a form to state the dosage etc and that this concurs with the drug’s pharmacy label.

We will not be able to give the medicine without the signature of a parent/carer on the medication form.

If a child needs medicines, such as painkillers or cough medicine, these will be dealt with in the same way as prescription medicines and the form must be completed in the same way.

Any staff administering medicine must check:

* child’s name
* written instructions
* dose
* expiry date

For children with long-term needs (such as asthma), the forms only need to be filled in at the beginning of each academic year as part of the child’s Education & Health Care Plan.

Children with asthma should keep a spare inhaler at school in a designated place in the child’s classroom, where they will be labelled and readily available. They must be taken on trips. When given, the exact time and dosage must be recorded. The parent/carer must then read and sign this. See the Policy on children with Special Educational Needs and Disabilities and each child will have their own Education & Health Care Plan.

**Storage of medicines**

The medicines will be kept in the School Office and should be collected at the end of each session.

**Staff medication**

Staff medication must be securely stored, and out of reach of children, at all times. If staff are taking medication which may affect their ability to care for children, they should seek medical advice and inform the Headmistress accordingly.

**Sending Medication home**

If medication needs to go home at the end of the day, parent/carers must come to collect it from the child’s class teachers, who will have collected it from the School Office.

**Return to School after illness**

If a child is returning to School with medication following a period of illness, the parent/guardian must be sure that the child is well enough to attend School before bringing them back. If there is any doubt, parents must consult their family GP or seek advice from the School before bringing them back. The School staff are principally employed to provide medical care and first aid to those children and staff who become ill whilst at School, not those who become ill at home and are brought to School.

**Hot weather**

During summer and periods of prolonged hot weather, we encourage all children to wear sun hats and to use a day-long protective sun-screen, which ***parents*** are asked to apply before coming to school. We also encourage them to drink more fluids.

**Staff Medical Information**

New staff are required to complete a medical form which is sent directly to the Headmistress. All information sent is confidential to the School and the member of staff. If further action is required consent would be requested to pass this information on to the proprietor. Staff with a medical condition that requires support within school will be supported with a health care plan.

**Infectious diseases**

The school takes heed of the publication below and also has posters for parental information available, plus they are informed through the Parent Handbook of the protocol to follow.

**Guidance on Infection Control in Schools and other Childcare Settings, PUBLIC HEALTH PUBLICATION 2016**

|  |  |  |  |
| --- | --- | --- | --- |
| **Headmistress:** |  | **Date:** |  |
| **Proprietor:** |  | **Date:** |  |

**APPENDIX 1**

Medical Permission Form

Child’s Name:­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number:

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

Name of GP and telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my son/daughter, named above, to have their medication administered to them by the named key teacher or designated staff member:

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

Medication Information

Medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage and method of administration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time to be administered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/duration of medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I understand it is my responsibility to notify the School/key teacher of the last dose to be given or if there is any change in dosage or frequency of the medication.

Parent/Carer signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administration of Medicine at School

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medicine |  |  |  |  |  |
| Dosage |  |  |  |  |  |
| Time |  |  |  |  |  |
| Date |  |  |  |  |  |
| Staff member who administered medicine  (name and signature) |  |  |  |  |  |
| Witness  (name and signature) |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medicine |  |  |  |  |  |
| Dosage |  |  |  |  |  |
| Time |  |  |  |  |  |
| Date |  |  |  |  |  |
| Staff member who administered medicine  (name and signature) |  |  |  |  |  |
| Witness  (name and signature) |  |  |  |  |  |

**APPENDIX 2:**

**CRITERIA FOR EFFECTIVE PAEDIATRIC FIRST AID TRAINING**

1. Training is designed for workers caring for young children in the absence of their parents and is appropriate to the age of the children being cared for.

2. Following training, an assessment of competence leads to the award of a certificate.

3. The certificate must be renewed every three years.

4. Adequate resuscitation and other equipment including baby and junior models must be provided, so that all trainees are able to practice and demonstrate techniques.

5. The **emergency PFA** course should be underaken face-to-face and last for a minimum of 6 hours (excluding breaks) and cover the following areas:

• be able to assess an emergency situation and prioritise what action to take

• help a baby or child who is unresponsive and breathing normally

• help a baby or child who is unresponsive and not breathing normally

• help a baby or child who is having a seizure

• help a baby or child who is choking

• help a baby or child who is bleeding

• help a baby or child who is suffering from shock caused by severe blood loss (hypovolemic shock)

6. The **full PFA** course should last for a minimum of 12 hours (excluding breaks) and cover the areas set out in paragraph 5 as well as the following areas:

• help a baby or child who is suffering from anaphylactic shock

• help a baby or child who has had an electric shock

• help a baby or child who has burns or scalds

• help a baby or child who has a suspected fracture

• help a baby or child with head, neck or back injuries

• help a baby or child who is suspected of being poisoned

• help a baby or child with a foreign body in eyes, ears or nose

• help a baby or child with an eye injury

• help a baby or child with a bite or sting

• help a baby or child who is suffering from the effects of extreme heat or cold

• help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions

• understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and the need for recording accidents and incidents)

7. Providers should consider whether paediatric first aiders need to undertake annual refresher training, during any three year certification period to help maintain basic skills and keep up to date with any changes to PFA procedures.

©

**APPENDIX 3**



**Staff listed below are all Qualified Paediatric First Aiders**

**Trained on**

**03/09/2017 & 04/09/2017**

**Qualified for 3 years until September 2020**

Brian Berkery

Zoe Sylvester

Danica Belzer

Chrisy Costi

Claire Hammet

Jackie Clare

Jane Mehra

Andrea Durcova

Maryam Alkizwin

Ruth Akhavi

Victoria Wigmore

**Staff listed below are also Qualified Paediatric First Aiders**

Anna Greenberg (January 2021)

Keera Giridaran (January 2020)

Elizabeth Coote (October 2021)

Kerry Callan (2021)

**APPENDIX 4**

****