



Medical procedures:

Injured and unwell children, storing and administering of medication & immunisations

Committee Responsible – Resources
Last review: January 2019
Next Review: January 2023

PROCEDURE FOR DEALING WITH INJURED CHILDREN IN SCHOOL

If a child is injured in school a qualified first aider is deployed to where the student is injured, if the student is unable to get themselves to reception.

The first aider will then assess what action is then required e.g. if an ambulance needs to be called or for parent/carer to be contacted to take the child to a suitable medical practitioner.

If the child needs to be taken to hospital by ambulance then a data checking sheet is printed off and given to the paramedics. This sheet contains all the vital personal information relating to the child. Once the ambulance has been called the parents/carers need to be contacted and informed along with the Headteacher or member of SLT

If the parents/carers are unable to get to the school to accompany their child to hospital in the ambulance then a member of staff must travel with them and remain with them until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents/carers are not available. The member of staff accompanying the child **cannot** give consent for any medical treatment.

A child who is injured and does not need an ambulance to attend is seen by a first aider who will provide immediate first aid and contact the parent/carer if necessary. Depending on the injury the first aider may request that the child be taken home, taken to a suitable medical practitioner or in consultation with the parent/carer remain in school if the child has only suffered a minor injury.

All injuries are recorded on an 'Advice of Absence from Lessons Due to Illness' slip (appendix 4) and the information input on to a database. Where necessary the injury is written in the school's accident book and an electronic form completed for the LEA.

PROCEDURE FOR DEALING WITH UNWELL CHILDREN IN SCHOOL

When a child comes to reception feeling unwell they are seen by a first aider. The child must have his/her journal signed by a teacher if coming from or going to a lesson.

Depending on the severity of the child's symptoms the first aider may place the child in the medical room and monitor them on a regular basis, send the child back to class if appropriate after speaking with them or contact a parent/carer immediately to ask for the child to be collected and taken home.

In all cases an 'Advice of Absence from Lessons Due to Illness' slip is completed (please see appendix 4) and then input on to a database.

NHS IMMUNISATION PROGRAMMES AT ST PETER'S SCHOOL

St Peter's is involved in providing facilities within school for School Health to administer the HPV immunisation, booster immunisation of Diphtheria, Tetanus, and Polio and Meningitis A/C/W/Y.

STORING AND ADMINISTRATION OF MEDICATION AT ST PETER'S SCHOOL

Medication stored at St Peter's at the request of Parents/Carers is kept as follows:

- Controlled drugs are kept in a locked cabinet in the school office
- Preloaded adrenalin injectors are in named boxes on a shelf in the school office
- All other drugs are kept in a locked cabinet in Reception

The only people with access to the cabinets are the office staff. This is in line with the frame work outlined in the Children, Schools and Families - Guidance – Young People's Health and the Administration of Medicines.

A completed and signed Student Medication Request Form must be given to the school by the parent/carer before any medication can be administered in school (please see appendix 2). The completed form is kept in a file in the locked cabinet in Reception.

The school logs all medication given to a student. If the student is on constant daily medication they will have an individual Student Medication Record (please see appendix 3), in the case of an ongoing medical condition please see the **Support Students with Medical Conditions Policy**. The member of staff administering the medication will log on this record the date, time, medication given, dose and will then sign this as correct.

If the student is not on constant daily medication but sometimes requires pain relief for occasional headache or period pain e.g. paracetamol, then a Student Medication Request Form has to be completed by the parent/carer. The administration of this medication is recorded in the medication log book held at reception. Before administering this medication it has to be ascertained that the student has not recently taken any similar medication.

SCHOOL EMERGENCY ASTHMA INHALER

The Receptionists have responsibility for maintaining the emergency inhaler kit and will ensure that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The inhaler and spacers are kept in the medical cabinet at Reception.

The inhaler is stored at the appropriate temperature (in line with manufacturer's guidelines), The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

A list of students where consent for use of the inhaler has been given will be kept near the inhaler (Appendix 1).

A record detailing use of the inhaler will be maintained.

Appendix 1

**CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER**

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed (by a suitably qualified medical professional) with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:Date:

Name
(print).....

Child's name:
.....

Tutor group:
.....

Parent's address and contact details:
.....
.....
.....

Telephone:
.....

E-mail:
.....

Appendix 2



Student Medication Request

St Peter's Catholic School
Horseshoe Lane East
Guildford
GU1 2TN

Student's Name _____

DOB _____

Parent/Carer's surname if different _____

Home Address _____

Condition or Illness _____

☎ Parent/Carer's Home _____

☎ Work _____

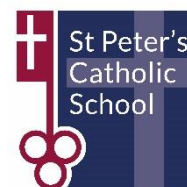
☎ Mobile _____

GP Name _____ Practice _____ ☎ _____

Please tick the appropriate box

- My child will be responsible for the self-administration of medicines as directed below.
 - With supervision
 - Without supervision
- I agree to members of staff administering medicines/providing treatment to my child as directed below.

PTO



Cont...

Name of Medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine
Special Instructions				
Allergies				
Other prescribed medicines child takes at home				

NOTE Where possible the need for medicines to be administered at the school should be avoided. Parents/Carers are therefore requested to try to arrange the timing of doses accordingly.

I agree to update information about my child's medical needs held by the setting and that this information will be verified by GP and/or medical Consultant.

I will ensure that the medicine held by the setting has not exceeded its expiry date.

Signed and agreed:

Child/Young Person

Signature _____

Date _____

Print Name _____

Parent/Carer

Signature _____

Date _____

Print Name _____

School Representative Agreement:

Signature _____

Date _____

Print Name _____

Appendix 4



ADVICE OF ABSENCE FROM LESSONS DUE TO ILLNESS

Date : _____

Student : _____

Tutor Group : _____

Reason : _____

Treatment given : _____
(if applicable)

Outcome:	In Medical Room	<input type="checkbox"/>	Sent Home	<input type="checkbox"/>
	From : _____		Attendance mark entered on Lesson Monitor	<input type="checkbox"/>
	To : _____		Entered on Advice of Absence spreadsheet	<input type="checkbox"/>
	Returned to lesson	<input type="checkbox"/>	Accident Book	<input type="checkbox"/>

Signed : _____ (Receptionist)

This form must be filed in student file