

kisimul

EDLN17 | Lincs School First Aid and Medication

Policy and Procedure

Document Information

Document:	EDLN17 Lincs School First Aid and Medication Policy and Procedure
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4. Roles and Responsibilities

4.1 The Chief Executive Officer

Has overall responsibility for ensuring compliance with national and local standards that are reflected in the organisation's policies.

4.2 The Chief Financial Officer

Will ensure that sufficient financial funds are available for the provision of equipment and training required for the company's First Aid needs.

4.3 Director of Operational and Practice Performance

Will ensure that there is a means to train new staff and to refresh training to existing staff as required.

4.4 The Head of Risk and Governance

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guidelines in **HS37 Infection Prevention and Control Policy** ensure appropriate and effective cleaning.

6.2.5 The First Aider is responsible for refilling the First Aid box following an incident and, if used, the AED unit will need to be cleaned restocked and repacked.

6.2.6 Staff and senior managers are responsible for ensuring that the accident/injury/ incident is recorded and reviewed on Radar.

6.2.7 At the earliest available opportunity, the **Health and Safety team** should be informed by the **Headteacher**, in accordance with **Q10 Incident Management, Reporting and Investigation Policy**.

7. Medication Administration and Protocols

There are occasions when children and young people at Kisimul Schools/college have to take medicine during the school day. In order that this is carried out in a safe way all staff will follow the procedure set out below. This has been written to ensure compliance with Local Authority guidance and the Department for Education **Supporting pupils at school with medical conditions**

7.1 Prescribed medicines

- x Medicines should only be brought to school when essential; that is where it would be detrimental to a child's/young person's health if the medicine were not administered during the school day. We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- x Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- x We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parent/guardian instructions or accept handwritten amendments on bottles.
- x Medicines will only be given to children/young adults if we have clear written instructions from professionals. Under no circumstances will medicine be given to children/young person under the age of 18 without parent/guardian consent. Where the young person is over the age of 18, they will have their capacity assessed in relation to administration of medication.

7.2 Non-prescription medicines

Non-prescribed medicines will not be given in school except under where there is prior agreement and as part of the young person support plan. This usually applies to short term medications such as paracetamol and other homely remedies, for which permission would be sought from parents/carers or through medical professional advice.

7.3 Illnesses of short duration (short term medical needs)

If a child/young person has an illness that is likely to be of short duration, but is fit enough to attend school then school should be informed and the relevant prescribed medications provided and signed in to school appropriately. An example may be where a child/young person is on a course of antibiotics. In these instances, we have a designated room available whereby pupils can reside if they fall ill during the school day.

7.4 Long term conditions (long term medical needs)

- x If a child/young person has a chronic illness or condition that requires medication then parent/carers would be asked to provide the prescription instructions - for example would be where a child/young person has diabetes or asthma and needs medication on a regular basis.
- x It is important to have sufficient information about the medical condition of any child with long term medical needs. All staff working with a young person should be familiar with the content of the health care plan, which outlines processes and management of longer-term health issues.

7.5 Emergency conditions

7.5.1 There are a few instances where medicine is kept in school for use in an emergency; the most likely being for the control of some forms of epilepsy/anaphylaxis. Allocated staff will complete accredited medication training to administer such medication, under the direction of the **Headteacher**.

7.5.2 All parent/guardians should be aware that we do not have medical staff on the premises. If a child/young person misses a dose of their prescribed medication and this is likely to have serious consequences, then the child/young person must remain at home until medical advice has been sought and the medical professional has confirmed that the young person is fit to return to school.

7.5.3 If a child/young person does need to bring medication in to school this should be in the original container in a sealed packet or box, and should be given to the escort, driver or directly to

a supporting staff member/**Headteacher**. The name of the child, dose and instructions should be clearly marked on the container.

7.5.4 In school, individual medication should be kept in original packaging labelled with prescription, the child's/young person's name and instructions for administration. They should then be stored in the locked medication cabinet and signed in and out by staff. The medication administration records (MAR sheets) should be signed and dated accordingly as medication is signed in, or at each administration occurrence.

7.6 Administering medicines

7.6.1 Any member of staff giving medicines to a child/young person should check:

- x The child/young person's name.
- x Prescribed dose.
- x Expiry date.
- x Written instructions provided by the prescriber on the label or container.

7.6.2 If in doubt about any procedure staff should not administer the medicines but check with the senior management team who will arrange for parent/guardians to be contacted.

7.6.3 Written records must be kept each time medicines are given. Staff should complete and sign a record each time they give medicine to a child/young person. Good practice is that two members of staff should sign to verify the information recorded and to check dosage. Good records help demonstrate that staff have exercised a duty of care.

7.7 Controlled drugs

7.7.1 Controlled drugs, such as benzodiazepines (which includes diazepam), are controlled by the **Misuse of Drugs Act 1971**. Therefore, it is imperative that controlled drugs are strictly managed between the school and parent/guardians, however; in instances where this is not possible an agreed arrangement can be put in place whereby the driver/escort of the registered transport can follow the same arrangement as a parent would.

7.7.2 Controlled drugs should be brought in to school by a parent/guardian/assigned trustworthy adult and handed to the **Headteacher**. The prescription and amount of medication will be checked and signed in by staff trained in the safe handling and administration of

8. Training Requirements

The Kisimul Group has identified 3 roles that require training in First Aid measures:

8.1 First Aid instructors

These will be trained by an approved training provider

8.2 Emergency First Aider

An allocation of staff will complete 1 day EFAW training dependent on the ratio of children/young adults to staff.

8.3 First Aider at work

Will undertake an initial 3-day course and the subsequent 2 yearly with a 2 day refresher course. Coverage is based on a 1 to 50 persons ratio and associated higher risk activities.

9. Monitoring Compliance

First Aid equipment will be audited by the Health and safety team during routine Health and safety audits throughout the year, and monthly checks on First Aid boxes should be completed at each school and college site, s 17 (d) (a)-cng thecteng durty ofequipmen5 26.9 (a)-462.5 (r)-51 (e)-27 (qui)27 (s)-9 (i)-46

