



High March

FIRST AID AND MEDICINES POLICY

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This policy applies to the Early Year Foundation Stage,
Key Stage 1 and Key Stage 2

Useful Websites	
www.education.gov.uk	
www.dfe.gov.uk	

First Aid and Medicines Policy

This policy has two parts:

- First Aid
- Managing Medicines

First Aid

Introduction

The timely and competent administration of First Aid can save lives and prevent minor injuries becoming major ones.

Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing First Aid in the workplace. The regulations relating to First Aid in schools are governed by the Health and Safety (First Aid) Regulations 1981, as amended.

These regulations require that First Aid facilities be provided for staff, pupils and visitors.

First Aid provision must be available at all times while people are on school premises, and also off the premises whilst on school outings.

First Aid Personnel

- Two members of staff at Upper School and two members of staff at Junior House have attended a three-day First Aid at Work course, or the equivalent. They are full-time members of staff and their training is renewed every three years. (See Appendix 1 for details).
- The School Nurse is a Registered General Nurse who is also registered on the Nursing and Midwifery Council. She holds a Paediatric First Aid Certificate, which is renewed every three years.
- The School Nurse and the Deputy Head (Pastoral) are also Mental Health First Aiders.
- We aim to have all Foundation Stage staff qualified as Paediatric First Aiders. This training is updated every three years. (See Appendix 2 for details).
- We aim to have all school staff including those who teach practical subjects, such as Science, Art, DT and Cookery trained in First Aid for Schools. This training is updated every three years. (See Appendix 2 for details).
- Key staff have undergone Managing Medicines Training. See Appendix 2.
- We will have one member of staff, qualified in First Aid for Schools, on each site at all times that children are present. There will be one qualified Paediatric First Aider on site at all times that Foundation Stage pupils are present.
- There will be at least one member of staff with a Paediatric First Aid Certificate on all Foundation Stage outings.

Location of First Aid Cupboards and Boxes

First Aid Area/Room

At Junior House there is a First Aid area and at Upper School a First Aid Room.

Both have all the necessary equipment, including:

- A basin
- A fridge
- A well-stocked First Aid cupboard
- A locked medicine cupboard (for pupils' own medication brought from home)
- Ice packs stored in the First Aid fridges

- A defibrillator, one of which is kept on the wall of the First Aid Area at Junior House and the other on the wall in the First Aid Room at Upper School. There is also a defibrillator in the reception of the swimming pool.
- A bed where pupils may lie down if needed, Junior House only.

First Aid boxes

First Aid boxes are located:

- in the School Minibuses
- at the Swimming Pool
- in the Art Room at Upper School
- in the Science Lab at Upper School
- in the First Aid Area at Junior House
- in the outdoor classroom at Upper School

Portable First Aid bags

Portable First Aid bags for taking on school trips are kept by the School Nurse at Upper School. These are returned to the First Aid room at Upper School and the School Office at Junior House after each trip so that they can be checked and restocked by the School Nurse before being put away. The School Nurse also maintains two portable First Aid bags that PE staff take with them for any sporting activities or fixtures. These bags are stored in the Staff Room at Upper School.

Restocking First Aid Supplies

All boxes and cupboards are inspected by the School Nurse termly and restocked as necessary.

Record Keeping

All First Aid treatment is recorded in the book/record sheets provided for this purpose at Junior House and Upper School. All records include the date and time that the incident took place.

In the Foundation Stage, any First Aid that is administered must be reported to parents. There is a duplicate book for each Foundation Stage class, where First Aid treatment is recorded. Staff speak to parents about the incident and treatment at the end of the day and parents sign to indicate that they have been given the information.

In classes other than those in the Foundation Stage, parents are informed in writing of any bump to the head. There are specific notes for this purpose in the First Aid cupboards. When these notes are filled in, they will be copied so that one copy goes to the parent and the other goes on file. In Junior House the notes are filed in the child's file in the School Office. In Upper School they are stored in the First Aid room and transferred to the medical archive at the end of each school year. Bumped heads in the Foundation Stage are reported to parents in the usual way through the duplicate book.

In classes other than the Foundation Stage, parents are informed of an incident where the child has been very distressed or where it has been necessary to call for assistance from the designated First Aider. Staff will either ring the parents or speak to the parents at the end of the day depending on what is felt appropriate in the situation.

Where a pupil has been injured and it is necessary to call an ambulance or call the parents, the Self Duplicating Accident form will be completed and the bottom copy given to the parent/ambulance crew when the child is collected.

Where a pupil has had an accident that may require further medical attention, the School Nurse should be called to assess the injury and where necessary phone home and/or complete an accident report form. When the School Nurse is off site, details of the accident including actions taken and a copy of the Accident Report Form should be made available to her to follow up the next school day.

In the event of a member of staff or a visitor being involved in an accident and needing First Aid, an Accident Form is filled in and returned to the Bursar. (See Appendix 4)

Ambulance

In the event of an accident or where concern is raised over a child's wellbeing, the School Nurse will be called. A Designated First Aider will be called in her absence. The School Nurse will decide on when to call an ambulance. Where there is any doubt over the need to call an ambulance, we will always err on the side of caution.

If parents are unable to accompany a child to hospital then a member of staff will accompany the child in the ambulance and meet the parent there. No casualty will go to hospital unaccompanied.

Hygiene Procedures for Spillage of Body Fluids

There are 'Urine and Vomit' packs available in each First Aid area/room. These should be used to clear up any spillage of bodily fluids. Antibacterial Spray should then be used to clean the area.

Antibacterial Spray is located in the locked cleaning cupboards on each site.

Vomit bowls are provided for use at Junior House and vomit bags at Upper School.

Medical Waste

All contaminated material should be disposed of in the yellow clinical bins provided on each site including the swimming pool.

Keeping Children away from School after Illness

Parents are asked not to send children to school when they are ill. This includes times when a child may have a raised temperature.

When a pupil has had sickness and/or diarrhoea they should be kept away from School for a full 48 hours after the last bout of sickness/diarrhoea.

RIDDOR

Serious Injuries, Notifiable Illnesses and Dangerous Occurrences will be reported to the School Nurse, who in liaison with the Headmistress, who will contact RIDDOR via the official website (Google RIDDOR HSE)

Managing Medicines

Medication will only be administered if it is essential i.e. *'when it would be detrimental to a child's health or school attendance not to do so.'* (P20 Supporting Pupils at School with Medical Conditions DfE December 2015)

Parent Responsibilities

At High March we rely on parents to keep us informed about any medical condition or treatment that their child requires. Parents are asked to provide information on medical needs upon enrolment to the school. They are required to provide up to date information on any medical needs that might arise whilst their child is a pupil at High March. It is the responsibility of parents to ensure that the correct medication is in school and in date.

Medication to be administered during the school day

Long term and short term prescription medication in Junior House and Upper School can only be administered if prescribed by a GP, Dentist or Pharmacist.

Long Term Medication (See Appendix 5 for the Protocol)

Parents will complete a **Care Plan**, for medication which is to be administered over a long period of time. This includes both **emergency and non-emergency** medications. They will discuss the matter with the School Nurse, where necessary.

Short Term Medication (See Appendix 5 for the Protocol)

Where medication is to be administered on a short term basis, parents will contact the Receptionist at Junior House or the Administrator/PA to the Directors at Upper School and the form, 'Permission to Administer Medicine on a Short Term Basis', will be completed. (See Appendix 4)

The School Nurse informs all staff of the medical conditions/needs of the children at the beginning of each term and changes are communicated with staff as required.

The School Nurse will discuss the Care Plans for each child, with their parents, as needed and at least annually. The old paperwork will then be transferred to the Medical Archive for storage.

Staff Responsible for administering medication to pupils

In Junior House:

- the School Nurse
- the Receptionist
- the PA to the Head
- the Lunchtime Supervisor

In Upper School

- the School Nurse
- the Deputy Head (Pastoral)
- the Deputy Head (Curriculum)
- the Administrator/PA to the Directors

In situations where these staff members are not available, we will aim for the medication to be administered by another member of staff who has undertaken a course in Managing Medicines. (See Appendix 2)

Storage of Medication

All medication is stored according to the directions and in the original packaging.

Non-emergency medication

Both long term and short term medications, are stored in the locked Medicine cupboards at Junior House and Upper School.

In Junior House a clear named box is set up for the child. The box contains:

- The Parent consent form is completed and records of the administration of the medication are maintained. (Permission to Administer Medication on a Short Term Basis)
- Records of administration
- The medication

Parents who need to bring medicine to school on a daily basis are responsible for collecting the medicine at the end of the day or providing medication specifically for use in school.

Emergency medication is stored in the unlocked First Aid cupboard at Junior House and the red medical bags, stored on the high hooks, in the First Aid room at Upper School.

At Upper School, Emergency medication is stored in the Red Medical bags which also contain:

- The Care Plan
- Records of administration
- The medication

At Junior House, Emergency medication is stored in a clear named box set up for the child. The box contains:

- The pupil's Health Care Plan records of administration
- The medication
- Where a child has a second Adrenaline pen (AAI) or inhaler, this is stored in the red medical bag on the high hook in their classroom. The red bag will contain the Care Plan, Records of administration and the medication

Where medication requires refrigeration, it is stored in the small, lockable fridge in the First Aid area/room. The fridge temperatures are monitored and recorded on a daily basis, when in use, to ensure the correct temperature is maintained.

At Junior House, the key for the medicine cupboard and fridge are stored on a hook in the First Aid cupboard. Spare keys are kept with the Bursar and the School Office.

At Upper School, the key for the medicine cupboard and the fridge are stored on the noticeboard in the First Aid Room. Spare keys are kept in the office of the Administrator/PA to the Directors, on a hook on the side of the cupboard.

See section on Emergency Medication for storage of Emergency Medication.

Staff Medication

When Staff require medication, it should be stored securely out of reach of children.

Record Keeping for short term medication

At Junior House, the office and at Upper School, Administrator/PA to the Directors keeps:

- a record of medicines brought in or collected by parents. (See Appendix 4 – Record of Medicines on site and their Location)
- record of short term medication that needs to be administered during the day. (See Appendix 4 – Log of Medicines to be Administered)

Record Keeping for Long term medication

The following are kept on the inside of the medicine cupboard doors at both sites:

- The list of pupils requiring long term medication and the expiry dates for the medication
- The list of pupils with Permission to use the school Emergency Inhalers and Auto Injector Pens (AAI).

Administration of Medication

Wherever possible, doses of medicine should be worked out so that they can be taken outside of the school day. However, where this is not possible, it will be administered in school, subject to the completion of the necessary forms giving permission for this to happen.

Medicine not in its original packaging cannot be administered.

Before administering medicine to a child the member of staff will check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container
- Instructions given on the Parental Consent Form

Staff who administer medicines are trained as necessary.

Such medication is only administered following full permission from the parent.

After any medication is administered, forms are completed listing:

- the date
- time
- dose administered
- name of the person administering the medication. (See Appendix 4)

Refusal – If a child refuses to take **his or her** medication, staff will not compel **him or her** to do so. They will record in the child's record the refusal and any surrounding circumstances and will inform the parents as soon as possible and at the end of the day at the latest.

In the event that a child has a condition that requires specialist help eg. Adrenaline pens for anaphylactic shock or glucose monitoring for diabetes, training for staff will be sought so that all are knowledgeable and confident in taking care of the child's needs.

Administration of Paracetamol or Anti-Histamine

Upper School

There are times when a pupil might suffer a headache or mild pain during the school day. In this situation it may be that the administration of paracetamol would enable them to finish the day in School. Where this is the situation in Upper School, a member of staff will ring the pupil's parent to discuss with them whether they would like to collect their child from school or give permission for a member of staff to administer a dose of paracetamol. Where permission is granted, it is recorded on the sheet for administering medicines (See Appendix 4). Details of the dose administered are also recorded on the sheet in the usual way. Parents are informed of the dose and time of administration through a note that is placed in the Homework Diary. See Appendix 4 – Record of Medicine Administered (for Parents)

A school bottle of anti-histamine is stored with the medicines at Upper School in case it is required. Parental permission is always sought before administering a dose of anti-histamine.

Junior House

Paracetamol is not administered to pupils in Junior House unless parents have provided a supply of the medicine and completed the necessary paperwork. Where a pupil in Junior House suffers pain that impacts on their ability to finish the day in School, parents are contacted and asked to collect the pupil.

Emergency Medication

Emergency procedures

Actions to be taken in an emergency and what constitutes an emergency for a particular child are contained in the child's Health Care Plan. All staff will be made aware of children with Care Plans. Copies of the Care Plans are in files in the First Aid Room at Upper School and in the First Aid area at Junior House so that they are readily available for consultation in the event of an emergency.

Adrenaline pens (AAI pens)

In **Junior House**, where the Care Plan indicates that a pupil requires an Adrenaline pen parents will be requested to provide two Adrenaline pens. In the event that an Adrenaline pen is needed by the child, the second will act as a safeguard and will be administered five to ten minutes after the first if advised by medical staff with the Ambulance Service. One Adrenaline pen will be stored in the emergency medicine cupboard in the First Aid area and the second will be stored in the red medical bag which will be kept on the high hook in the child's classroom. The red medical bag will be taken with the child by the staff whenever the pupils leave the Junior House campus, including visits to the swimming pool.

At **Upper School**, children who need Adrenaline pens, are required to have two Adrenaline pens in school. These are stored in a red medical bag and kept on the high hooks in the First Aid Room. The School Nurse ensures that the red medical bags are taken on outings and other occasions when pupils leave the Upper School campus. The PE Staff are responsible for taking the red medical bags to the swimming pool and to any sporting fixtures.

An ambulance is always called where an Adrenaline pen has been administered.

School Emergency Auto Injector Pens (AAI pens)

High March has emergency AAI Pens for use by a pupil who has been prescribed an AAI pen and has been given permission by their parent to use the School's AAI pen should their own AAI pen fail or not be available for use.

Junior and adult dose AAI pens are kept:

- in the swimming pool by the first aid kit, on a high hook on the wall (one junior and one adult)
- in the Junior House emergency medication cupboard (one junior and one adult)
- at Upper School on the wall under the A.E.D in the First Aid Room (two adult).

Asthma Inhalers

Junior House

- Pupils who have **rapid onset** of symptoms will have one inhaler in the red medical bag kept on the high hook in the classroom and in addition they will have a second inhaler kept in the Emergency Medicine cupboard in the First Aid area.
- Where pupils have a **slower onset** of symptoms, one inhaler will be kept in the Emergency Medicine cupboard in the First Aid area.

Upper School

- All inhalers are kept in the named red medical bags which are kept on the high hooks in the First Aid Room.

In Junior House, where symptoms do not come on rapidly and only one inhaler is kept in the First Aid area, it will be included in the red medical bag when pupils go on outings.

The need to take emergency medicine is highlighted in the Risk Assessment for each outing.

School Emergency Inhalers

In addition to pupils having their own inhalers as required, there are emergency inhaler kits at Upper School, at Junior House and at the swimming pool.

These are used accordingly:

- The inhaler will only be used by children who have asthma or have been prescribed a reliever inhaler and for whom written parental consent has been given for use of the emergency inhaler. The list of pupils with permission to use the School's emergency inhaler is kept on the inside of the First Aid cupboard door at both Junior House, and Upper School and the in the kit at the swimming pool.
- The emergency inhaler will only be used when the child's own inhaler (or both inhalers) has been tried and found not to be working. The emergency inhaler will be administered in the same way as the child's own inhaler is administered.
- The emergency inhaler will be used with the child's own spacer if at all possible. There is a supply of disposable spacers for use with the emergency inhaler where the child's spacer is not available.
- Where the emergency inhaler has been administered, a record of the details of administration will be kept.
- The emergency inhalers will be checked by the School Nurse on a regular basis to ensure that they are present and in working order.
- The emergency inhalers should be primed when first used (eg. spray twice).
- After use the inhaler should be cleaned by removing the canister from the plastic housing. The housing and the cap should be cleaned in warm, soapy water and left to dry in air in a clean,

safe place. The canister should be returned to the housing when it is dry and the cap replaced and the inhaler returned to the designated storage place.

- Where there has been contamination with blood, the inhaler should be disposed of properly.
- The emergency inhalers are clearly labelled to avoid confusion with a child's inhaler.
- Where agreed with parents, pupils in Upper School may carry their asthma inhalers with them.

Red medical bags

All red bags have a photograph of the child on the outside of the bag for easy recognition in the case of an emergency.

School Outings

Before a school outing is undertaken an additional Risk Assessment will be carried out in relation to children with medical needs. This information will be recorded on the Risk Assessment form for the outing. Steps will be taken to minimise risks and to ensure that all children can be included on the trip. Medicine, for children who may require it on the trip, will be carried by the member of staff allocated to that child for the trip or by the child's parent if they are attending the trip. Specific medication administered should be recorded on the Medication Administration Form. At Upper School any other medication administered will be recorded in the Duplicate Book included in the trips medical bags.

Upper School

- The School Nurse is responsible for ensuring the relevant medication is available on outings.
- Pupils who have Adrenaline pens in a red medical bag, will wear the bag around their waist, where practical. The red medical bag will contain a copy of the Care Plan. and emergency procedures for that child.
- If it is thought that additional staffing is necessary to ensure the safety and enjoyment of the trip by everyone, this will be put into place.
- Adults supervising children with medical needs and the trip leader will carry mobile phones.

Junior House

- The School Nurse is responsible for ensuring that the relevant medication is available on outings.
- Staff will collect the medication from the Receptionist before the outing and return it afterwards. The School Nurse Receptionist will ensure that the records are updated showing where the medication is.
- If it is thought that additional staffing is necessary to ensure the safety and enjoyment of the trip by everyone, this will be put into place.
- Adults supervising children with medical needs and the trip leader will carry mobile phones.

Infectious Diseases

Where a child is found to have an infectious disease, the School will inform all parents that a case of the illness has been identified in a pupil at the School and advice on symptoms to watch for will be given as well as advice to seek medical help in case of any doubt.

Dietary Requirements

The kitchen staff, teaching staff and lunchtime supervisors are informed of the pupils' food allergies / intolerances upon completion of the Dietary Notification Form. The original form is stored in the pupil's file in the School Office and a copy is stored in the Care Plan File on both sites and also uploaded onto Engage.

The School Nurse provides the kitchen staff, teaching staff and lunchtime supervisors with a Dietary Requirements Report which is regularly updated and includes a photograph of the pupil. She liaises closely with all the staff. The Report is stored in a folder in the kitchens at Junior House and Upper School.

Sun Protection in School

During warmer weather, parents are reminded that pupils should wear their sports caps for PE lessons and have a bottle of water available in School. We also expect parents to apply a 'long lasting' sun cream product to their children, of factor 30 or above, before the children come into School. Where needed, parents can also supply a roller-ball applicator sun cream to allow for reapplication during the day. At Upper School we will hold 4 bottles of Boots Soltan hypo allergenic sun cream, Factor 50 to be offered to girls who have not had protection applied and who are taking part in an outdoor activity such as a match after school, their Games afternoon or an outdoor Educational Visit. This will not be routinely administered, but offered when there will be prolonged exposure to the sun and where children have not had protection applied in the morning. Parents who do not wish their child to be offered sun cream by High March are asked to opt out by emailing the School Nurse. The sun cream will be stored in the First Aid room and will be taken off-site in the First Aid bags by staff as required.

Confidentiality

At High March we respect the child's right to confidentiality and information will be shared with relevant staff members who need to be informed after discussion with parents and obtaining their specific consent, subject always to the terms of the High March Privacy Notice for pupils and parents.

Appendix 1

Designated First Aiders

Lyn Cole is the School Nurse. She is a Registered General Nurse.

The following members of staff have completed the First Aid at Work training.

Name of Staff Member	Name of Course	Date of latest training	Provider
Michelle Honiball	First Aid at Work (3 day training) Requalification	27/02/20 28/02/20	St. John Ambulance
Claire Mullin	First Aid at Work (3 day training) Requalification	14/11/2018 15/11/2018	St. John Ambulance
Kate Stuhldreer	First Aid at Work (3 day training) Requalification	01/11/2018 02/11/2018	St. John Ambulance
Kate O'Shaughnessy	First Aid at Work (3 day training)	22/08/2019 23/08/2019	St. John Ambulance

Appendix 2

Staff Training

Name	Tutorcare - Paediatric First Aid (including Defibrillator and AAI Training)	Tutorcare - Emergency First Aid (including Defibrillator and AAI Training)	Opus - Medicine Awareness Foundation Course for Schools	Educare Administration of Medicine in Schools	Educare – First Aid Essentials
Katy Aarons		02/09/2020		05/04/2019	
Belinda Avery					
Anna Baxter		02/09/2020		09/04/2019	
Linda Bissett		02/09/2020		24/04/2019	
Yasmin Bucknell					14/09/2020
Jo Birt	02/09/2020			03/01/2021	
Sarah Campbell		02/09/2020		24/04/2019	
Kate Chapples				27/03/2019	09/09/2020
Mike Chapples					21/10/2020
Cassy Ciccone	02/09/2020				
Jess Clarke					19/09/2020
Lyn Cole	02/09/2020		12/11/2018	31/01/2020	27/11/2020
Tracey Cook		02/09/2020		22/04/2019	
Tanya Crockcroft			03/01/2019		23/10/2020
Alex Dale	02/09/2020		13/11/2018		
Amanda Dale		02/09/2020		17/04/2019	
Sue Dunster				31/01/2020	23/10/2020
Kate Eardley		02/09/2020		23/04/2019	
Tina Franklin		02/09/2020		11/04/2019	
Mark Gater		02/09/2020			
Adele Gray		02/09/2020		21/04/2019	
Emily Green		02/09/2020		06/04/2019	
Sue Green		02/09/2020			
Julia Halford		02/09/2020		27/03/2019	
Herrick Hayes		02/09/2020		25/04/2019	
Katie Hill	02/09/2020			22/04/2019	
Sharon Hill		02/09/2020			
Michelle Honiball	02/09/2020		20/11/2018		
Peter Honiball					11/09/2020
Lisa Ivey		02/09/2020		19/03/2019	
Claudia Jackson	02/09/2020		07/01/2019	23/04/2019	
Deborah Kennett	02/09/2020			22/04/2019	
Jo Kilbourn		02/09/2020		18/04/2019	
Jo Lambert		02/09/2020		25/04/2019	
Henrietta Lowen-Cooper	02/09/2020			25/04/2019	

Megan Macer					14/09/2020
Jo McCaul		02/09/2020			
Emily Mcilwain		02/09/2020			
Susie Matthews	02/09/2020		26/01/2019	01/02/2019	
Claire Mullin			18/12/2018		14/01/2019
Helen Noble		02/09/2021			
Hannah Norman	02/09/2020				
Jenni Nurse		02/09/2020		03/04/2019	14/01/2019
Kate O'Shaughnessy		05/09/17		07/02/2019	07/02/2019
Alpna Patel	02/09/2020			22/04/2019	
Helen Pearce		02/09/2020		24/04/2019	
Alex Pemberton				17/04/2019	05/09/2020
Fiona Pitman		02/09/2020		16/04/2019	
Beverley Reid		02/09/2020		24/04/2019	
Lorraine Sargeant	02/09/2020		07/01/2019		
Naomi Slattery		02/09/2020			14/01/2019
Jo Stevenson		02/09/2020	04/01/2019		
Kate Stuhldreer			04/01/2019		
Anna Taylor		02/09/2020		09/04/2019	
Liz Varrall	02/09/2020				
Hanna Wallington		02/09/2020		20/03/2019	
Mike Wright				09/04/2019	19/11/2020

Appendix 3

Action Plan for all head injuries

If a child sustains a head injury during your lesson/activity be aware of the following possible symptoms:

- Brief loss of consciousness
 - Dizziness, nausea
 - Short term memory loss, headache
 - Lumps and bumps
1. Assess the injury. **Do not** leave the casualty and if concerned in any way, send another adult/child to the front office at Junior House or the Staffroom at Upper School, for extra assistance or use a phone (**for nearest phone see below**).
 2. Make the child comfortable and monitor symptoms for deterioration.
 3. Where there is concern inform the School Office (ext. 221 or 232). They will contact the parent/guardian and inform them of the injury and arrange for possible collection of child. If the Office is closed, emergency contact numbers are available on Engage. A list of emergency contact phone numbers can be found in the Medical Room at Upper School and the Medical Cupboard at Junior House. The **PE Staff** are to ensure that Emergency Contact numbers are taken to all fixtures that take place away from the school.
 4. Complete a **Head Injuries Form** as detailed on Page 2 of this Policy.
 5. Record all the relevant details in the Accident Book (located in First Aid Room at Upper School or the First Aid area in Junior House) before you leave the premises.
 6. Ice packs, if necessary, are found in the First Aid fridges at both sites.

Nearest phone to:

Netball Court – in Music block

Astroturf – in Art Room, or downstairs in Acacia

Swimming Pool – in Pool Foyer

Other phones located in Upper School Staffroom, First Aid Room, Deputy Head's Office, Computer Room.

At Junior House – outside Reception classes, in 1M, in corridor outside The Den, in corridor outside Year 2 classes

Press 9 for an outside line

Appendix 4

Forms for the Medicine File

1. Agreement for Medicine to be administered in School on a Short Term Basis
2. Health Care Plan
3. RECORD OF MEDICINES ON SITE AND THEIR LOCATION
Medicines administered on a Long Term Basis
4. RECORD OF MEDICINES ON SITE AND THEIR LOCATION
Medicines administered on a Short Term Basis
5. Log of Medicines to be Administered
6. RECORD OF MEDICINE ADMINISTERED
7. RECORD OF MEDICINE ADMINISTERED (FOR PARENTS)
8. Bumped Head Note
9. Accident form for Staff/Visitors at High March



High March

Agreement for Medicine to be administered in School on a Short Term Basis

Name of Child: _____ Form: _____

Date of Birth: _____

Illness: _____

Medicine

- Medicines must be in the original container as dispensed by the pharmacy.
- A separate form for each medicine is required.

Name of medicine as described on the container:

Date dispensed: _____ Expiry Date: _____

Dosage: _____ Time(s) of Day: _____

Are there any side effects that the school should know about?

Name of Parent / Carer: _____

Contact telephone numbers:

I understand that I must deliver the medicine personally to the **Receptionist at Junior House** or the **Deputy Head (Pastoral) at Upper School**. I accept that this is not a service that the School is obliged to undertake. I understand that it is my responsibility to collect the medicine from the School at the end of the day. I understand that I must notify the School of any changes in writing.

Signed: _____

Date: _____

This arrangement will continue until (either the end of the course of medicine or until instructed by parents) _____ (Date)

HEALTH CARE PLAN

Photo

Date form completed:

Pupil name

Pupil form

Date of birth

Member of staff responsible

Medical diagnosis or condition
A SEPARATE FORM MUST BE COMPLETED FOR EACH CONDITION

Asthma sufferers, permission to use school inhaler (please circle)

Yes/No/Not Applicable

AAI users, permission to use school AAI pen (please circle)

Yes/No/Not Applicable

Describe medical condition and give details of pupil's individual symptoms

Daily care requirements (*e.g. before sport/at lunchtime*)

--

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

--

Follow up care after an emergency

--

--

Medicine 1

Name of Medicine 1	
Time(s) to be administered	
Date dispensed	
Expiry date	
Dosage	
Are there any side effects that the school should know about?	
Any other instructions?	
Self-Administration?	

Medicine 2

Name of Medicine 2	
Time(s) to be administered	
Date dispensed	
Expiry date	
Dosage	
Are there any side effects that the school should know about?	
Any other instructions?	
Self-Administration?	

Medicine 3

Name of Medicine 3	
Time(s) to be administered	
Date dispensed	
Expiry date	
Dosage	
Are there any side effects that the school should know about?	
Any other instructions?	
Self-Administration?	

Clinic/Hospital Contact

Name	
------	--

Phone no

GP

Name

Phone no

Family Contact Information

Name

Relationship to pupil

Phone no (work)

(home)

(mobile)

Name

Relationship to pupil

Phone no (work)

(home)

(mobile)

Care Plan Review Date

Form copied to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer 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 medication is stopped.

This arrangement will continue until (either the end of the course of medicine or until instructed by the parents).

Date:

Signed:

Parental Responsibility

Adrenaline Pens

- It is my responsibility to ensure the adrenaline pens are in date and are renewed before the expiry date is reached.
- It is my responsibility to ensure my child has two adrenaline pens and antihistamine at school. Where the GP has only agreed to prescribe one adrenalin injector pen, I agree that I am aware of the advice of the MHRA and Anaphylaxis Campaign that a child should have two pens in school and I undertake to purchase a second adrenaline pen privately.

High March follows the guidance of the anaphylaxis campaign and the MHRA in our policy on anaphylaxis, which is:

How many injectors should an allergic pupil have at school?

Children at risk of anaphylaxis should have their prescribed AAI(s) **at school** for use in an emergency. The UK's Medicine and Healthcare Products Regulatory Agency (**MHRA**) recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of **adrenaline** and the AAI device can be used wrongly or occasionally misfire. The Anaphylaxis Campaign supports this view.

Other Medication including Asthma Inhalers

- It is my responsibility to ensure that the medication is in date and renewed before the expiry date is reached.
- It is my responsibility to ensure where my child requires an asthma inhaler and where there is rapid onset of symptoms he/she will have two inhalers in school. Where the symptoms come on gradually it is acceptable to have one inhaler at school. If in doubt as to whether my child requires one inhaler or two in school I will seek professional advice from my GP.

- It is my responsibility to keep contact numbers updated.
- I consent to staff having access to this Care Plan and that a copy will go out with teachers on school trips.
- I understand that Care Plans are reviewed annually. If I have any new details about my child's condition in the interim period, I will contact the School Office.

Date:

Signed:

RECORD OF MEDICINES ON SITE AND THEIR LOCATION **Medicines administered on a Long Term Basis**

<u>DATE RECEIVED</u>	<u>MEDICINE</u>	<u>BELONGING TO</u>	<u>LOCATION</u>	<u>EXPIRY DATE</u>

RECORD OF MEDICINES ON SITE AND THEIR LOCATION

Medicines administered on a Short Term Basis

DATE RECEIVED	NAME OF CHILD	MEDICINE	LOCATION	Monday		Tuesday		Wednesday		Thursday		Friday	
				IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:	
				IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:	
				IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:	
				IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:	
				IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:	
				IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:	
				IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:	
				IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:		IN: OUT:	

Log of Medicines to be Administered in Junior House

Date	Name	Form	Medication	Dosage	Times to be Given	Given by



High March

Record of Medicine Administered
(For Parents)

Child's Name: _____

Name of medication: _____

Dose given: _____

Date	Time	Staff signature



High March

Record of Medicine Administered
(For Parents)

Child's Name: _____

Name of medication: _____

Dose given: _____

Date	Time	Staff signature



Dear Parent,

(Name)..... bumped her his/her head at school today.

Date:

Time of incident:

Details of the accident and action taken:

.....

.....

.....

.....

.....

.....

.....

.....

General Advice:

Minor head injuries are common in people of all ages and should not result in any permanent damage.

The [symptoms of a minor head injury](#) are usually mild and short lived. Symptoms may include:

- a mild [headache](#)
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

If your child experiences these mild symptoms after a knock, bump or blow to the head, you won't usually require any specific treatment. However, you should go to your [local accident and emergency \(A&E\) department](#) for a check-up.

If the symptoms significantly worsen or if they develop any new symptoms after being discharged, you should return to A&E straight away or call 999 and ask for an ambulance.

(NHS <http://www.nhs.uk/conditions/Head-injury-minor/Pages/Introduction.aspx>)

Date.....

Signed.....

Accident Form for Staff / Visitors at High March



Name:	
Date and time of accident:	
Site of accident:	
Description of accident:	
Treatment:	
Printed name(s) of staff who assisted:	
Signature(s):	

Please send this form to the Bursar's Office.

Appendix 5

Protocol to follow when parents ask for medicine to be administered in school

Medicine to be administered on a Short Term Basis

Junior House

- Receptionist completes paperwork with the parent.
- Parents complete 'Agreement for Medicine to be administered in school on a Short Term Basis' form.
- A box is made up for the child that contains, the permission form and the 'Record of Medicine Administered' form. The end of the box is labelled with a yellow note to distinguish it from the long term medication in the cupboard.
- Medicine is stored according to the instructions on the label. It will either be stored in the Medicine cupboard or in the Medicine Fridge.
- Details of the Medication are recorded on 'Record of Medicines on Site and their Location' (Medicines administered on a Short Term Basis). The Receptionist will indicate on this sheet when the medicine is dropped off or collected by the parents, so that there is always an accurate record of the medication that is in school at any time. This form is kept by the Receptionist.
- When medication is administered, it is recorded on the 'Record of Medicine Administered' form.
- Medicine is administered in Junior House by the School Nurse, Receptionist, the PA to the Headmistress or the Lunchtime Supervisor.

Upper School

- The School Nurse, Deputy Head (Pastoral), or in her absence the Deputy Head (Curriculum) or the Administrator/PA to the Directors completes paperwork with the parent.
- Parents complete 'Agreement for Medicine to be administered in school on a Short Term Basis' form.
- The paperwork is kept in the Medicine File in the First Aid Room.
- Medicine is stored according to the instructions on the label. It will either be stored in the Medicine cupboard or in the Medicine Fridge.
- Details of the Medication are recorded on 'Record of Medicines on Site and their Location' (Medicines administered on a Short Term Basis). The Administrator/PA to the Directors will indicate on this sheet when the medicine is dropped off or collected by the parents, so that there is always an accurate record of the medication that is in school at any time. This form is kept on the medicine fridge.
- When medication is administered, it is recorded on the 'Record of Medicine Administered' form.
- In Upper School medicine is administered by The School Nurse, the Deputy Head (Pastoral), the Deputy Head (Curriculum) or the Administrator/PA to the Directors.

Medicine to be administered on a Long Term Basis

Junior House

- Parents complete a Care Plan
 - Where a child has a long term medical condition, Parents will meet with the School Nurse to discuss the child's needs.
 - The School Nurse will set up a box for the child containing:
 - A copy of the Care Plan
 - 'Record of Medicine Administered'
 - The medication
- The end of the box is labelled with:
- The name of the child
 - Date of birth
 - Class
 - Expiry Date of Medication
- The School Nurse:
 - Puts the original Care Plan in the pupil's personal file in the office.
 - Adds the Care Plan to Engage.
 - A copy of each Care Plan is stored in the relevant class red medical bag, along with a photo badge of each child on the outside of the bag.
 - The School Nurse notifies form staff when Care Plans have been added to Engage.
 - Where there is a second inhaler or epi-pen, it is stored in the red medical bag on the high hook in the classroom.
 - Other red medical bags are stored in the Medicine cupboard so that medicines can be put in them prior to pupils going on an outing.
 - The medicines are entered on the 'Record of Medicines Stored on Site' and this is kept on the inside of the Medicine Cupboard door.
 - Medicine is stored according to the instructions on the label.
 - Medicine is administered in Junior House by the School Nurse, the Receptionist, the PA to the Headmistress or the Midday Supervisor.
 - The School Nurse contacts parents one month before the expiry date of each Medicine. At the first reminder, parents are asked to provide updated medication, the following week a similar reminder is sent and if after this, the new medication is not received by the school, the following week, the Headmistress will contact parents to ask for the medication. Pupils may not attend school without the correct, in-date medicine available in school.
The School Nurse keeps a record of all reminders that have been sent to parents.
 - When parents bring in new medication:
 - The old medication should be given to the parent.
 - The School Nurse will update the expiry date of the medication on the Care Plan that is in the Medical File and the Care Plan that is stored in the clear box and the red bag/s
 - Record reminders for the new expiry date.

Upper School

- Parents complete a Care Plan
- Where a child has a long term medical condition, Parents will meet with the School Nurse to discuss the child's needs.
- For emergency medication, the School Nurse will set up a red medical bag for the child containing:
 - The Care Plan
 - The medication
 - The Record of Medicine Administered
 - A photo badge on the outside of the red medical bag
- For non-emergency medication, the School Nurse will set up a box for the child containing:
 - The Care Plan
 - The medication
 - The Record of Medicine Administered
- The original copy of the Care Plan is stored in the child's file in the School Office
- A copy of the Care Plan is also kept in the red Medical File in the top drawer of the filing cabinet in the First Aid room.
- The School Nurse notifies form staff when Care Plans have been added to Engage.
- The medicines are entered on the 'Record of Medicines Stored on Site' and this is kept by the Administrator/PA to the Directors.
- The School Nurse makes a reminder one month before the expiry date of each Medicine. At the first reminder, parents are asked to provide updated medication, the following week a similar reminder is sent and if after this, the new medication is not received by the school, the following week, the Headmistress will contact parents to ask for the medication. Pupils may not attend school without the correct, in-date medicine available in school.
- The School Nurse will record when reminders are sent to parents.
- Medicine is stored according to the instructions on the label.
- Medicine is administered by the School Nurse, the Deputy Head (Pastoral), the Deputy Head (Curriculum) or the Administrator/PA to the Directors.
- When parents bring in new medication:
 - The old medication should be given to the parent
 - The School Nurse will update the expiry date of the medication on the Care Plan that is in the Medical File and the Care Plans that are stored in the clear box and the red bag/s.
 - Record reminders for the new expiry date.

Appendix 6

RISK ASSESSMENT FOR STORAGE OF MEDICINES

	Hazard	Control Measures
Storage of Non-Emergency Medication	<ul style="list-style-type: none"> Pupils may access medication independently. 	<ul style="list-style-type: none"> Pupil medication is stored in locked medicine cupboards at both Upper School and Junior House. The keys are stored nearby but not accessible to children. Spare keys are stored with the Receptionist at Junior House and with the PA to the Directors at Upper School. In addition, the Bursar also holds spare keys to the Medicine cupboards.
Medication requiring refrigeration	<ul style="list-style-type: none"> Medicine might not be effective if it is not stored according to the instructions on the label. 	<ul style="list-style-type: none"> Both the First Aid area in Junior House and the First Aid Room at Upper School have locked fridges for the storage of medication, where this is required.
Staff Medication	<ul style="list-style-type: none"> Pupils may access medication independently. 	<ul style="list-style-type: none"> Staff medication is stored securely and out of reach of children.
Emergency Medication	<ul style="list-style-type: none"> The medication is not immediately accessible in the case of an emergency. 	<ul style="list-style-type: none"> Adrenaline pens – pupils have two adrenaline pens. In Junior House one is stored in the red medical bag, which is kept on a high hook in the classroom (out of reach of children). The second is stored in the First Aid cupboard. Both adrenaline pens are stored with a copy of the Care Plan in case of an emergency. At Upper School both adrenaline pens are stored in the red medical bag which is stored on high hook in the First Aid Room. These medical bags are taken with the child whenever they leave the School site. Inhalers – At Junior House, where there is rapid onset of symptoms, there are two inhalers, one in the Red medical bag and the other in the Medicine Cupboard. Where the symptoms are slower to emerge, one inhaler is kept in the medicine cupboard. In Upper School either one or two inhalers are kept in the red medical bag, which is stored on the high hook in the First Aid Room.

Emergency inhaler does not work	Pupils could suffer an asthma attack without the remedial effect of an inhaler.	<ul style="list-style-type: none"> • School inhalers are stored in the Medicine Cupboards along with disposable spacers. There is also a School inhaler kept at the Swimming pool. School inhalers are also taken on outings where there are pupils who have permission to use the spare inhalers.
Expiration of medication	Medicines will be ineffective	<ul style="list-style-type: none"> • Advance notification system in place to alert parents to replace • Half termly check of medication in school.
Children's Medical Information not to hand in an emergency	Children might not get the required care in the case of an emergency.	<ul style="list-style-type: none"> • In Upper School the Care Plans are stored in the First Aid Room. At Junior House the Care Plans are stored in a file in the First Aid area. Copies of the Care Plans are on Engage and are stored with the medication in the First Aid cupboards and in the red medical bags. • At Junior House, where a child requires Emergency Medication, a box is made up for them to store the medication in the Medicine Cupboard. The box contains the medication as well as the Care Plan and permission to administer medication from the parents.