

First Aid Policy

[Paragraph 13, Part 3 ISSR]

Bablake Senior School

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VERSION HISTORY

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1.0	Formal Review	September 2023	Formal Review and Approval at Full Governing Board
1.1	Update	March 2024	Updated Role Descriptors / Titles; Converted to new policy template and structure. Reviewed by Head.



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I Introduction

Coventry School Foundation (“the Foundation/CSF”) requires that each Foundation School makes its own arrangements for the adequate provision of First Aiders and First Aid equipment. The Foundation’s Health & Safety Manager, Miss Alison Cheneler, is responsible for ensuring that the following takes place: -

- There are an adequate number of appointed First Aiders (see list overleaf) and that a list of these trained and appointed persons is maintained available for inspection and is displayed in the School Office, in the Common Room and on department notice boards.
- Qualified First Aiders are (re)trained every three years. A list of trained first aiders is displayed in every department and certificates are kept with the School Nurse.
- First Aid Boxes are in every department.
- Heads of Department allocate persons to be responsible for ensuring that First Aid Boxes meet established statutory requirements and that these are checked against a stock list at an appropriate frequency and re-stocked as necessary.

The Foundation recognises that some of its employees may be concerned about HIV and other blood-borne diseases, such as Hepatitis B, in their workplace. Foundation workplaces are low risk and there is no significant risk of contracting blood-borne diseases in everyday work situations. In the event of body fluid spillage, staff should follow the actions as in the School Policy:

2 Bablake’s First Aid Policy

2.1 Introduction

Bablake recognises its duties to provide adequate and appropriate first aid provision for its staff and will also ensure that these arrangements take into consideration other persons (pupils, parents, visitors, contractors, etc) for whom it has legal and moral responsibilities.

2.2 Aims

- To identify the first aid requirements for the school, in both on-site and off-site working in line with the Health and Safety (First Aid) Regulations 1981 and the Management of Health and Safety at Work Regulations 1999 (as amended).
- To ensure that first aid provision is available at all times persons are present on the premises, and off the premises whilst on school visits/trips.

2.3 Objectives

- To appoint the appropriate number of suitably trained First Aiders and Appointed Persons to meet the needs of the school.
- To provide sufficient and appropriate resources and facilities.
- To inform staff of the first aid policy, a copy of which is available to parents on request.
- To keep accident records and report to the HSE (Health and Safety Executive 0845 3009923) any Injuries, Diseases or Dangerous Occurrences as required by RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 1995.

3 Organisation

3.1 The Head

The Head, Mr Andrew Wright:

- is responsible for ensuring that the Coventry School Foundation Policy is put into practice. He is also responsible for ensuring that a school first aid policy, as required under the foundation policy, is developed;
- must ensure a suitable and sufficient assessment of the first aid needs is undertaken and that the appointment and training of staff is appropriate and provided to address the identified risks;
- should ensure that all staff and other persons are made aware of the first aid policy and procedures;
- must ensure that adequate resources are made available for the School's first aid arrangements.

3.2 Deputy Head

Deputy Head, Mrs Gill Press:

- must be aware of, and responsible for ensuring the School's first aid policy is carried out.

3.3 School Nurses

School Nurses, Mrs Amanda Weatherall (RGN) and Ms Amy Westwood:

- are responsible for carrying out an assessment of first aid needs with assistance from Deputy Head, Heads of Departments (HoDs), support staff and maintenance staff;
- should provide immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- are responsible for providing cover at the games field for sporting events i.e., rugby, hockey, as required by teaching staff;
- when necessary, ensure that an ambulance or other professional medical support is called;
- in conjunction with the Health and Safety Manager provide all staff, via HoDs, with information on the location of equipment, facilities and first aid personnel (list of which is distributed to all departments with contact numbers attached).

3.4 First Aiders

Please see list overleaf. First Aiders:

- must have completed and keep up to date the appropriate training course that has been approved by the HSE;
- deputise for the School Nurses when they are engaged with another injury/illness or where they are off-site;
- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school or whilst at sports fixtures;
- when necessary, ensure that an ambulance or other professional medical support is called.

3.5 Appointed Persons

Appointed Persons are NOT first aiders and should NOT provide first aid treatment unless emergency first aid training/refresher training has been undertaken. An appointed person is someone who:

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- takes charge when someone is injured or becomes ill if a primary first aider is not available;
- will look after the first aid equipment;
- ensures that an ambulance or other professional medical help is summoned when appropriate.

The list of first aiders and appointed first aiders follows:

3.6 Bablake Senior List of First Aiders (updated 20/9/23)

	Name	Department	Telephone No.
1	Mrs A Weatherall	School Nurse	249/099
2	Ms A Westwood	School Nurse	249/099
3	Mr P Nicholson	Design Technology	224
4	Mrs J MacGibbon	Geography	230
5	Dr E Adams	Physics	244
6	Dr L Greenway	Learning Support	278

3.7 Bablake Senior School List of Appointed First Aiders

	Name	Department	Telephone No.
1	Mrs S Aitchison	Sixth Form Leading Mentor/Admin support	276/201
2	Mr C Anderson	P.E.	241
3	Mrs H Bamforth	Food & Textiles	232
4	Mrs J Barratt	Psychology	280
5	Mrs H Billings	Head of Sixth Form	291
6	Miss R Blattner	Computer Science	234
7	Mr R Burdett	P.E. & Mathematics	241/239
8	Mr M Carvell	Site Services	07976 865 794
9	Mr P Cleaver	Art	214/233
10	Mrs M Dennis	Food & Textiles	232
11	Mrs G Doughty	Admin SLT	201



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12	Mr S Enstone	Geography	230
13	Mr T Freemantle	P.E.	241
14	Mrs H Gardner	Biology	217
15	Mrs K Gauden	Admin Support	205
16	Miss H Goody	DT & Food	224/232
17	Mr J Grantham	History	231
18	Mrs D Hughes	Reception	200
19	Mr I Kalsi	Chemistry	221
20	Mr A Kilroy	Groundsman	095
21	Mr A Larkin	Physics	243
22	Mrs K Lenihan	History	231
23	Mr R Major	P.E.	241
24	Miss K Marriott	P.E.	241
25	Mrs T Pankhania 4pm-6pm	After School Care	07913 328987
26	Mr M Parsons	DT	224
27	Mr A Phillips	P.E.	241
28	Mrs C Renken	Food & Textiles	232
29	Mr J Robson	Health and Safety Head of Estates and Facilities	302
30	Mrs H Skilton	History	231
31	Mrs D Smith	Admissions	248
32	Mrs S Smith	P.E. & Sports Science	279/241
33	Mrs J Solomon	Food / Nutrition	232
34	Mrs L Stinton	Pupil Services - morning	202
35	Mr K Tyas	Mathematics	239
36	Miss L Watts	P.E.	241





37	Mr K Ward	Drama	240
38	Mrs E Wicks	Learning Support	278
39	Mr N Wilson	Site Services (Electrician)	7483 529

Teachers and other school staff are expected to do all that is required to secure the welfare of pupils at the school.

4 Procedures

4.1 Assessment of First Aid Needs

The School Nurses, Mrs Weatherall and Ms Westwood, will undertake a full assessment of potential injuries / illnesses in all areas of the school, including the sports field/astro pitches.

Departmental risk assessments should be used by HoDs as a means of identifying hazards when assessing/reviewing the need for first aid cover with the School Nurses.

Any recurrent injuries/incidents, illnesses that are reported should be investigated and reported at the Health and Safety meetings.

Points to consider when making the assessment for first aid needs will include the following:

- the size of the school and outlying buildings and sports pitches when making provision for number of first aid personnel, first aid boxes and means of communication;
- holiday periods to ensure cover is maintained during school holiday periods;
- activities undertaken by staff and pupils;
- the location of the school in relation to the emergency services and any circumstances that may affect access to the school;
- any hazardous substances used in the science departments, dangerous tools and equipment/machinery;
- hazards that are introduced during holiday periods when large maintenance projects are in progress;
- staff or pupils with any special health needs or disabilities;
- accident statistics.

4.2 Review of Assessment for First Aid Provision

Assessment review should be carried out at least annually or when there are changes to staff, buildings/site, activities, off-site facilities e.g., sports field/Astroturf.

4.3 Number of First Aiders

There are no set limits for numbers - this must be decided after considering:

- nature of work and levels of risk involved (risk assessment);
- size and location of workplace and distance from medical facilities;



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- hours of work;
- school trips;
- out of hours provision, e.g., clubs, school events, etc.

4.4 Qualifications and Training

- First aiders will hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE.
- Appointed persons will undertake one day's emergency first aid training.
- Specialised training will be provided where known conditions exist, and it is deemed necessary.

4.5 First Aid Rooms

There are three first aid rooms provided (1 x boys, 1 x girls and 1 x staff).
There is a separate office for the nurses with a telephone and computer.

Each room contains essential first aid facilities and equipment. Typical examples of these are:

- a sink with hot and cold running water;
- drinking water and disposable cups;
- soap and paper towels;
- toilet;
- a store for first aid materials;
- foot-operated refuse containers, lined with disposable black waste bags and nurses have yellow bags for safe disposal of contaminated products;
- a couch with waterproof protection, clean pillows, and blankets;
- a chair.

In the Nurse's Office:

- A portable defibrillator.
- Pupils' epi-pens.
- A locked medicine cupboard.

4.6 Off-site First Aid

A qualified first aider, with a first aid bag, should accompany the off-site party whether on an organised school trip or a sports fixture.

All incidents/accidents will be recorded in the appropriate book or on an accident form and reported to the School Nurse on return.

4.7 First Aid Materials, Equipment And Facilities

The Health and Safety Manager must ensure that the appropriate number of first aid containers, according to the assessment of first aid needs, are available.

HSE guidelines should be followed as a minimum standard on recommended and mandatory contents. A list of contents will be displayed on the lid/door of each first aid box/container.

- All first aid containers must be marked with a white cross on a green background.
- Where possible, first aid boxes should be kept close to hand washing facilities.





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- Each school bus must carry a first aid container.
- First aid containers must accompany PE staff off-site.

Spare stock is kept in the Medical Centre.

Responsibility for checking and restocking the containers:

- The member of staff (first aider) who has used any item from a first aid container.
- Nurses will check at the start of each term; they will also issue a First Aid Requirement Request Form to all departments, and to specific members of staff who carry their own first aid bag.
- A designated person will check school buses.

4.8 Hygiene and Infection Control

Basic hygiene procedures must be followed by all staff.

- Single use disposable gloves should be worn when treatment involves blood or other bodily fluids.
- Care should be taken when disposing of used dressings or contaminated equipment.
- Procedures for cleaning up and disposal of contaminated dressings / equipment. (See Appendix).

4.9 Rugby Accidents

Certain injuries must be reported to the RFU. There are four different types of form available depending on what injury was sustained. The staff who attended the match or training session should complete the RFU form as well as completing the school accident form. RFU forms are kept by the Health and Safety Manager.

4.10 RIDDOR Reporting

All accidents that require reporting to HSE/ Riddor are listed in the Accident Book. Any accident that requires reporting to Riddor must be reported to the School Nurse who will follow the instructions in the Accident Book, contact the Health and Safety Manager who in turn, will contact HSE. Online forms can be completed.

4.11 Record Keeping

Any pupil, staff or visitor treated or seen by the first aider must be recorded in the Medical Room Treatment Book and on an Accident Form.

Any treatment or advice given to pupils, staff or visitors must be reported in the first instance in the Medical Room Treatment Book or reported to the School Nurse.

If pupils are being dealt with, then a corresponding entry will be documented on iSAMS in a confidential area specifically for the nurses. A more detailed entry is made here including any telephone calls made to parents/guardians or other pupil contacts.

A record of medication will be documented on pupils' health records on iSAMS.





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All accidents however minor must be fully recorded on an Accident Form at the time of the administered treatment.

Accident Forms are located with the School Nurse, in the Main School Office, in the Pavilion Office, at the Astro, in the Swimming Pool Office, in all school trip packs and all First Aid Boxes.

4.12 Monitoring

The School Nurse keeps daily, monthly and yearly records of attendance to the Medical Room. These are made available to the School Governors as requested and are also used to evaluate and adjust policy and procedures.

Mrs Gill Press meets with the School Nurse/s weekly.

5 Review, Approval and Publication

The Deputy Head (Pastoral) has strategic oversight of this policy which is reviewed every year in collaboration with the School Nurse unless otherwise required owing to a change in policy/legislation or guidance; once reviewed, the policy is presented to the People and Wellbeing Committee for their formal recommendation to present it to the Full Governing Board for final approval.

This Policy will also be made available to parents/carers via the Schools' website; and, published to the ISI Portal.

6 Related Policies and Procedures

This policy may need to be read in conjunction with the following Foundation/School policies:

- Safeguarding and Child Protection Policy.

And/or with reference to the following guidance:

- NMC (Nursing and Midwifery Council 2007) The Standards, Guidance p14
- Aspar Pharmaceuticals Ltd (information as stated in manufactures data)

And/or with reference to the following legislation or governance provisions:

- The Independent School Standards Regulations (ISSR).
- Independent Schools Inspectorate (ISI) - Para 13, Part I ISSR – First Aid; Welfare, Health and Safety of Pupils
- Health and Safety (First Aid) Regulations 1981 and the Management of Health and Safety at Work Regulations 1999 (as amended).
- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 1995



7 Appendices

This policy contains the following appendices (use the links provided or continue overleaf):

- [Appendix 1](#): Bablake Policy for the Cleaning Up Body Fluids
- [Appendix 2](#): Administration Of Medicines In School Policy
- [Appendix 3](#): Standards For Medicine Management

Policy Compiled By: Amanda Weatherall RGN

END



Appendix I: Bablake Policy for the Cleaning Up Body Fluids

Bablake Policy for the Cleaning Up Body Fluids i.e., Blood, Faeces, Urine, and Vomit.

All body fluids should be cleaned up as quickly as possible after spillage.
Disposable latex gloves should be worn.

1) Blood, Faeces, Vomit

NaDCC granules (Sodium dichloroisocyanurate e.g., Presept, Actichlor) or liquid bleach should be used to clean and disinfect after these spillages.

Do not use on urine - see below.

The dilution of the bleach depends on the product being used. Chlorine content varies from brand to brand and also depends on how the product has been stored. Solutions should be made up fresh as required. All products in use should be cleared through the Health and Safety Control System Procedure.

If possible, the diluted bleach or granules should be poured gently over the spill, covered with disposable towels and cleaned up after 2 minutes with more disposable towels. The towels should be disposed as clinical waste. Remember to wash your hands after removing your gloves. In general, the task is more unpleasant than risky. It is important, however, to follow the manufacturer's instructions when using these products.

Should contact with the skin occur, it must be washed off immediately with plenty of water.

2) Urine

Spillages of urine should be cleared up using paper towels before washing the area with a detergent solution.

Do not use NaDCC granules as a chemical reaction could take place which would give off a potentially harmful gas.

Reference:

- Chief Executive's Directorate
- Occupational Health
- Coventry City Council
- Ref. J1700 Dec. 2003

3) Clinical Waste

Clinical waste such as disposable items contaminated with body fluids should be placed in yellow bags for incineration. A flush toilet is ideal for disposing of faeces and urine and should be used whenever possible.

4) Waste Disposal

The handling and disposal of all waste, and in particular clinical waste, should be in accordance with the Department of the Environment Waste Management guidelines.

CLINICAL WASTE STORAGE	
Action	Rationale
Clinical waste must be stored in a designated area prior to collection.	To reduce the risk of unauthorised persons and cross infection.
Sharps containers in clinical areas must be out of reach of children and the public.	To ensure safety of the children and vulnerable people.
The interval between collections must be as short as reasonably practicable.	To avoid accumulation of waste attracting vermin.
Clinical waste must be kept separate from domestic waste at all times.	To ensure correct segregation and minimise risk of contaminating domestic waste.
The storage area must be locked and inaccessible to unauthorised persons, vermin and free from infestation.	To prevent unauthorised access and damage to bags from vermin.
The storage area should be sited on an impervious hard surface with good drainage and subject to routine cleaning.	To enable the area to be regularly cleaned.

CLINICAL WASTE HANDLING	
Action	Rationale
When handling clinical waste always wear the appropriate clothing. (Gloves, plastic apron).	To prevent contamination to skin or clothing.
Handle filled bags by the neck only, keeping away from the body.	To prevent accidental injury.
Know the procedure in the event of a sharps injury.	To minimise risk associated with exposure. See policy relating to sharps injury.
Know the procedure in the event of a spillage.	In order that staff can safely decontaminate the area.
Never put hands inside clinical waste bags or attempt to push the contents down.	To minimise the risk of injury or exposure.
Each bag must be filled no more than 3/4 full capacity.	To prevent the bag from bursting during handling.
All staff must be aware of the location of the storage area for clinical waste within the school.	All staff should be responsible for calling the appropriate person in charge of clearing up clinical waste.



CLINICAL WASTE HANDLING	
Action	Rationale
In the event of the bag splitting, do not decant contents from one bag to another. The entire bag and its contents must be placed into a new bag.	To prevent injury or exposure.
The manager responsible for each establishment producing clinical waste must ensure that all staff undertake instruction in the safe handling and disposal of the waste.	To ensure the safety of the staff / pupils and visitors.
Hands must be washed after handling clinical waste.	To minimise risk of cross infection.

CLINICAL WASTE PACKAGING	
Action	Rationale
Clinical waste must be placed in yellow bags, labelled "clinical waste for incineration only".	To ensure appropriate disposal.
Each bag must be filled to no more than 3/4 capacity.	To prevent bag from bursting during handling.
Clinical waste bags must not contain any sharp objects.	To prevent injury to persons handling the bags.
Full sharps boxes must not be placed in yellow clinical waste bags. These will be disposed of separately.	To prevent injury if the sharps box has a spillage.
If clinical waste requires re-packing e.g., due to damage, do not empty one bag into another. The entire bag and its contents must be placed inside a new bag.	To prevent injury or exposure.
Bags must be securely tagged and sealed using the appropriate tags provided by the contractors.	To ensure that waste is both secure and can be tracked through the chain to disposal.
Method of Tagging:	
Sack holders for clinical waste bags must be: - <ul style="list-style-type: none"> ▪ Accessible in all clinical and treatment areas. ▪ Of a suitable size for the bag used 	To ensure the safe disposal of clinical waste.



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- Labelled or colour coded to clearly identify the contents.
- Have rigid sides and a close fitting lid.
- Foot operated.
- Washed and dried regularly inside and out with general purpose disinfectant and hot water.



Appendix 2: Administration Of Medicines In School Policy

(see also O.61 Standards of Medicine Management)

1 General

The Board of Governors recognises that many pupils will at some time need to take medication at school. While parents retain responsibility for their child's medication, the school has a duty of care to the pupils while at school, and the governing body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.

2 Responsibilities

The Board of Governors takes responsibility for the administration of medicines during school time in accordance with the government's policies and guidelines.

The Head will implement this policy and report as required to the Board of Governors.

Medication will normally be administered by the School Nurse or, in her absence, by specially trained staff.

All staff are expected to maintain professional standards of care but have no contractual or legal duty to administer medication. The Board of Governors does not require staff to administer medication. (q.v. School policy Supporting Pupils with Medical Needs, implementing Circular 14/96).

However, some specified staff (e.g., PE and games staff, or staff taking educational visits) who volunteer their services, will be given training to administer first aid and/or medication to pupils.

3 Staff Indemnity

The Board of Governors fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The Board of Governors will meet any claims in these circumstances.

4 Guidelines:

7.1 Records

On admission of the pupil to the school, all parents will be required to provide information giving full details of:

- medical conditions;
- allergies;
- regular medication;
- emergency contact numbers;
- name of family doctor/consultants; and,
- special requirements (e.g., dietary).

At the beginning of each academic year all parents will be required to up-date the medical form.



7.2 Administration of the Medication

The school expects that normally parents will administer medication to their children.

Any requests for medicine to be administered must come from a parent in writing addressed to the School Nurse, and each request will be considered on an individual basis.

Details required:

- name of parent;
- name of child and class;
- name of medicine;
- how much to give;
- how it should be kept and stored;
- how it is to be administered;
- when to be given; and,
- any other instructions.

Parents will be expected to notify any requests for the administration of medicines at the earliest opportunity and to discuss with the Head and the School Nurse what can be done in the school before the Head makes a decision (viz. Circular 14/96).

The Head (or person authorised by the Headmaster) will decide whether any medication will be administered in school, and by whom (usually the School Nurse). In appropriate cases the Head and parents in consultation with the School Nurse (and anyone else the Head deems necessary) will draw up a healthcare plan.

The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label.

The school will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents.

If the pupil is required and able to administer his/her own medicine (e.g. inhaler for asthma) the School Nurse will check that the pupil fully understands what has to be done and will supervise the administration where required.

Normally medication will be kept under the control of the School Nurse unless other arrangements are made with the parent.

Normally the administration of medication will only be done in school at the following times:

- immediately before school;
- breaks and lunchtime; and,
- exceptionally, immediately after the end of the school day.

The school will not allow in any circumstances the administration of non-prescription medicines in school, other than at the discretion of the School Nurse. This includes cough sweets and lozenges, and painkillers.

7.3 Intimate or Invasive Treatment

The school will not normally allow these to take place in school, but in exceptional circumstances the Head is authorised to agree to it. Two adults must be present when these take place, at least one of whom must be of the same gender as the pupil.

7.4 Long-term Medical Needs

The Board of Governors and Head will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, and in most cases the family doctor. The governing body also reserves the right to discuss the matter with the School's medical adviser.

7.5 Records

A record of medication will be written in the pupil's health records.

7.6 Training

The governing body is committed to providing appropriate training for staff who volunteer to participate in the administration of medicines.

7.7 Monitoring and Review

The Head will be responsible for monitoring the implementation of the policy and reporting annually to the Board of Governors.

Appendix 3: Standards For Medicine Management

I Homely Remedy Protocol for Bablake School

Any registrant using a homely remedy protocol must ensure there is written instruction that has been drawn up and agreed in consultation with other relevant qualified professionals. (Where possible this should be a medical practitioner or pharmacist). This protocol should clarify what medicinal product may be administered and for what indication it may be administered for. (As stated by the NMC 2007).

I.1 Name of Drug: Paracetamol

This protocol is for the authorisation for the oral administration of:
Paracetamol:

- Oral tablets 500mg per tablet
- Oral soluble tablets: 500mg per tablet

I.2 Indications for Administering Paracetamol Medication:

Paracetamol is an analgesic used for the relief of mild to moderate pain, including neuralgia, migraine, headache, toothache, sore throat, pyrexia, period pain, aches and pains including back ache. The School Nurse will make a clinical judgement for students and staff at Bablake if paracetamol is required.

I.3 Dosage Frequency

For oral use;

- **Adults and children over 16 years:** 1-2 tablets every 4 - 6 hours as required to a maximum of 8 tablets in 24 hours. The dose should not be repeated more frequently than every 4 hours. If symptoms persist for more than 3 days, then the School Nurse will advise to seek further medical assistance from their own General Practitioner. If a child should require a second dose of paracetamol within the school day, then a parent must be contacted for consent.
- Children 10 to 15 years of age: take 1 tablet every 4 – 6 hours. Do not take more than 4 tablets in 24 hours.
- **Do not exceed the stated dose.**

I.4 Contra-indications to Use of the Drug

As stated in the manufacturer's data sheet/summary of product characteristics and:

- liver or renal failure/impairment;
- severe pain or temperature $>38.5^{\circ}\text{c}$ (advised to seek further medical assistance);
- previous allergic reaction to paracetamol.

I.5 Consent

Year's 7-13 Parental consent, via the school database, stating that Paracetamol may be administered. Staff to use verbal consent at their own discretion.



1.6 Storage

Not to be stored above 25°C. To store in original packaging. Keep in the outer carton to protect from light. **Do not** use after the date shown.

1.7 Registrants

School Nurse: Mrs A Weatherall RGN
Ms A Westwood RN

1.8 Names of other Staff Administering Paracetamol

Deputy Head: Mrs Gill Press

All medication administered to pupils should be signed for acknowledging competency and accountability.

1.9 Standards of Practice for Administration of Paracetamol

Registrants must be certain of the identity of the pupil to whom the medicine is to be administered.

They must check that the pupil has no known allergies and is not allergic to the medicine.

They must be aware of the therapeutic uses of the medicine, its normal dosage, side effects, precautions and contra – indications.

They must check the expiry date of the medicine administered.

They must consider the dosage, weight/age where appropriate, and timing of the medication administered.

1.10 Record Keeping

Clear accurate records in individual staff/student medical notes, must be maintained re: administration of the medication and this must include the reason why they require paracetamol; the date; time; dosage and any follow up care that may be appropriate or relevant.

END