Kisimul

EDLN17 | Lincs School First Aid and Medication

Policy and Procedure

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	Policy and Procedure	
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No person or group should suffer oppression or lack of opportunity because of a protected characteristic. Kisimul Group opposes all forms of unlawful discrimination, and we are committed to encouraging equality, diversity, fairness and inclusion in the application of our policies so that everyone has equal access and feels welcome and at ease. To achieve this aim, the application and accessibility of our policies, and the decisions and outcomes arising from our policies, may be monitored to ensure their use is fair, equal and consistent irrespective of any characteristic as may be defined by the Equality Act 2010. This is to ensure that we are listening to people and appropriately understanding their needs, and are tailoring the way we interact and publish or act on our policies to ensure we are promoting equal access and opportunity at all times.

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1. Introduction

Under the *Health and Safety at Work Act 1974*, employers must provide suitable First Aid provisions and have suitably skilled personnel to manage injuries in connection with the company's work. The Kisimul Group recognises the requirements as set out in the Health and Safety Executive's guidance documents, as well as the Department for Education's guidance on First Aid in educational establishments.

2. Scope

This policy applies to all staff and learners at Lincs School.

3. Definitions

3.1 First Aid

The Kisimul Group's definition of First Aid is that of early treatment of an injury or illness that precedes treatment by further medically-trained persons such as paramedics or GP's.

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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

Will ensure that the First Aid needs assessment is reviewed against regulation and recorded injuries, so as to provide a suitable and sufficient First Aid response.

4.5 Group Executive Education Lead and Headteachers

Will ensure that First Aid trained staff are available or on shift as per this policy.

4.6 All Staff

Any staff that have been trained in First Aid have a duty to act in a manner in accordance with their training and are to apply their knowledge and skills when required to do so.

5. First Aid Provision

5.1.1 Lincs School reflects DFE guidance which states:

"First Aid provision must be available while people are on school or college premises. It must also be available when staff, pupils and students are working elsewhere on school activities including any off-site activity such as educational visits. The regulations require employers to provide adequate and appropriate equipment, facilities and personnel based on a First Aid needs assessment".

5.1.2 From our injury profiling, we have found that the vast majority of injuries are from unpredictable physical interactions form the people we support to our staff members. There are other higher-risk tasks carried out by supporting services such as property and grounds maintenance using powered machinery to cut and drill, however adequate controls and safe systems of work are in existence and so injuries are rare.

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- **5.1.3** Lincs School shall have at least a medium-sized First Aid box and an Automated External Defibrillator (the AED may serve more than one building where they are on the same site).
- **5.1.4** Company vehicles used for transporting the people we support should have a small portable First Aid box/bag.

6. First Aid Procedure

6.1 Initial Repsonse

- **6.1.1** The notice board in the Entrance/Reception area will state the location of the First Aid box and the automated external defibrillator (AED).
- **6.1.2** The **Headteacher** will ensure that there is a First Aider on shift whilst the building is open and that all staff are advised of who that person is.
- **6.1.3** Once informed of an incident a First Aider will attend the casualty without delay and provide emergency care as appropriate.
- **6.1.4** If the injury is of a serious nature, such as a sudden collapse, breathing difficulties, or if the person is suffering life threatening situation/not responding to initial on-site treatment then the First Aider will seek further emergency aid by dialling 999. For non-life threatening situations dial 111. The **Headteacher** or the **Assistant Headteacher** should be made aware of the incident.
- **6.1.5** Any relevant medical details should be provided to the paramedics/hospital or G.P surgery.

6.2 Persons taken for treatment

- **6.2.1** An appropriate member of staff should accompany the child/young adult/staff member to the hospital/G.P. surgery. The member of staff should be able to give the medical professionals all relevant and appropriate information, including details of the child/young person's additional learning, health and communication needs.
- **6.2.2** The **Headteacher** will then contact the parents/guardians immediately. In the case of a child/young person being accommodated under a Care Order (section 31 of the *Children's Act* 2004) the duty social worker for the relevant social services department should be contacted.
- **6.2.3** The First Aider is responsible for ensuring where appropriate that the accident /incident is recorded in the appropriate format. The recording should be completed detailing time, date and location of accident/incident, using the company's Radar incident reporting platform.
- **6.2.4** Following an accident or incident necessitating First Aid intervention, consideration should be given to appropriate cleaning up of any bodily fluids. The First Aider should follow the EDLN17 | Lincs School First Aid and Medication Policy and Procedure

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guidelines in *HS37 Infection Prevention and Control Policy* to 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

- 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.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- 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.
- 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.

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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)

- 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.
- 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

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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:

- The child/young person's name.
- Prescribed dose.
- Expiry date.
- 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 medication on the appropriate MAR sheet.
- **7.7.3** Controlled drugs will be stored in a locked, non-portable container, such as a safe, and should be within a locked cupboard Only specific named staff allowed access to it who must be trained to handle and administer medication. Each time the drug is administered it must be

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recorded, including if the child/young person has refused to take it and signed by 2 medication trained staff.

- **7.7.4** If pupils refuse to take medication, school/college staff should not force them to do so. The school should inform the child's parent/guardians as a matter of urgency. The school/college should call and ask for advice from NHS direct by calling 111 or contact the emergency services where required.
- 7.7.5 The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the *Misuse of Drugs Act 1971*. As with all medicines any unused medication should be recorded as being returned to the parent/guardian when no longer required and must be signed out on the MAR sheet. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

7.8 Covertly administered medication

In some cases and only where fully documented can medication be given covertly. In these cases social worker, parent/guardians and other key professionals will be advised of this. Where relevant this will also be documented in the Education, Health and Care Plan. If the pupil is 16 or older and lack capacity; this decision will be subject to a best interest meeting

7.9 Offsite visits

- **7.9.1** It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted.
- **7.9.2** It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the pupil and that the appropriate medication is taken on the visit. Medicines should be kept in their original containers.

7.10 Further advice

Advice on medical issues should be sought from the designated school nurse, or staff trained in the safe handling and administration of medication, the schools local Primary Care Trust (PCT), which includes guidance on communicable diseases or NHS Direct.

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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, including the integrity of equipment and requisite contents.

10. Linked Documents

10.1 Kisimul Policies

- **10.1.1** HS37 Infection Prevention and Control Policy
- **10.1.2** Q10 Incident Management, Reporting and Investigation Policy

10.2 Legislation

- **10.2.1** Health and Safety at Work Act 1974
- **10.2.2** Misuse of Drugs Act 1971
- 10.2.3 Children's Act 2004

10.3 Statutory and Best Practice Guidance

10.3.1 Supporting pupils at school with medical conditions (DfE, 2017)

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

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Document Change Log

The Change Log is a register of all authorised changes made to this document.

Version	Description of change:	Change made by:	Date document republished:
1	Combined ED31 and HS38 to form new Education policy	Paul Routledge	October 2024

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