

CARRICKFERGUS MODEL SCHOOL



ADMINISTRATION OF MEDICATION POLICY & FIRST AID



CARRICKFERGUS MODEL PRIMARY SCHOOL

ADMINISTRATION OF MEDICATION

The Board of Governors and staff of Carrickfergus Model Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. In most schools there are pupils who may need to take medication during school hours for long or short term medical needs, or in emergency situations.

The most common ailments suffered by pupils are asthma, epilepsy and diabetes. Anaphylaxis and extreme allergic reactions to certain foods, such as nuts, fish and dairy products is on the increase. Staff are therefore being increasingly called to administer medication to all pupils. Although staff's conditions of employment do not include giving medication or supervising it, staff may volunteer to do this.

The prime responsibility for a pupil's health rests with the parent/guardian, however, to enable pupils requiring medication to participate as fully as possible in school activities the school may agree to assist a child with medical needs.

The responsibility of the Principal / Board of Governors is to make sure that safety measures, which cover the needs of the pupil and staff, are outlined in this policy. This may mean special arrangements for particular pupils in managing and administering medication.

The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have permission to do so.**

Short Term Medication

There are times when pupils request pain killers at school including aspirin and paracetamol. School staff **should not** give non prescribed medication without **prior written approval** from parents as staff may not be aware of any previous doses taken or whether the medication will react with other medication.

Prescribed Medication

- Some pupils may have medical conditions which will require regular administration of medication in order to maintain their access to education. These pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with support from the school can take part in most normal school activities.
- Only reasonable quantities of medication should be supplied to the school (*for example, a maximum of four weeks at any one time*). The school will only make changes to dosages of prescribed medicines on written instructions of the pupil's doctor.
- Each item of medication must be delivered to the school office, in normal circumstances by the parent/carer. At the school office a School Parental Request for the Administration of Medication Form must be completed. All medication must be presented in **a secure and labelled**

container as originally dispensed. Each item of medication must be clearly labelled with the following information:

- ❖ Pupil's Name
- ❖ Name of Medication
- ❖ Dosage
- ❖ Frequency of administration
- ❖ Date of dispensing
- ❖ Storage required
- ❖ Expiry date

- The school will not accept items of medication in unlabelled containers. Unless otherwise indicated, all medication to be administered in school will be **kept in a secure place in the school office**, out of the reach of pupils. The school will **keep records of medication administered that cannot be bought over the counter**, which will be available for parents to inspect.
- **If children refuse** to take medicines, **staff will not force** them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the **responsibility of parents to notify the school** in writing if the pupil's need for **medication has ceased**.
- School **staff will not dispose of medicines**. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- It is the **parents' responsibility to renew the medication** when supplies are running low and to ensure that the medication supplied is **within its expiry date**.
- Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medicine sent with the pupil, including medication for administration during respite care.
- **The School** will make **every effort to continue the administration** of medication to a pupil **whilst on trips** away from the school premises, even if additional arrangements might be required. However, there **may be occasions when it may not be possible to include a pupil on a school trip** if appropriate supervision cannot be guaranteed within the school staff. In accordance with the school's '*Educational Visits Policy*,' parents will then be expected to attend the trip to ensure their child's medical needs are being met.

Pupil's Health Care Plan

- In some case pupils with medical needs may be more at risk than their classmates. In such cases, the school will take additional steps to safeguard the health and safety of such pupils. In some cases, individual care plans will be necessary.
- For each pupil with long term or complex medication needs, the Principal / class teacher will ensure that a Medication Plan and Protocol are drawn up, in conjunction with the appropriate health professionals (Pupil's GP, Specialised Nurse, School Health Teams). This will include a record of staff and a list of medication to be given.

- **Staff** who volunteer to **assist in the administration of medication** in cases which need to be discussed in detail with parents will **receive appropriate training/guidance** through arrangements made with the **School Health Service**. This training will take place on an annual basis and whenever is reasonably sensible. The School Health service usually make use of the school and deliver this training every August.

Emergency Procedures

- All staff know how to contact the emergency services
- All staff know who is responsible for carrying out emergency procedures in the event of need

Request for an Ambulance

- Call 999, ask for ambulance and be ready with the following information;
 1. School telephone number
 2. School name, address and postcode
 3. Give exact location in the school
 4. Give your name
 5. Give brief description of pupil's / staff member's / member of the community's symptoms
 6. Inform ambulance control of the best entrance and state that the crew will be met and taken to...

INHALERS

- Where a child uses an inhaler, one clearly labelled with the pupil's name and class must be lodged with the class teacher. Parents of pupils in P4 – P7 classes, who wish their child to carry an **additional inhaler** on their person and self administer will be asked to complete the Self Administration section of the school's parental Request for the Administration of Medication Form. Only in this instance will children be permitted to carry their own medication.
- The First Aid and Medical Co-ordinator will monitor this policy and ensure that it complies with other school policies and EA / DENI guidance.

Please note that parents should keep their children at home if acutely unwell or infectious. Please see included guidance from the Public Health Agency



PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINE

*Carrickfergus Model Primary School has a duty of care to provide a safe and happy environment where all children will be cared for and treated in a manner which enables them to feel secure at all times. Neither teachers nor support staff have a legal or contractual duty to administer medicines or provide health care. **Consequently, medication that can be given at home, should be given at home.** However, when the taking of medicine is necessary during the school day this **will only be undertaken** when clear written instructions and consent have been provided and where nothing more than administration is required. If school time medication is essential please complete the form below.*

Name of Pupil _____

D.O.B _____

Class _____

Contact Details – Name & Telephone Number

1. _____

Tel: _____ Relationship to child _____

Brief Description of Medical Condition(s) and Symptoms (Add additional sheet if required)

PRECISE DETAILS OF IN SCHOOL MEDICATION REQUIREMENTS

Parents must ensure that in date medication, in a secure and labelled container as originally dispensed is supplied. The school will not accept items of medication in unlabelled containers.

Name of Medicine: _____

Expiry Date: _____

Dosage Required: _____

Time to be given: _____

Special Precautions: _____

Side Effects: _____

Emergency Procedures: _____

Please turn over to sign...thank you!

SELF ADMINISTRATION OF INHALERS (P4 – P7 only)

**If you wish your child to carry an additional inhaler in school and wish them to self administer, please sign the consent declaration below.*

I would like my child to carry and additional inhaler in school and wish them to self-administer as detailed above.

Signed: _____ Parent / Guardian

Date: _____

STATEMENT OF PARENTAL CONSENT:

I understand that I must deliver the medication personally to the school office. I also understand it is my responsibility that a supply of the required medication held in school is kept maintained and is in date. I give full permission for Carrickfergus Model Primary School to act in loco-parentis and in accordance with my written instructions as recorded above. I recognise it is my responsibility to inform school about any changes in the above medical requirements, in writing, and accept that the school staff are under no obligation to administer medicines and therefore cannot be held responsible for an accidental failure to dispense it.

Signed: _____ Parent / Guardian

Date: _____

AGREEMENT OF PRINCIPAL

I agree that the above named pupil will receive medicine as detailed at the agreed times. This pupil will be supervised whilst he/she takes their medication. This arrangement will continue until the school is notified otherwise in writing by the parent/guardian (or the course of medication comes to an end).

Signed: _____ Principal / member of SLT

Date: _____



CARRICKFERGUS MODEL PRIMARY SCHOOL

INFECTIOUS DISEASES

It is the intention of the Governors and Staff of Carrickfergus Model School to be vigilant in relation to the presence of all diseases of an infectious nature in school. It is the school's policy to take appropriate measures in alerting parents and making relevant communications with medical authorities in an effort to minimise any spread of infection.

This policy document contains the specific measures which will be taken to fulfil the commitment contained in this policy statement.

In the event of a member of staff suspecting any form of infection, he/she will consult the list of infectious diseases contained in the staff room in an attempt to identify the condition. The principal will be consulted simultaneously.

Where a common infectious ailment such as chicken pox is identified or if a disease can be named with some certainty from the chart, the standard letter at Appendix A will be sent home to the child's parents.

Where identification is difficult, it will be the school's policy to make contact with home by telephone using either first or second contacts from the pupil's contact details or medical form. The matter will be discussed and the parent advised to seek immediate medical advice and to contact the principal either before the child returns or on return if advised to do so by the doctor. If it is not possible to make contact by telephone a discrete letter will be worded at the time to communicate concern and to ask that medical advice is sought and relayed to school.

When confirmation is made of an infectious disease it will be the school's policy to consult with the parent over any need for exclusion. Direction on exclusion will be taken from the chart of infectious diseases, or in cases of doubt, after consulting the medical services.

A letter will be sent to the parents of all children in a class or a wider circle when medical advice suggests that such action should be taken. Examples of such diseases are meningitis, scabies and impetigo.



CARRICKFERGUS MODEL PRIMARY SCHOOL

HEADLICE INFESTATION

The detection and treatment of head lice is essential in school if we are to

1. (a) prevent the spread of any infestation to other children and to ourselves; and
- (b) to work within the bounds of health, safety and child protection

Despite the harmless nature of the infestation it carries a stigma. We aim to be discreet, sensitive and sure of our facts in dealing with headlice cases. We maintain sound, regular and effective contact with our parents and we believe it best to inform them appropriately. This policy and the standard letters therein attempt to do so.

The local health authorities have varied at times on whether all the parents in an affected class should be notified. Carrickfergus Model School has always maintained that the anonymity of the affected child is paramount and it is the duty of the school thereafter to allow parents to check their child's head on the basis of precaution.

In view of the existing sensitivities it is the policy of the school to:

1. intermittently inform all parents by letter of what our policy contains and of our "in loco parentis" responsibility; and
2. inform all parents immediately when headlice is detected in the child's class.

Our **simple rule** is:

- When we are **informed** by a parent anonymity is ensured and all other parents are notified
- When we **detect** headlice we inform the parents of the affected child and all other parents



**CARRICKFERGUS MODEL PRIMARY SCHOOL
4 BELFAST ROAD
CARRICKFERGUS**

Dear Parent

Head lice is a common problem in all schools. It is a fact of life and no reflection upon the institution.

It has always been our policy to be vigilant and inform parents immediately upon noticing any infestation. Head lice is often regarded as a sensitive problem because people immediately make a link with hygiene. **It can not be stressed too strongly that head lice prefer clean healthy hair. The spread of headlice is solely down to direct head to head contact and the likelihood of contacting them in school is much less than outside.**

In order to deal with head lice effectively, the following policy has been drawn up.

- 1 On the advice of a parent who notifies us of their child's infestation, or if we detect it, the teacher will send home a standard letter (appendix 2) to families of the other children in the class.
- 2 This letter will direct parents on the treatment of head lice. **It is then up to each family to ensure that the head lice is dealt with effectively before the child returns to school.**
- 3 It will always be our practice to be discrete in dealing with cases of head lice.

Yours faithfully

Mrs J Miller
Principal



**CARRICKFERGUS MODEL PRIMARY SCHOOL
4 BELFAST ROAD
CARRICKFERGUS**

Dear Parent

A case of head lice has been identified in your child's class. Please do not be alarmed. This happens occasionally and we are all assured that healthy, clean hair is the most attractive place for head lice. **Please check your child's hair and if you identify head lice the following advice is offered.**

To lessen the risk of spread I would suggest the following:-

- 1 Visit your doctor or chemist who will suggest an appropriate treatment. I am informed by the Health Centre that this can be obtained on prescription.
- 2 Treat your child's head **immediately** with the lotion.
- 3 Check the hair thoroughly and re-dose if you feel that the lice are still present.
- 4 Use a fine comb to remove any of the remaining dead eggs.
- 5 Keep your child off school until you are satisfied that his/her head is clear.
- 6 Remember that we in school have **no authority to check heads**, neither do we have a responsibility towards treating individuals or classes. Headlice presents us with a problem which we pro-actively manage through communication with parents in an attempt to avoid further spread. The eradication of head lice is purely down to consistent **checking and treatment at home**. The medical service states that head lice are harmless but it is understood that the condition causes itching and unpleasantness. Once detected, the school asks that you inform us and remain vigilant and consistent in treatment.

Yours faithfully

Mrs J Miller
Principal



CARRICKFERGUS MODEL PRIMARY SCHOOL

FIRST AID

The Health and Safety (First Aid) Regulations (NI) 1982 (as amended) require that adequate and appropriate equipment, facilities and personnel are provided to enable first-aid to be given to employees who are injured or become ill at work.

People at work / school can suffer injuries or fall ill. It doesn't matter whether the injury or the illness is caused by the work they do or not. What is important is that they receive immediate attention and that an ambulance is called in serious cases.

Appointed persons in Carrickfergus Model Primary School:

Appointed persons take charge when someone is injured or becomes ill, including an ambulance if required. The co-ordinator looks after the first aid equipment, eg restocking the first aid box.

1. First Aid and Medical Co-ordinator: Mrs S Mitchell

2. First Aiders (as of March 2018):

S Mitchell (co-ordinator)

J Miller (3 day first aid: Principal)

J Kirk (3 day first aid: Building Supervisor)

H Love (CA/playground)

K Foster (CA/playground)

J Catterson (educational visits)

J Kirkland (educational visits)

What is a first-aider?

A first-aider is someone who had undergone a training course which complies with Northern Ireland Regulations in either first-aid at work or emergency first aid at work and holds a valid certificate of competence. Both certificates are valid for 3 years and it is a requirement that a two-day refresher course must be successfully completed for the first-aid at work course and a one day refresher for the emergency first aid at work course within the three year period. If not the full first aid course must be retaken.

The EA recommends that Primary Schools with 0-100 pupils have 1 first aider and 1 relief, thereafter 1 additional person for every 200 pupils. At the Model it is our intention to train staff every year on a rolling programme.

What should be in a first aid box?

First-aid boxes should contain only those items which a first aider has been trained to use. There is no mandatory list of items to be included in a first-aid container. As a guide a minimum stock of first aid items would be:

- A leaflet giving general guidance on first aid;

- individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile individually wrapped un-medicated wound dressings
- medium sized sterile individually wrapped un-medicated wound dressings; and
- disposable gloves.

Where mains tap water is not readily available for eye irrigation, at least one litre of sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Once the seal has been broken, the containers should not be kept for re-use. Sterile eye irrigation liquids should not be used beyond their expiry date.

The administration of tablets and other types of medicine is not a provision under first-aid at work. The only exception is where aspirin is used when giving first-aid to a casualty with a suspected heart attack in accordance with currently accepted first-aid practice. It is recommended that tablets and medicines are not kept in the first-aid container.

Travelling first-aid containers

Before undertaking any off site activities, an assessment should be made of what level of first-aid provision is needed. There is no mandatory list of items to be included in a travelling first-aid kit. They might typically contain:

- a leaflet giving general advice on first aid;
- individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile un-medicated dressing;
- individually wrapped moist cleansing wipes; and
- disposable gloves.

Additional items may be necessary for specialised activities.

How many first-aid boxes do I need?

Every school should provide at least one fully stocked first-aid container. It is important that first-aid boxes are checked on a weekly basis and restocked as required. The assessment of a school's first-aid needs should include the number of first-aid containers. Additional first-aid containers will be needed for split-sites, distant sports fields or playgrounds, any other high-risk areas and off site activities. All first-aid containers must be marked with a white cross on a green background.

Personal liability

The EA will legally indemnify their staff in the event of a claim arising due to alleged negligence in the administration of first-aid in the course of their duties.

Automated External Defibrillator (AED)

An AED is a safe, easy to use, very effective, compact, portable device which is designed to be used by lay persons to deliver a high energy electric shock to a victim of Sudden Cardiac Arrest (SCA). It

automatically diagnoses the heart rhythm, and determines if a shock is needed. The machine guides the operator through the process by verbal instructions and visual prompts, which are helpful for responders who are hard of hearing or are operating in noisy environments. They are safe and will not allow a shock to be given unless the heart's rhythm requires it.

At the Model Primary School we have an AED stored in the school entrance hall. Keys are located in the school office.

AED procedure

1. Assess scene safety. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others.
2. Confirm unresponsiveness.
3. Activate system:
 - a. At any public phone or mobile call 999.
 - b. At any school phone call main office and alert them to the emergency and location of unconscious person.
 - c. Main office staff will assign someone to retrieve AED and meet responder at scene of emergency.
 - d. The office staff will assign someone to wait at school entrance to direct emergency services to the victim's location.
4. Responder will immediately commence CPR prior to the arrival of the AED.
5. Follow operating instructions for AED.
6. Continue with CPR and AED until either victim regains consciousness or the emergency services arrive.

Care and management of the AED

AEDs require minimal maintenance. Most perform regular self- checks, and will indicate with a visual or audible prompt if there is a malfunction or low battery charge. It is important to identify at least two persons within the school who will act as AED co-ordinators, and who will be responsible for checking the AED on a regular basis, to ensure that it is ready for use at any time. Consideration should be given to ensure checks are carried out during school holidays.

At present, Mrs Miller and Mr Kirk will check the AED. The paperwork for this is stored underneath the AED.

Training

An AED can be used safely and effectively without previous training, and there may be times when trained members of staff are not immediately available to respond to a SCA. Provided a person is willing to use the AED they should not be prohibited from doing so. However, both the guidance to the first-aid regulations and RC(UK) state that users of AEDs should be appropriately trained. An AED information and awareness demonstration provided by a supplier would not be regarded as appropriate training. Regular refresher training should be carried out and a record kept of AED operator training.

The number of people you will want to train to use an AED will be determined by the size and layout of your school and its operating hours. Consider:

- staff members who are trained first-aiders;
- those present when pupils are exercising such as physical education teachers, and coaches;

- people who can respond immediately (teachers may not be able to leave a classroom right away);
- members of staff who are on site during after school events such as plays;
- members of staff who are present during community use e.g. building supervisor; and
- cover during periods of staff absences.

There is a contract in place for the provision of AED training, and the school should contact their EA's procurement section for details.

Post incident procedure and review

There should be procedures in place detailing the actions to take after an incident such as:

- downloading and transferring data from the AED;
- replenishing supplies;
- returning the AED to service; and
- recording details of the incident on the employing authority's accident report form.

It is also important after deployment of the AED to conduct a review of the event to learn from the experience. The post-event review should include an identification of actions that went well and the collection of opportunities for improvement.

Further information can be found in the EA/Council for Catholic Maintained Schools (CCMS) publication "*AED Guidelines for Schools*".

The school will also refer to the guidance booklet 'Northern Ireland Education and Library Boards and the council for Catholic Maintained Schools.'



CARRICKFERGUS MODEL PRIMARY SCHOOL

SUPERVISORY ASSISTANT'S SUMMARY GUIDANCE

Cuts

- Apply pressure to stop bleeding
- Elevate
- Clean with water only
- No cream
- Plasters may be used as long as they are Hypoallergenic
- Wear gloves
- Melolin dressing if required

Nose Bleeds

- Tilt head forward and breath through mouth
- Pinch nose, the soft part for 10 minutes
- Use paper towels or lint
- Inform a first aider
- Wear gloves
- Observe carefully for breathing problems or concussion

Stings

- Do not use waspeze in case of allergy
- Apply a cold compress for wasp stings

Bumps

- Inform a first aider
- Look for signs of concussion (guidance card available)
- Inform parents
- Monitor if required
- Inform class teacher

Choking

- Inform a first aider as soon as possible

Sick

- Wear gloves
- Inform Building Supervisor
- Get kit from Building Supervisor's store
- Clean as well as possible
- Wash hands thoroughly

Suspected Fractures

- Do not move the child
- Send for a first aider as soon as possible

Allergies

- Alert class teacher / medical co-ordinator

Foreign bodies

- Do not try to remove
- Wash gently and cover with a plaster if appropriate

Emergency Action in the playground

- Ring bell to get the pupils to stand still
- Evacuate if possible
- Contact the Principal and first aiders



CARRICKFERGUS MODEL PRIMARY SCHOOL

ACCIDENT RECORDING

Introduction

The legislation relating to the reporting of accidents and incidents is the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR). These regulations require the employer to report certain categories of incident to the Health and Safety Executive for Northern Ireland (HSENI).

In order to assist in the reporting procedure it is essential that all accidents/ incidents, however trivial, are reported to the employing authority, using the Education Authority's (EA) accident report forms.

It is imperative that the school's principal is involved in the completion of the accident investigation and accident report form and subsequent dissemination of reports.

Categories of incidents to be reported

Death or major injury

The employing authority must immediately report any incident, which results in death or serious injury to the enforcing authority. It is therefore vital that schools report promptly and accurately all such incidents to ensure compliance with the regulations.

Injuries resulting in an absence in excess of 3 days

Incidents which result in less serious injuries, but which render the person unfit to work for more than three days (including non-work days).

All other injuries

All other injuries that result from an incident, however trivial.

Dangerous occurrences

If something happens which does not result in an injury, but clearly could have done then this may be a dangerous occurrence and should be reported. The employing authority must inform the HSENI of certain types of dangerous occurrences.

Occupational diseases

Certain work related diseases must be reported to the HSENI by the employing authority.

Accident reporting

Should you receive a report of an accident the following procedure must be followed:

Incident resulting in:

- **Death or major injury**
 - Report the incident immediately by telephone to the employing authority.

- Record all the relevant details on an accident report form (name, address, occupation, details of accident etc).
- Send the completed report form to the appropriate department as indicated on the report form, within 24 hours of the accident date.
- Keep a copy of the completed form for record purposes.
- **More than 3-day injury (not a major injury)**
 - Record all the relevant details on an accident report form (name, address, occupation, details of the accident,t etc)
 - Send the completed form to the appropriate department as indicated on the report form within 72 hours of the accident date.
 - Keep a copy of the completed form for record purposes.
- **All other injuries**
 - Record all the relevant details on an accident report form (name, address, occupation, details of accident etc)
 - Send the completed report form to the appropriate department as indicated on the report form as soon as possible.
 - Keep a copy of the completed form for record purposes.
- **Non-injury accidents**
 - Record all the relevant details on an accident report form (name, address, occupation, details of accident etc).
 - Send the completed report form to the appropriate department as indicated on the report form as soon as possible.
 - Keep a copy of the completed form for record purposes.
- **Occupational disease**
 - Seek advice in the first instance from the EA's health and safety section.

General information

Accident report forms must be completed by the member of staff / first-aider who witnessed the accident. Additional information may also be added by the principal/safety co-ordinator or other senior manager/appointee, and not by the injured party.

Fill in as much detail as possible on the report form and give a truthful and accurate account of the accident. Give the names of any witnesses to the incident and attach completed witness statements to the report form. This information may be used as evidence in any subsequent court cases.

All accidents should be recorded, if not on an accident report form, then details should be noted in an accident book.

Acts of violence not involving a teacher should be reported on the accident report form. Violence is defined as "any incident in which a person is abused, threatened or assaulted in circumstances relating to their work". Acts of violence involving a teacher should be reported using the Violent Incident Report Form contained in the violence in school's section.

The Model Primary School also has a 'Serious Incident Report Form' for more detailed statements should they be required.