



TOWNLEY
— EST 1937 —
GRAMMAR SCHOOL

FIRST AID POLICY

1. Introduction

This policy outlines the procedures for administering medications at Townley Grammar School, thus ensuring the health and safety of all students. It adheres to guidelines set by the Department for Education (DfE) and other relevant bodies.

1.2 Aims

- Provide clear guidelines for safe storage, administration, and documentation of medications.
- All medication must be administered with the explicit consent of parents and the necessary support of healthcare professionals if required. This ensures the safety and well-being of our students.
- Support student well-being by managing medication needs during school hours.

2. Medications Covered

- Non-prescription: Paracetamol, ibuprofen, Strepisils (written parental consent required).
- Emergency: Antihistamines, inhalers, and Adrenaline auto-injectors (EpiPens) (kept on-site and administered by trained staff).
- Prescribed: A completed Prescription Medication Form and original packaging with clear labelling must be accompanied.
- Controlled Drugs: Strict guidelines apply (proof of prescription, unambiguous labelling, controlled drug record-keeping, double-locked storage).

3. Additional information about the labelling of medication:

- Clear and legible labelling: The label should be easy to read and understand without ambiguity.
- Child's name: The child's full name should be written on the label.
- Medication name: The full name of the medication, not just abbreviations or nicknames, should be written on the label.
- Dosage and frequency: The prescribed dosage and frequency of administration should be clearly stated.
- Date of issue: The date the medication was issued should be included.
- Expiry date: The expiration date of the medication should be visible.
- Any special instructions: Any specific instructions for administering the medication, such as "with food" or "before bedtime," should be included.
- Parent/guardian signature: The parent or guardian should sign the label to confirm they have read and understood the information.

4. Additional requirements:

- Use a permanent marker to write on the label.
- If the medication is in a bottle or container, ensure the label is securely attached and cannot be easily removed.
- If the medication is in a blister pack, you can write the child's name and other information on a piece of paper and tape it to the blister pack

5. Consent and Documentation

- At the start of each school year, we require written parental consent for any medication administered during school hours. This ensures parents are actively involved in their child's health and well-being. Consent forms detail specific medications, dosage, allergies, and contraindications.
- Emergency consent is not needed for the use of Adrenaline auto-injectors on site.

- For controlled drugs, proof of prescription (doctor's letter) is required and filed with the consent form. Additionally, a separate consent form specifically for controlled drugs must be signed by the parent or guardian. Our medication administration logs are comprehensive, tracking all medications given, including student name, date/time, medication/dosage, reason, and staff administering. This thorough record-keeping instils a sense of security and accountability in our staff. Controlled drugs require an additional entry in the Controlled Drug Record Book, countersigned by a second staff member. - This needs to be instead of not as additional - this isn't double signed in school
- Records are kept securely for a minimum of one year. - for medical, this needs to be kept longer

6. Being notified that a child has a medical condition

- When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an Individual Healthcare Plan (IHCP).
- The school will make every effort to ensure that arrangements are made within two weeks or by the beginning of the relevant term for students who are new to our school.

7. Individual Healthcare plans (IHCPs)

At Townley Grammar School, we take seriously the responsibility of developing Individual Healthcare Plans (IHCPs) for students with medical conditions. This task has been delegated to our School Nurse, who plays a crucial role in ensuring the health and well-being of our students.

Plans will be reviewed at least annually or earlier if there is evidence that the student's needs have changed. Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

At Townley Grammar School, we understand that not all students with a medical condition will require an Individual Healthcare Plan (IHCP). When deciding whether an IHCP is necessary, we rely on the expertise of healthcare professionals and the input of parents and carers. If consensus cannot be reached, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's needs.

The student will be involved wherever appropriate. IHCPs will be linked to or become part of any education, health and care (EHC) plan.

If a student has Special Educational Needs and Disabilities (SEND) but does not have an EHC plan, the SEN will be mentioned in the IHCP. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The Board of Trustees, the Headteacher, SENDCo and the School Nurse with responsibility for developing IHCPs will consider the following when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where which is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

- Specific support is needed for the student's educational, social, and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the regular school timetable that will ensure the student can participate, including risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals are to be entrusted with information about the student's condition.
- What to do in an emergency, including who to contact and contingency arrangements

8. Storage of Medications

- Non-prescription: Locked cabinet in the medical room (authorised personnel only).
- Emergency: The medical room has marked, accessible locations. Students with a healthcare plan and parental agreement may carry inhalers and AAls (e.g., EpiPens).
- Prescribed: Securely stored in the medical room, original packaging, clearly labelled. Medications requiring refrigeration will be stored in a dedicated medical refrigerator.
- Students may carry prescribed medications (e.g., inhalers) as outlined in their Individual Healthcare Plan (IHP) and with school nurse and parental approval.
- Controlled Drugs: Double-locked cabinet within the medical room, adhering to national regulations. Only the school nurse and designated staff have access. Controlled drugs requiring refrigeration will be stored in a refrigerator by the School Nurse. The school nurse conducts daily inventory checks to ensure accountability and that discrepancies are reported.

9. Administration of Medications

- Non-prescription: Administered only during school hours for specific conditions (headaches, mild pain, minor throat discomfort) after other measures are tried. Students are assessed by the school nurse before administration. Age-appropriate dosage guidelines are followed.
- Emergency: Administered according to the student's Individual Healthcare Plan (IHP) or for unexpected emergencies (e.g., allergic reaction). Staff receive annual training on using emergency medications like AAls, such as EpiPens and inhalers.
- Prescribed: Administered according to the prescription instructions. Parents/carers must provide medication labelled with student details in original packaging. A written log records all prescribed medications given, including time, dosage, and staff member responsible. If a student refuses medication, parents are notified, and the refusal is documented.
- Controlled Drugs are administered by the school nurse or designated staff member following the student's prescription. A second staff member witnesses the administration and signs the Controlled Drug Record Book. Each dose is recorded in the medication log and Controlled Drug Record Book, noting time, dosage, and staff administering. The student's refusal is documented, and parents are informed immediately.

10. Staff Training and Responsibilities

- The school nurse is responsible for medication administration. Designated, trained staff can administer medication in the nurse's absence.
- Staff responsible for emergency medications receive annual training on recognising symptoms and using EpiPens and inhalers.
- Staff handling controlled drugs receive specific training on the management, storage, and recording of these substances.
- Staff giving medications receive annual training via OPUS
- School Nurse to deliver annual training on using the defibrillator.

11. Disposal of Medications

- The school nurse safely disposes of expired medications following professional guidelines. Parents are notified when medications are nearing expiry and are responsible for providing replacements.
- Controlled drugs that are no longer required are returned to parents for disposal or disposed of according to local authority or pharmacy guidelines under the supervision of the school nurse.

12. Monitoring and Review

- Our policy is reviewed annually or in response to new legislation or guidelines, ensuring its relevance and currency. This regular review process is in place to keep our policy up-to-date and effective. Termly audits of medication records, storage conditions, and controlled drug management ensure compliance with this policy. Controlled drugs and non-prescribed medications are counted weekly.

13. Unacceptable practice

School staff should use their discretion and judge each case individually regarding the student's IHCP, but it is generally not acceptable to:

- Prevent students from quickly accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every student with the same condition requires the same treatment.
- Ignore the views of the student or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs.
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to to manage their medical condition effectively.
- Require parents/carers to attend school to administer medication or provide medical support to their child, including with toileting issues, or otherwise make them feel obliged.
- No parent/carer should have to give up working because the school is failing to support their child's medical needs.
- Prevent students from participating or creating unnecessary barriers to participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer or ask students to administer medicine in school toilets.

14. Sickness and diarrhoea

- In line with UK public health guidelines, the school enforces a 48-hour rule for students and staff who have experienced sickness and/or diarrhoea.
- This means that individuals must remain at home for 48 hours after their last episode of illness to help prevent the spread of infection within the school community.
- This rule applies even if the symptoms have improved within the first 24 hours.
- All families and staff must adhere to this guidance to protect the health and well-being of others, particularly those who may be more vulnerable to illness.

15. Emergency procedures when students are taken ill during the day

15.1. Stay Calm – Assess the situation quickly but calmly. Ensure the safety of yourself and others.

15.2. Call for Help – If someone is injured or unwell:

- Send a nearby teacher or responsible student to the Student Hub to get the School Nurse or first aider.
- Send Emergency Alert – Use the Arbor system to send an emergency alert with the details of the incident.

15.3. Alert Emergency Services (if necessary) – If the situation is severe, such as unconsciousness, severe bleeding, or not breathing:

- Call 999 immediately.
- Provide precise details of the situation and location within the school.

15.4. Stay with the Injured Person—The first adult at the scene must stay with the injured person until the School Nurse or first aider arrives. Keep them comfortable and provide reassurance.

15.5. School Nurse/ first aider arrives – Once the School Nurse/ first aider reaches the scene:

- They will take over the situation.
- If necessary, they will bring the First Aid Kit and Defibrillator.

15.6. Guide Emergency Services—A designated staff member will meet Emergency Services at the school entrance and escort them to the injured person's location.

15.7. Family Liaison – A designated staff member will contact the injured person's family as soon as possible to inform them of the situation.

15.8. Post-Incident Debrief – When the emergency is resolved, the first aid team will hold a debrief to review the situation, check on everyone's well-being, and identify any improvements needed in the procedure.

16 Key Roles and Responsibilities

- Lead—School nurse/ Student Hub First Aider: This person leads the emergency and provides necessary first aid.
- The second first aider, who will assist the lead, will be instructed by the lead. The second first aider is in charge of the first aid kit and defib, if present.
- Family Liaison: Contacts the family of the injured person.
- Escort for Emergency Services: Ensures emergency services are guided to the correct location.
- Staff Member on the Scene: Assesses the situation, calls for help, and stays with the injured person until help arrives.

Staff member to document: One staff member should document the emergency event

17. Complaints

- First, parents should directly discuss complaints about the school's actions regarding their child's medical condition with the School Nurse or SENDCo.
- If the SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

18. Contact details of staff linked to the policy

- Deputy Headteacher: Ms Mitchem - hmitchem@townleygrammar.org.uk
- SENDCo: Mr Swart - nswart@townleygrammar.org.uk
- School Nurse: Ms Rudd - rkudd@townleygrammar.org.uk