

NP10.5 First Aid & Administration of Medicines Policy

This applies to the whole school including EYFS at Newton Prep

Executive Summary

At Newton Prep the safety and wellbeing of our pupils and staff are our highest priority and this policy outlines the School's responsibility to provide safe, appropriate First Aid at all times when there are people on the school premises and to ensure best practice. First Aid at the School is administered in a timely and competent manner and this policy is implemented effectively by ensuring that adequate numbers of staff are appropriately trained and the proper equipment is provided.

The policy is written with reference to the following guidance:

- [Statutory framework for the early years foundation stage](#) (September 2023)
- [First aid in schools early years and colleges](#) (February 2022)
- [Health and Safety: responsibilities and duties for schools](#) (April 2022)

This policy should also be read in conjunction with the following policies:

Educational Trips Policy
Health and Safety Policy
Safeguarding and Child Protection Policy
Staff Handbook
Employment Manual (including Staff Code of Conduct)
Data Protection Policy and Privacy Notices

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Responsibilities

Every member of staff has a duty to be aware of the medical information of all children for whom they are regularly responsible. The School Nurse alerts staff to children that have inhalers or epipens in School. Catering staff are expected to be aware of children with food allergies.

Responsibility for First Aid in school lies with the School Nurse, overseen by the Deputy Head – Lower School (DHLS), who is the School Nurse’s line manager.

All children should go to the medical room for treatment in School where the School Nurse or a staff member who hold Paediatric First Aid certificates will assess the child’s needs and administer First Aid. Any treatment given outside of the medical room should be carried out by a Paediatric First Aider, where possible, and communicated to the School Nurse for record-keeping purposes.

In the event of the absence of the School Nurse cover will always be provided by staff with Paediatric First Aid training. All staff who have Paediatric First Aid training are able to cover the School Nurse in her absence. The School Nurse provides induction training for these staff and a written guide is available in the medical room to support staff who provide First Aid (see Appendix E)

The School will comply with its duty to inform parents of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and any details of First Aid treatment will be provided.

Medical Records are considered confidential but for the safeguarding and proper provision of care of children, staff are made aware of medical conditions on a need to know basis.

First Aid Kits

First Aid kits are placed in areas of the school where an accident is considered possible or likely (such as the PE facilities and science labs). All First Aid kits are checked and replenished regularly (at the start of each month).

First Aid kits and any necessary care plans (and medications) are always taken on organised trips or sporting events that are off-site. The School Nurse prepares these for all off-site trips and activities.

Training

First Aid is administered in accordance with best practice as covered in the accredited First Aid training courses attended by staff as part of their training. First Aid is always carried out in a timely and competent manner, by our School Nurse (in School) and by the designated first aider (for off-site trips or events).

The following additional points are considered to comply with the requirements in relation to our EYFS pupils:

- At least one person on the premises and at least one person on all EYFS outings hold a Paediatric First Aid (PFA) certificate.
- The School takes into account the number of children, staff and layout of premises to ensure that a Paediatric First Aider is able to respond to emergencies quickly.

- Any Teaching Assistants who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, are only included in the required staff: child ratios if they also have either a full PFA or an emergency PFA certificate within three months of starting work.
- The PFA courses undertaken meet the standards set out in Annex A of the EYFS Framework – i.e. our staff take a full or emergency PFA course delivered by a competent provider of regulated qualifications such as St John Ambulance, the British Red Cross and St Andrew’s First Aid. The School also considers whether specific training is needed for any subjects not included in previous courses.
- PFA certificates are renewed every 3 years.
- A list of staff who hold a current PFA certificate is available to parents on request.

Practical Arrangements at the Point of Need

The first course of action is, where possible, to take the child to the medical room for treatment by the School Nurse. Where this is not possible, a message is sent to the medical room staff to request help at the point of need.

A trained member of staff administers basic First Aid until the School Nurse arrives. There is always at least one member of staff on site who is qualified in Paediatric First Aid. The Deputy Head - Lower School (DHLS) is responsible for the deployment of staff with Paediatric First Aid training to cover the School Nurse. The DHLS also maintains a list of staff who hold a Paediatric First Aid (PFA) certificate.

In the event of a child suffering anaphylaxis, the medical room should be called immediately for the School Nurse to bring the auto-injector (epi-pen) to the child (if they are unable to bring the child safely to the medical room quickly). A member of staff should then dial 999 for an ambulance (or ideally ask another member of staff to dial 999) stating that the child has had an anaphylactic reaction. When the epi-pen arrives, the School Nurse, or a member of staff trained in administering the epi-pen, should administer this.

If in any doubt, an ambulance should be called (see Appendix 3 Guidance on When to Call an Ambulance). Where possible, two adults should make this decision, the DHLS should be informed (who will inform the Head) and the person at the main reception desk should be informed so that the gate can be opened if required for the ambulance to enter the premises.

The telephone number for the medical room is: ext 1210

Administration of Medicines (Including Recording) and Recording of Accidents

Pupils: When a parent brings in medicine to be kept at school and administered during the school day, for example, a course of antibiotics, the parent is asked to complete a form authorising the administration of that particular medicine to their child ('Medicines to be given at school' see Appendix A). Only prescribed medicine (such as an antibiotic), or medicines endorsed with a doctor's letter are given during the school day, if possible during lunch time only. The medicine must have the child's name, prescription label, dosage, method of administration, date prescribed, and expiry date on it, and be in its original container.

On each occasion the medicine is administered, an entry is made on the 'Administration of Medicines' form (see Appendix B) which is later transferred onto the School's MIS database, (PASS). The form is kept in the accident/illness record book until such time as the treatment has finished and it is then filed in the child's individual record. When the medication has been given, parents are given written confirmation on the same day (or as soon as reasonably practicable) with the name of the person who gave the medication, the time, date and dose.

The School considers the age and maturity of the child and only permits the carrying and self-administration of such medicines as asthma inhalers as the timely administration of such medicines may be critical in the event of an asthma attack. For any such permission, the parent's consent is obtained in writing and this is recorded on the School's MIS database (PASS). All other medication is kept in the medical room.

Allergy medication, insulin and inhalers are kept in an unlocked marked cupboard above the sink in the medical room. Any other medication is kept in a locked marked metal cabinet. Clearly labelled antibiotic medicines are kept in the refrigerator. A register of all medicines handed in is kept in the medical room. Medicines are stored strictly in accordance with the product instructions and in the original container in which they were dispensed. Parents collect medicines from the medical room at the end of the day. The medical room is staffed between 0800 - 1715 and administration of medicines is always supervised.

Every time a child receives medical attention, this is recorded on the medical room attendance form that is kept in the medical room. The date and time, name, details of accident/illness are recorded, and the member of medical room staff must sign the form with their initials. This information is then transferred onto PASS including a note about communication with the child's parents. The School Nurse uses her judgement to decide if an accident/illness needs to be recorded on the school MIS (CPOMS) to enable communication to the relevant staff who need to know about a child's needs in School.

Training is always provided to any member of staff for the administration of a medicine which requires medical or technical knowledge.

Where a child requires Ibuprofen or Paracetamol, this must usually be prescribed by a medical professional. If a child develops a fever at school (38 degrees or over), the School Nurse will contact the child's parent to ask the parent to come and collect the child. With parental permission (by telephone and by email and then with a parent signature on arrival) one dose of paracetamol may be administered by the School Nurse to lower the fever whilst waiting for a parent to arrive.

Staff: The same arrangements that are in place for pupils are followed for staff with regard to recording attendance at the Medical Room.

Staff taking medication or other substances:

Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a staff member is taking medication which may affect their ability to care for children, the staff member should seek medical advice. Staff members only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. All medication on the premises must be securely stored, and out of reach of children, at all times.

Staff in the EYFS are prohibited from bringing their own medicines into the classroom/setting area. All EYFS staff medicines must be kept in the Medical Room.

Informing parents

Parents are always told on the same day or as soon as reasonably practicable if a child suffers anything requiring medical intervention (an accident or injury), if he or she becomes unwell, or if there are any worries or concerns about the child's health.

Children who fall ill during the day, or have an injury, are cared for in the medical room. Every visit to the medical room is recorded. Medical treatment is recorded on paper in the accident book and then on the PASS database. The School Nurse will always telephone a parent on the same day if their child receives a head injury (however minor and even if it does not require the child to be collected from school early).

Every time a child in EYFS has an accident, is ill or is administered with medication such as an antibiotic, their inhaler or epipen, a message slip is given to their teacher and this in turn is passed to the parent/carer to read and sign as proof of being informed, where practically possible, that same day. This is then returned to the medical room to be kept on file (see Appendix C).

For children in Years 1- 8, where a child has sustained more than a minor graze or bump (e.g. a joint, face or head injury) the School Nurse informs parents that the child visited the medical room that day and their injury is likely to affect an aspect of their day. Emails to parents are always copied to form teachers, Heads of Year and the relevant Deputy Head. For basic scratches etc, children from Nursery to Year 2 are given a sticker to wear so that staff and parents know that the child has visited the medical room.

Parents are informed if there is a case or cases of an infectious disease via Clarion Call and in Newton News. Staff are informed by way of an 'all staff' email.

Informing the School

It is essential that parents inform the School of any medical conditions or allergies that their child may have. Parents are reminded of this, and the School's procedures for responding to children who are ill or infectious, in the Parent Guide where they are advised to telephone the School Nurse (extension 1210) with any questions. They are advised that:

- if a child is suffering from sickness, the child must stay off school for at least 24 hours following the last episode
- if a child has diarrhoea or sickness with diarrhoea, the child must stay off school for 48 hours
- if a child has conjunctivitis, we ask that they stay off school for 48 hours after commencing antibiotics
- if a child has chickenpox, or any other rash, parents should not bring their child to school but may telephone the School Nurse for guidance

Inputting & Maintaining data

Parents must complete a medical form when their child joins the School. All medical data is added to PASS by the School Nurse who also shares relevant details about a child's medical condition or food allergies to relevant staff.

Parents are reminded that it is their responsibility to update the School in writing if their child's medical or dietary needs change so that the School Nurse can update our records and ensure all staff have accurate information about each child.

All accidents are recorded in the School's Accident Log. An accident form is completed (and signed by parents of children in EYFS, Appendix D) for all accidents, and a form is completed and given to parents (Appendix A) for all medicines administered at School.

The School complies fully with the obligation to report incidents that happen in schools, or during education activities out of school, to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Some of the reportable major injuries are: major injuries; over-three-day injuries; fractures other than to the fingers, thumbs and toes; dislocation of the shoulder, hip, knee or spine; an accident causing injury to pupils and people not at work; acute illnesses requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; a specified dangerous occurrence, where something happened which did not result in an injury, but could have done. Reportable diseases include infections such as: tuberculosis and tetanus. For a full list of RIDDOR reportable injuries and diseases please see: [Reportable incidents - RIDDOR](#) (now including fractures except fingers, thumbs and toes).

An accident/illness form will also be completed if a child or member of staff has a serious accident at school. The form is signed by the Head and the School Nurse informs the members of SLT and the Facilities Manager of the incident. The incident is also recorded on CPOMS.

Infection Control in School

The School Nurse keeps the medical room clean, disinfecting all work areas, the chairs and outside of waste bins each morning and at the end of the day. Gloves are worn for all first aid, including procedures involving blood or body fluids to prevent spread of infection. All rubbish contaminated with blood or body fluids is disposed of in the yellow clinical waste bin. Other rubbish is placed in the bin with a green bin liner and emptied daily.

Spillage of Body Fluids

The initial clearing of a spillage of blood, vomit, pus, urine, faeces and other body fluids must be carried out immediately after spillage. It is the Facilities Manager's responsibility to delegate this task to trained and competent staff members, and to ensure that appropriate equipment, including personal protective equipment, is available.

It is the responsibility of the member of staff who discovers a spillage to contact the medical room and/or facilities staff and ensure that it is cleared using the correct procedure, including:

- all spilled blood should be considered potentially hazardous;
- spillages should be dealt with immediately;

- gloves must be worn at all times to avoid cross-contamination;
- wet floors must be marked with a 'wet floor' sign; and
- all rubbish contaminated with blood or body fluids is disposed of in the yellow clinical waste bin.

Dissemination of medical information

All staff can access the children's medical data through the school's 3Sys database. Trip leaders are given a medical data sheet at the planning stage to inform risk assessments. Medication, with clear instructions, is given to a nominated member of staff for school trips who is then responsible for returning it to the School Nurse on the same day. All staff are aware that medical information is special category data under GDPR and must comply with the School's Data Protection Policy when handling pupils' medical data.

Arrangements for children with particular medical conditions (for example, asthma, epilepsy, diabetes)

Care plans are created by the School Nurse, and are agreed with the child and his/her parent/s with regard to regular monitoring and treatment (see Appendix C). These are shared with the child's form teacher and are regularly reviewed. The School Nurse liaises with external agencies (e.g. the child's diabetic nurse) to amend care plans.

Sun Protection

Parents are reminded of the importance of bringing a sun hat and wearing high-factor, all day, waterproof sun cream. Parents of children in Lower School are asked to apply sun cream to their child before they arrive at school and are encouraged to use sun cream that will last all day. Children in Upper School are permitted to bring sun cream to School that is stored securely in the classroom out of pupil reach. They are encouraged to administer sun cream themselves to their faces, necks, arms and legs, below the knees, with support from staff.

Prevention of Blood Borne Virus Infections (Hepatitis B, HIV, Hepatitis C)

It is vital that Medical Room staff observe strict rules regarding personal cleanliness using hand wash and protective clothing where needed to ensure no disease is transmitted from a child or a member of staff to the next.

Staff should ensure their own safety by the use of protective clothing (latex gloves, gowns, eye protection etc.) appropriate to the task, and should dispose of waste safely.

When treating blood injuries, for instance on the All Weather Pitch, staff should wear a new pair of disposable, non-latex gloves for each casualty. Wounds should be cleaned with a fresh supply of water.

Matches and Trips

Each match outing and trip has a designated person who is responsible for:

- collecting the First Aid Kit;
- checking the medication is present for all those in need (checking against either the medical form or the form list);
- informing all adults on the trip of those pupils with a medical condition;
- safeguarding the First Aid Kit throughout;
- personally handing the First Aid Kit back to the School Nurse (or if necessary safeguarding it overnight in their office).

All EYFS trips are accompanied by a qualified Paediatric First Aider.

Early Years Foundation Stage (EYFS)

Although we are not a registered setting, the Deputy Head – Lower School will notify Ofsted and our Local Child Protection agency (Wandsworth and the borough in which the child lives) of any serious accident, illness or injury to, or death of, any child while in our care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. The Deputy Head – Lower School must ensure that the school acts on any advice from those agencies.

At Newton Prep we promote the good health, including oral health, of all children through curriculum topics such as ‘Ourselves’ and ‘All About Me’ in which healthy eating, the importance of hygiene and staying safe are addressed with the children.

Parents are informed of how we care for children who are ill or infectious, taking the necessary steps to prevent the spread of infection and taking appropriate action if children are ill.

The information on pages 5 and 6 ‘Administration of Medicines’ lists systems for obtaining information about a child’s needs for medicines, and for keeping this information up to date. When a child requires medicine, the parent must complete an Administration of Medicines form, which is then marked and returned to the parent by the person who administered the medicine on the same day (or as soon as reasonably practicable), with information about the time, dose and the name of the person responsible.

Where a medicine requires medical or technical knowledge, training is offered. Staff have been trained in the administration of the epi-pen and when the school has diabetic children, relevant staff are also trained in the administration of insulin. The same happens for children with epilepsy and any other condition requiring medical or technical knowledge. We will usually only administer medicines when they have been prescribed for a child by a doctor, dentist, nurse or pharmacist. No aspirin will be administered unless it has been prescribed by a doctor.

The School keeps a written record of accidents or injuries and First Aid treatment. Parents and carers are informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, or of any First Aid treatment given.

If there are any safeguarding concerns about a child, the Deputy Head (Years 3-5) - Peter Archdale or Deputy Head Lower School – Wendy Smith (Designated Safeguarding Leads - DSLs) are informed. All staff are trained in safeguarding and know to refer any concerns to a DSL.

Two members of staff are always present when a Lower School (including EYFS) child is cleaned after wetting or soiling themselves. There is a shower cubicle in the medical room for this. Older children (Upper School) clean themselves with adult support available.

Accessing the Policy: This policy is also available in various formats to allow everyone to access it e.g. hard copy, enlarged print version, braille etc. Please contact the Bursar to request a copy of this policy in an alternative form.

Review and Update Process

Last update	November 2023
Next update	October 2024

Appendix 1 - Guidance on when to call an ambulance

This guidance is used by the School to support staff in an emergency situation. If a nurse or qualified first aider assesses a casualty and decides an ambulance should be called, or a non-qualified person is unsure about a casualty's condition they should call 999/112. The condition, the treatment and the location of the casualty should be clearly stated and the instructions given by the ambulance service should be followed.

Please note that this list is not exhaustive. If in doubt, call '999'.

The emergency services (London Ambulance Service) should be called in the following circumstances:

1. Profuse and unstoppable bleeding
2. Blunt injury which could be associated with internal bleeding e.g. abdomen
3. Head injury (nausea, vomiting, altered vision, if pupils are not equal & not reacting equally to light, increasing & persistent headache, altered consciousness or unconscious and/or increasing bump at site of injury, inability to move limb/limbs)
4. Suspected meningitis (the onset of this illness is usually abrupt and is characterised by: fever, malaise, unexplained vomiting, back or joint pains, headache, confusion and a rash)
5. Collapse from any cause and /or turning blue
6. Difficulty in breathing or choking, acute asthmatic attack (which does not respond to inhaler)
7. Gross allergic reaction (suspected anaphylactic shock)
8. Seizure (first seizure or in a known epileptic one that lasts for more than 5 minutes)
9. If a diabetic has a hypo-glycaemic episode which is not corrected by sugar (Coca Cola or apple juice) intake followed by a complex carbohydrate (bread, cake, pasta etc) **OR** a diabetic who has very high glucose level and can also go into a coma - be alert if the patient has any of these - lethargy, thirst, abdominal pain, passing a lot of urine, with or without high temp, sweet smell on breath.
10. Open fracture
11. Febrile convulsion
12. Fall from a height of over 1 metre that results in an injury
13. Severe burns and scalds
14. Persistent and increasing pain (e.g. stomach ache)
15. Sudden and severe headache

Appendix 2 - Medical Room Staff - Day to Day Responsibilities

Be available in the medical room from 0800 for parents to drop off medicines and give instructions for administration. Ensure paperwork is signed by parent before they leave. Ensure medicines are stored safely and securely.

08:00 onwards

Ensure that the accident/treatment record is completed for every child treated. Mark the accident, the treatment, the time, the person treating and whether the parent is telephoned/emailed. A call should be made to the child's parent for EVERY bump to the head even if the child does not need to go home - this is in case the child develops concussion symptoms later in the day.

Every Lower School child who sustains a bump to the head should also be given a sticker which shows they had a bump and Nursery and Reception children should take a form back to class which indicates that they bumped their head.

Ensure that for every Nursery and Reception child treated, a form is given to their teacher explaining the treatment. The form must be signed by the parent/carer before the child leaves at the end of the day. Signed forms are returned to the medical room.

Ensure that if a child goes home before the end of the School day, that the relevant form teacher, and the Deputy Head - Lower School or Deputy Head - Upper School secretaries are informed so it is not thought that the child is missing.

Every Lower School child is taken back to class after treatment by a member of staff and is not allowed to find their own way back to class. If judged to be necessary by the Medical Room staff, the class teacher will be given a brief explanation of the injury or illness and the treatment given.

11:50 - 13:45

Ensure that each child requiring lunchtime medication has come to the medical room for their medication. Send an assistant to get any children who have not arrived by 13:45. Carefully measure and administer medication then sign, date and mark on paperwork (the form signed by the parent) to show that it was given with the time it was administered.

For children with diabetes their BG (blood glucose) details and Insulin given should be recorded each day on the daily medical form and on PASS. At any other times these instructions do not apply. At other times the child's parent should be called or the DHLS for further instructions. (When BG is below 5 the child should urgently be given half a biscuit and half a carton of apple juice or just half a biscuit to raise the glucose level temporarily until further instructions have been obtained- usually one would recheck the blood glucose again one hour later).

During the School day

The School Nurse should focus on typing all of the accident/treatment information from that day into the PASS database.

The School Nurse should also update PASS with any newly completed medical forms.

After school

Get trip packs ready for the next day (First Aid packs with the relevant equipment for children with medical needs i.e. look on PASS at the class lists for the children going on a trip, check for any

medical conditions, print the details off and put a pack of First Aid equipment together with the medication e.g. epipen, insulin etc. for any children requiring treatment).

Every Week

The School Nurse should check stock levels and make a note of items in short supply. An order may be placed with Pestle & Mortar Pharmacy by telephone (tel: 0207 937 9154) and Lee (IT dept) will collect the items the following week. Ideally orders should be made once a month but where required Lee can often collect more often than this.

Ensure that the stocks of snacks for diabetics is high enough to get through the following week. If it is not, telephone the children's parents and ask them to bring more supplies in as soon as possible (e.g. biscuits/apple juice/glucose tablets).

The First Working Day of Every Month

Check the expiry dates on medications- keep a log of any medications (belonging to children) kept in the medical room and check expiry dates. Telephone a parent if a medication is likely to need replacing in the next two months to give them time to arrange this (epipens, insulin, asthma inhalers etc).

First Aid boxes around the school should be checked to ensure that they are fully stocked. When the box has been checked this is recorded with a sticker on the First Aid box which identifies the date that it has been re-stocked.

The First Working Week of Every Half Term

Write, update or review care plans for children needing ongoing medication or treatment. Mark on each care plan to show that this has been created, updated or reviewed with a signature and date. Contact parents for any updates as necessary.

Last Working Week of Every Term

Audit supplies to ensure stocks are at a good level for the term ahead.

At the beginning of each term (on the first day or before) plus when a new child joins the school

Email relevant staff to inform them that a child has serious allergies (US staff or LS staff). Use PASS to find the teachers that the child has and email them in a group. Ensure that pictures and information are shared with the relevant members of staff as appropriate (and check with DHLS).

The School Nurse should also inform the kitchen staff of any child with an allergy. They may already be aware but it is important to check that they know.

On Demand (once a year usually)

Organise the immunisation programme, with guidance from the Assistant Head – Lower School and the Deputy Head - Lower School.

On Demand (once a term usually)

Attend the Health and Safety Committee meetings after school.

Every Three Years or more frequently as appropriate

Attend training as required by the DHLS. This includes safeguarding and child protection training, first aid training and any other such training deemed to be appropriate to the role.

Medical Forms

Medical Forms are sent to new joiners before they start at the School. The School Nurse checks the medical details, following up any missing information with the pupil's parents. The medical details are recorded on the School database, PASS, and the School Nurse ensures that the relevant information is shared with staff. Any missing medical information is followed up with parents in a timely manner.

Intimate Care Procedures

When a child wets or soils him or herself and needs to be cleaned and changed, there must always be two adults present and Lower School pupils should be changed in the bathroom with the door slightly open. For children in Lower School (Nursery to Year 2) their teaching assistant or teacher should come with them.

Children from Year 3 to Year 8 can change themselves and only one adult needs to be nearby (so the child can call for help if needed) - the child should close the bathroom door and change alone without an adult watching.

For EYFS children, parents are informed through the usual practice of sending home a form at the end of the day. For children from Y1 - Y8, the medical room staff will email a parent if a child has been changed due to wetting or soiling him or herself or received any kind of intimate care. The child's teacher will also be informed.

The medical room staff will **not** examine or offer to examine a child's genital area without firstly obtaining authorisation from a member of SLT (first call to be made to Deputy Head- Lower School) and also the child's parent/s if it is agreed that an examination of the genital area is medically necessary. It is most unlikely that this should ever need to happen. If it is necessary in an emergency, the member of SLT must be present. The examination must be recorded on the accident form (Appendix C) and the parent must sign this to say that they authorised the examination.

Accident and Emergency Procedures

When a child or member of staff requires hospital treatment in an emergency an ambulance should be called there and then or if in doubt by the School Nurse. The DHLS or a member of SLT should authorise which member of staff should accompany the child. This may be a teaching assistant from Lower School or Upper School. The School Nurse should telephone the child's parent/guardian while waiting for the ambulance to inform them of the situation.

When a child requires less urgent treatment, such as for a deep cut which possibly needs cleaning and stitching, the child's parent/guardian/emergency contact should be called to take the child to hospital.

Informing Staff and Parents of Contagious Illnesses

The School Nurse should firstly speak with the DHLS (or a member of SLT in her absence) to discuss the best way to communicate information regarding a contagious illness. This may then be carried out using the school's Clarion Call system, through Newton News or by internal email.

Educating Children

From time to time the School Nurse may be asked to visit a classroom to talk with the children about healthy living. This should be done by prior discussion with the class teacher to agree a plan for the lesson and the teacher should remain in the class for the duration of the session.

Treating Staff

If a member of staff requires paracetamol/ibuprofen the School Nurse may offer two tablets of Paracetamol; however, the member of staff must sign for it and it must be authorised by a member of SLT. This is to ensure that the member of staff is well enough to be at school.

The School Nurse must NOT:

- Give any medication without prior parental permission/prescription and signed paperwork from the parent
- Have a mobile phone switched on in the medical room
- Update pupil details on PASS other than the medical details
- Treat a child for intimate care (e.g. changing underwear) without a second adult present
- Treat a child without wearing protective gloves

Appendix A: MEDICINE TO BE GIVEN AT SCHOOL

Please label bottle or pack clearly with child's name & class and hand in with this form to the school receptionist at 8.30am.

An ill child should be kept at home until free of fever and infection; and for the first 48 hours after starting antibiotics so the medicine has a chance to take effect. Medicine can be given at school during lunchtime between 11.15am to 12.15pm. Please state firmly on form if medicine must be given at a different time. Please arrange the 3 or 4 doses in 24 hours to fit this timing at school.

Note: afternoon medication is the responsibility of parents and guardians to arrange.

Name of Child _____ Class _____

Reason for medicine _____

Name of medicine _____ Dosage _____

Different time to give medicine if above is not sufficient _____

This is permission for school staff to administer the above medicine which must be in its original container with GP's prescription or manufacturer's safety notes attached. The dose given at school cannot exceed the prescription, or package guidance.

Signature of Parent / Guardian _____ Date _____

Contact Phone Number _____

School record of dates and time of giving this medication

	<u>Day</u>	<u>Date</u>	<u>Dose</u>	<u>Time Given</u>	<u>Staff Name (Print)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

*Upper School children need to remember to come to the first Aid Room for Medicine at 12.10pm

Appendix B - Administration of Medicines Form

Administration of Medicines

Date: _____

Child's Name: _____

Class: _____

Medication Administered: _____

Dosage: _____

Time: _____

By Whom: _____

Signature of Administrator: _____

Please remember to collect your child's medication from the medical room.

Appendix C - Example of Care Plan

Name:

Class:

DOB:

Medications:

Time	Morning @ home	Lunch @ school	Evening @ home	Night @ home
Insulin				

Emergency Contact Details:

Parent 1			
Parent 2			

Blood glucose to be monitored once daily prior to lunch (between 12.30-13.00) in the medical room.

Daily email to be sent to parents with blood glucose level and units of insulin administered.

X is competent and independent with interpreting blood glucose level and administering appropriate insulin dose.

Following table is to be referred to just prior to lunch.

Blood glucose	< 4 mmols	5 – 10 mmols (Target)	11 – 17 mmols	> 18 mmols
Acton				

If X attends medical room feeling unwell early morning or late afternoon with hyperglycaemia:

Blood glucose	>15mmols
Action	

I will ensure the school is provided with the necessary supplies as agreed with the school nurse and the diabetic specialist.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the School's Administration of Medicines (First Aid) Policy. I understand that I must notify the school in writing of any changes to this care plan or in dosage or frequency of the medication or if the medication is stopped.

Signature

(print name)

Date:

GP or Diabetic Team Signature _____

Print name _____

Reviewed by the school nurse

Date: _____ Signature: _____

Appendix D - Accident Form

Please give to parent or guardian at the end of the school day
to sign and leave at the Medical Room.

Note : It is school policy to telephone parents for any head bump or injury which will
affect the child's day going forward e.g. a joint injury.

Name : _____

Form : _____

Date : _____ Time : _____

TYPE OF ACCIDENT

- | | |
|---|--|
| <input type="checkbox"/> Incident in playground | <input type="checkbox"/> Banged into an object |
| <input type="checkbox"/> Pupil collision | <input type="checkbox"/> Fell off an object |
| <input type="checkbox"/> Fall | |

Other : _____

TYPE OF INJURY

- | | | | |
|--|--|-------------------------------------|------------------------------|
| <input type="checkbox"/> Graze | <input type="checkbox"/> Head bump | <input type="checkbox"/> Nose bleed | <input type="checkbox"/> Cut |
| <input type="checkbox"/> Sprain / Broken bone(s) | <input type="checkbox"/> Toilet accident | | |

Other : _____

TREATMENT USED ON INJURY

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Ice pack | <input type="checkbox"/> Arnica Bruise Cream | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Savlon | <input type="checkbox"/> Cold compress | <input type="checkbox"/> Pinch nose |
| <input type="checkbox"/> Cold gel pack | <input type="checkbox"/> Cleaned wound | |
| <input type="checkbox"/> Changed clothes | | |

Other : _____

- | | | |
|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Lay down | <input type="checkbox"/> Felt better and went back to lessons | |
| <input type="checkbox"/> Dizzy | <input type="checkbox"/> Went home | <input type="checkbox"/> A & E |

Signature of parent / carer : _____

Appendix E: A Guide to the Medical Room

A Guide to the Medical Room

Telephone: Newton Prep School 020 7720 4091, **Extension**

Number for the Medical Room: 1210 **For outside line:** press 9

Voicemail: 2500* 1210 1234#

School Nurse : Helen Valentine

Accidents and Accident Forms

Accident Forms are kept in the silver-tiered tray on the Medical Room desk. They must always be completed:

- **For all pupils in Nursery and Reception classes who have attended the Medical Room. When the child returns to their class (or is collected), the adult collecting them should sign the form. This is kept on the child;s file in School.**
- **For any child {regardless of their year group) who has to go home or to A&E**

(Accident and Emergency).

EPIPENS and INHALERS

- Epipens, prescribed antihistamines such as Piriton and Cetirizine, and inhalers are kept in the two cupboards above the sink. Each child has their own labelled plastic box with their medications and care plans in. A photograph of each child is on their box. Inside these cupboards is a list of children in each year group who have an Epipen or inhaler. There is a photograph of each child too for easy reference.
- The boxes are in alphabetical order in the cupboard.

RECOGNISING ALLERGIC REACTIONS

- **Most children who have an allergic reaction will exhibit these symptoms very quickly:**
- Raised white or red rash (urticarial) which is widespread and VERY itchy
- Flushed face

- Sneezing/runny nose
- Watery eyes
- Tummy ache
- Usually giving the child their antihistamine syrup will alleviate the symptoms quickly. **You should check on them every 15 minutes or so for a couple of hours as the reaction can recur.** Parents must always be called in these cases.

ANAPHYLAXIS

Anaphylaxis is an extreme allergic reaction and can be life-threatening.

- Signs of this:
- Wheezing and difficulty in breathing
- Swelling of the face, especially lips and tongue
- Blueness of lips and face
- Collapse with loss of consciousness
- **You should administer the Child's Epipen, whilst asking someone to dial 999 for an ambulance. Instructions on how to use the epipen are on each pen and you should give it in the outer aspect of the thigh through clothes. If there is no improvement, and if they have a second epipen, give it after 10 minutes. Even if the child improves they should always go to hospital in an ambulance. It might sound obvious but tell the ambulance operator the child has anaphylaxis and difficulty in breathing. Breathing difficulties are considered the highest priority and an ambulance will reach you much more rapidly if you tell the operator this.**

VOMITING AND DIARRHOEA

- Any child who vomits should go home and the parents need to be told to keep them home for at least 24 hours. Anyone with sickness with diarrhoea needs to stay away from school for at least 48 hours. This is in the Parent Handbooks and this guideline is there to prevent spread of infection.

TOILET ACCIDENTS

Please read the following extract from our First Aid Policy for guidance for dealing with toilet accidents:

Intimate Care Procedures

When a child wets or soils him or herself and needs to be cleaned and changed, there must always be two adults present and Lower School pupils should be changed in the bathroom with the door slightly open. For children in Lower School (Nursery to Year 2) their teaching assistant or teacher should come with them.

Children from Year 3 to Year 8 can change themselves and only one adult needs to be nearby (so the child can call for help if needed) - the child should close the bathroom door and change alone without an adult watching.

For EYFS children, parents are informed through the usual practice of sending home a form at the end of the day. For children from Y1 - Y8, the medical room staff will email a parent if a child has been changed due to wetting or soiling him or herself or received any kind of intimate care. The child's teacher will also be informed.

The medical room staff will **not** examine or offer to examine a child's genital area without firstly obtaining authorisation from a member of SLT (first call to be made to Deputy Head- Lower School) and also the child's parent/s if it is agreed that an examination of the genital area is medically necessary. It is most unlikely that this should ever need to happen. If it is necessary in an emergency, the member of SLT must be present. The examination must be recorded on the accident form (Appendix E) and the parent must sign this to say that they authorised the examination.

FEVERS

- If a child has a fever of 38.5° or upwards, Calpol can be given in an emergency situation by asking the parent who is collecting them for permission, then calling SLT to ask for their go ahead too. Parents will need to sign a **MEDICINE TO BE GIVEN AT SCHOOL Form** in the second tray of the silver tiered tray when they arrive to collect their child.

HEAD BUMPS

For each pupil who has sustained a head bump in School (this includes bumps to eyes, nose, mouth, ear or neck):

- **Parents must be phoned for every head bump, however minor and whatever the age of the child even if they do not need to go home.**