



## LAXEY SCHOOL POLICY FOR HEALTH, MEDICAL MATTERS AND FIRST AID

### Section 1: General Information

#### 1.1 Points of contact

The school health service consists of a team of people with special training and experience in child health and development. The team includes school health advisers, school doctors, speech therapists and dentists. The School Health Adviser (School Nurse) for Laxey is Mrs. Jayne Hanley. Jayne is available to assist parents who have any concerns regarding their child's health and well-being; you can contact her at the Ramsey School Nursing Team, Dalmeny Child Health Clinic, Ramsey Cottage Hospital, telephone number 811868.

Our secretary, Judith Quane should be the first point of contact for staff and parents who have any questions about medical matters in School.

Parents may wish to ask the school to administer medicines to their children, or ask the school to allow their children to carry medicine and self-administer. In all cases, such requests should be referred to Mrs Quane who will meet with the parents and ensure that the relevant paperwork is completed (form 3A or 3B **and** Form 4.) Form 4 can be left for the Headteacher to sign once it has been completed although the agreement for the administration of medicine to begin can be considered reached without the Headteacher's signature – this will happen as soon as possible after the meeting.

#### 1.2 Medical register

Mrs Quane will maintain a register of all children on the school roll with medical conditions. The information on the register will be updated as and when, but certainly annually. A Medical Information Collection Form is issued annually by the school for this purpose (in September).

#### 1.3 Medical supplies / first aid supplies / blank medical records

A member of staff (at present Nicola Kerr and Nadia Smith) is responsible for ordering new supplies as and when required. Mrs Quane is responsible for keeping the blank medical record forms in stock, and for storing these for easy access in the medical room. She is also responsible for maintaining the head bump folders and ensuring that these are kept stocked with blank letters.

#### 1.4 Head lice

The School Nurse does not inspect children's hair for the presence of head lice. This check is part of a parent's duty.

- Check hair weekly combing wet, conditioned hair with a fine tooth comb.
- Treat- if your child does become infected medication can be obtained from any chemist or G.P.'s surgery.
- Tell - friends and school.

· **NO** alert letters will be sent home to all parents by school - parents of an infected pupil will be informed if spotted at school.

Pupils are not to be excluded if infected. (Recommendations from the D.H.S.S. - Health Services - booklet "Management of Communicable Diseases in Schools, Nurseries and Workplaces"). The School Nurse is available for advice.

## 1.6 Record keeping

**Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail.**

Parents/carers must supply information about medication that needs to be administered in the school.

Parents/carers should let the school know of any changes to the prescription.

The school should ensure that the correct forms are used to provide clarity and consistency. In Laxey School, we use **either** Form 3A or 3B to record parental consent, dosage information and administration information. These forms must be counter-signed by the Headteacher in **all** instances. Mrs Quane ensures that all necessary paperwork has been completed and is the first point of contact for parents wishing for medicine to be administered in school.

The school is not legally required to keep a record of medicines given to children. However, we recognise that it is good practice to do so, and records of medicine administered will be made in medical administration receipt books with one copy going home with the child, and one copy being retained in school.

The school will ensure that information is transferred to any receiving school and brought to the attention of the appropriate member of staff.

Records and receipts for first aid are noted below in the Accidents and First Aid section of the policy.

## **Section 2: Accidents and First Aid**

### 2.1 Introduction

We try our best to ensure that our school environment is as safe as possible and engage the children in ongoing risk assessments regarding their play. However, children do have accidents from time to time. At school, these tend to be restricted to minor bumps, bruises and scratches, in which case we are happy to help the children clean up and apply a plaster where appropriate. Where we feel that the accident or injury is of a more serious nature, we will contact you directly to inform you.

### 2.2 Receipts

Where minor first aid is administered, a receipt from the first aid record book is given to the child to take home, as a record of the injury and the treatment. A copy of the receipt is retained in school.

### 2.3 Accident books

All accidents are recorded in the accident book which is kept in the medical room. All entries into the accident books must be in pen, and are to be completed by the person who deals with the accident – whether or not they actually witnessed it. It cannot be delegated to someone else.

### 2.4 Head Bumps

If a child receives a bump to the head, in addition to the first aid, the receipt from the first aid record book and the entry into the accident book, a 'Head Bump' letter is given to the child to take home. The head

bump letter informs parents to keep a careful eye on their child for 48 hours, watching out for the following symptoms:

- Nausea and vomiting
- Severe persistent headache
- Blurred vision
- Dizziness and / or drowsiness
- Confusion and / or slurred speech
- Bleeding or discharge from nose or ears
- Difficulty in waking from sleep

If any of these symptoms occur, the letter advises parents to telephone their doctor straight away and avoid food and drink whilst waiting for further guidance.

- An 'L' symbol should be recorded next to the entry in the accident book to confirm that the child has been given the 'Head Bump' letter, and a copy is retained in school. There are copies of the head bump letters in folders which are kept in the medical room, copy can be retained in either folder.
- Head injuries will sometimes result in a call being made to parents, as will any injuries that require more than initial / superficial first aid. Professional judgment and a common sense approach is to be applied in making decisions about whether or not to inform a parent by telephone. If parents are telephoned, staff will make a note of the time of the call next to the entry in the Accident Book. In any case, the parent will receive a receipt from the first aid record book, and in some cases a Head Bump letter when they collect their child at the end of the school day.
- 2.5 Accident report forms  
For all head injuries, suspected fractures, muscle damage, deep cuts or injuries that require further treatment beyond initial first aid, an accident report form needs to be completed (by the person who is dealing with the accident – whether or not they actually witnessed it. It cannot be delegated to someone else.) Accident report forms are then left on the Headteacher's desk for his attention. The Headteacher will sign the accident report form as the notifying officer and will send the form into the Health and Safety Officer at the Department of Education and Children. A copy of the form will be retained in school, and these will be filed in either of the Head Bump folders. They are to be completed in addition to the Accident Book entry.

## 2.6 RIDOR forms

For injuries that result in (a) broken bone(s), an injury that is likely to last beyond three days and / or a fatality, a RIDOR form needs to be completed. RIDOR forms need to be completed by the person who is dealing with the accident – whether or not they actually witnessed it. It cannot be delegated to someone else. RIDOR forms are then left on the Headteacher's desk for his attention. The Headteacher will sign the RIDOR form as the notifying officer and will send the form into the Health and Safety Officer at the Department of Education and Children. A copy of the form will be retained in school, and these will be filed in either of the Head Bump folders.

RIDOR forms can be filled in after the accident once it becomes clear as to whether or not the injury has resulted in a broken bone, 3 day+ injury and / or fatality. They are to be completed in addition to the Accident Report Form and Accident Book entry

### **Section 3: Medicines in school**

#### 3.1 Short-term health care needs

Where children are well enough to attend school, but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school day. Parents should ask the prescribing doctor or dentist about this.

Parents must complete a request form (Form 3A or 3B) and undertake delivery and collection of medicines (i.e. themselves or their adult representatives).

The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change. A Medical Information Collection Form is issued annually by the school for this purpose (in September).

#### 3.2 Individual health care plans

For children with long-term health care needs, an **individual health care plan** will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures. Although this is done in collaboration with school, support staff and health care professionals, it is the responsibility of the parent to ensure such a plan exists and is shared with the school.

Mrs Quane will be the point of contact for parents when drawing up individual health care plans, and she is responsible for displaying these on the medical information board in the Medical Room (in the mobile classroom.) Staff are responsible for checking this board frequently and routinely.

For children transported to school by taxi or bus, it is recommended that their plan contains information about how medication will be delivered to school.

The school will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff. A Medical Information Collection Form is issued annually by the school for this purpose (in September).

#### 3.3 Non-prescribed medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific **prior** written permission from the parents (on either Form 3A or 3B).

Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Calpol, paracetamol) into school without informing the school first. The school cannot be held responsible for students self-medicating if we have not been informed. Students can self-medicate with parental permission, and this must be obtained in writing on either Form 3A or 3B prior to the medication being brought into school and used. Students cannot keep medication themselves, even if self-administering. Self-administered medicine is to be given to the class teacher to store in their class stock cupboard (at an appropriate height) and will be given to the child upon their request or at the designated time (following the instructions from the parent on Form 3A or 3B). Non-prescribed medicines include throat lozenges.

If a child suffers intermittently from acute pain, such as migraine, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine. A similar arrangement can be made for children with hay fever. Parental permission is required on either Form 3A or 3B.

If a child suffers regularly from frequent or acute pain, the parents/carers should be encouraged to refer the matter to the child's GP.

### 3.4 Self-management

It is good practice to enable children to manage their own medication. If a child can take medication himself or herself, staff will supervise this. The school policy is that children may **not** carry and store their own medication, this will be held by the class teacher, and will be administered after signed agreement from parents/carers (using either Form 3A or 3B).

All staff involved will be made aware of the child's medical needs and relevant emergency procedures.

Some students may require immediate access to medication before or during exercise.

Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical and emergency procedures. Any restrictions on a child's ability to participate will be recorded in his or her file.

**Generally, staff should not take children to hospitals in their own car, other than in an emergency (i.e. where parents/carers cannot be contacted).**

### 3.5 Intimate or invasive treatment

Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse. Parents/carers and the Headteacher will respect such concerns.

Each school has a school nurse who can be approached for advice. Laxey School's is Jayne Hanley (811868).

The school should arrange for two adults, **preferably one of the same gender as the child**, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment.

Staff should protect the dignity of the child as far as possible, even in emergencies.

### 3.6 Administration of specific medicines

#### 3.6.1 Oral Diazepam (valium)

This is prescribed only in extreme cases, such as long, prolonged epileptic seizures. As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant or Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately. The Authorisation should clearly state:

- When the diazepam is to be given (e.g. after 5 minutes), and
- How much medicine should be given.

#### 3.6.2 Insulin Injections

Injecting and blood monitoring equipment should be stored in a safe place, but always accessible to the child. Children using injectable insulin need a private setting to monitor blood sugar and inject medication. Parents need to supply school with sharps boxes to ensure the safe disposal of used sharps. If a child suffers from a hypoglycaemia reaction it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablet or sugary drink, is given to the child immediately. Slower acting starchy food, such as a sandwich, biscuits or a glass of milk, should be given once the child has recovered, some 10-15 minutes later. An ambulance should be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious.

### 3.6.3 Epinephrine (Adrenaline)

This is the treatment for severe allergic reaction (anaphylaxis) to common triggers to peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits, penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). It usually requires immediate medical attention.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the pupil may become unconsciousness.

The treatment for a severe allergic reaction is injection of epinephrine (adrenaline). Pre-loaded injection devices containing one measure dosages are available on prescription. The devices are available in two strengths - adults and junior.

### 3.6.4 Asthma

If your child takes an inhaler there is an asthma card that needs to be completed and returned to school. This is available from the medical coordinator.

### 3.6.5 Allergies

If your child has an allergy, ie, to nuts, dairy products, etc., school needs to be informed so precautionary measures can be put into place.

### 3.7 Special arrangements for children with medical needs

All children should participate on trips and managed outings, wherever safety permits.

Additional staff arrangements may need to be made and, if necessary, a risk assessment carried out.

Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures.

A copy of the **individual health care plan** should be taken on visits.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school nurse or the child's GP.

### 3.8 Storage of medication

School will not store large volumes of medication.

The Headteacher / medical coordinator may request that the parent or child brings the required dose each day or uses a weekly dispenser, such as a box, which is clearly labelled with the child's name and contains the dose to be administered for each day of the week.

When the school stores medicines, staff should ensure that the supplied medication is labelled with:

- the name of the child;
- the name and dose of the medication;
- the frequency of administration;
- the date of issue;  
and a measuring spoon or dropper must be supplied, if appropriate.
- Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container.  
The medical coordinator is responsible for making sure that medication is stored safely. The children should know where their own medication is located.  
It is not safe practice to follow re-labelled/re-written instructions, or to receive and use re-packaged medicines, other than as originally dispensed.  
A few medications, such as asthma inhalers, must not be locked away and should be readily

available to the child.

Medications should generally be kept in a secure place, not accessible to children. A locked drawer or cabinet or high shelf will be appropriate in such circumstances.

The use of controlled drugs in school is sometimes essential. Schools should keep controlled drugs in a locked, non-portable container, and only named staff should have access. A record should be kept for audit and safety purposes. The medical coordinator will oversee this matter.

Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

A controlled drug, as with all medicines, will be returned to the parent/carer when no longer required, to arrange for safe disposal.

Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container and clearly labelled. The school should restrict access to a refrigerator containing medicines.

### 3.9 Access to medication

Pupils must have access to their medication when required.

The school may make special arrangements for emergency medication that it keeps for certain children.

It is also important that medication is only accessible to those for whom it is prescribed.

### 3.10 Disposal of medicines

Parents/carers will collect medicines at the end of the dosage period.

Parents/carers are responsible for the safe disposal of date-expired medication (by returning it to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a half termly basis by Mrs Quane.

### 3.11 Children refusing medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may be set out in an **individual child's health care plan**.

Parents should be informed of the refusal on the same day. Records of medicine refused will be made in medical administration receipt books with one copy going home with the child, and one copy being retained in school.

### 3.12 Safety management

All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous To Health Regulations. (COSSH - 2002)

## Section 4: Procedures

### 4.1 Records and receipts

These are administered and kept in accordance with details contained in this policy.

### 4.2 Emergency procedures

All staff must know emergency procedures, including how to call an ambulance.

All staff must also know who is responsible for carrying out emergency procedures.

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has responsibility in an emergency.

#### 4.3 Staff training

A health care plan may reveal the need for training. Training can be arranged via the school's health adviser/paediatrician, or specialist nurse, and is to be organised on a case-by-case basis by the school.

#### 4.4 Confidentiality

All medical information held is confidential. It should be agreed between the Headteacher, medical coordinator and parent/carer, who else should have access to records and information about the concerned student.

### **Section 5: Appendices**

In the following section the various forms and paperwork referred to in this policy can be found.

Often, our policy states that **either** Form 3A or 3B can be used. Both forms are reasonably similar in format, and professional discretion is left to Mrs Quane as to which is the most appropriate in each individual circumstance.

Form 4 must be used on all occasions.

The Accident report form and the RIDOR form are also included in the appendices for reference.

