



‘Creating an inspirational learning community for all’

## Policy for Accidents, Illnesses and Medication

**DATE OF POLICY:** November 2011  
**RESPONSIBILITY:** Headteacher & N George  
**DATE OF REVIEW:** September 2013

### Rationale

Our vision is:

*To be an inspirational and dynamic learning community;*

*To provide an education for a sustainable, global and diverse future;*

*To create enthusiasm for continuous improvement as part of life-long learning;*

*To develop caring and confident citizens of the future, thriving on challenge with a passion for excellence.*

The framework of *Every Child Matters* refers to five key outcomes for children and young people. This policy on Accidents, Illnesses and Medication is written with all these outcomes in mind but its intentions relate, most directly, to the beliefs that children should **be healthy** and **stay safe**.

During the school day, it is possible that some children may fall ill, be injured or require medication (or other intervention) for an existing condition. In order to keep children safe and healthy, it is necessary for staff to understand their responsibilities and to follow agreed procedures.

In the past, we have maintained separate policies for various aspects of child care (e.g. asthma and inhalers, medication, accidents to pupils and communication with parents). In reviewing these separate policies it seemed sensible, however, to combine them on the basis of clarity, accessibility, consistency and the avoidance of unnecessary duplication.

### Key Principles

- The majority of accidents and upsets can be resolved by adopting a sympathetic and compassionate approach.
- Children are encouraged to develop independence in treating very minor injuries.
- Most children of school age that suffer from asthma should be able to use their own inhaler.
- In law, we can administer first aid, but must not administer any medication that has not been prescribed by a doctor.
- As an inclusive school, we provide education for children with a range of chronic medical conditions that require special care and/or medication.
- Several members of staff have training in first aid.
- The Headteacher is ultimately accountable for the care of pupils on roll during the school day.
- Legally, teachers are required to act ‘in loco parentis’ and are expected to care for children in the manner of a reasonable parent.
- Where health concerns or injuries occur, it is highly desirable that parents are consulted and kept informed.

- First aid must be viewed purely as ‘first aid’ – an initial response to an injury or illness. First Aid has three key purposes:-
  - To preserve life
  - To prevent worsening
  - To promote recovery
- Staff must not hesitate in referring children to professional help, where there is a possibility that this may be necessary.

## **Procedures**

### **Guidelines for the administration of prescribed medication**

- We encourage children’s parents and carers to administer medication outside of the school day, where possible.
- Where this is not possible, school may agree for *nominated staff* to administer prescribed medications.
- Parents must complete an ‘Administration of Prescribed Medication’ Form clearly stating the child’s name, class, name of medicine, dosage, frequency and any other relevant information.
- Nominated member of staff to clearly note on ‘Administration of Prescribed Medicine’ form the date, time and dosage of medicine administered to child
- Medicines are stored in the school office, in the refrigerator if so required.

### **Guidelines for minor injury**

- This usually involves reassuring the child, cleaning minor wounds and/or providing a cold compress or an ice pack (staffroom freezer) to relieve pain and reduce inflammation.
- In the case of a head bump, the standard notification form is completed and the child is given a head bump sticker to wear.
- If there is any doubt about a child’s condition following a head bump, parents should be informed verbally and advised to seek professional advice.

### **Guidelines for illness**

- Where a child falls ill at school, or an existing illness worsens, it is our policy to contact the child’s primary carers, or their chosen representatives, and to ask that they be taken home. (Pupil contact information is in the school office in two A4 ring binders, clearly labeled)

### **Guidelines for asthma**

- Children who relieve or prevent asthma with an inhaler should have access to it at all times.
- Older children may look after their own inhaler, or it may be stored in the classroom.
- A child’s inhaler must accompany them when they are taken off-site for any reason. (e.g. educational visit, swimming lesson)
- If a child’s condition does not improve, we follow the procedure for serious accident or illness shown below.

### **Guidelines for serious injury or illness**

- First aid will be provided by a suitably qualified member of staff who holds a valid first aid qualification.
- Emergency services will be summoned as necessary. (N.B. with our telephone system it is necessary to dial 9 for an outside line, before dialing 999)
- The child's primary carers, or their chosen representatives, will be contacted, if possible.
- If ambulance transfer to hospital is required, we try to arrange for the child's primary carers, or their chosen representatives, to accompany the child.
- If this is not possible, a member of staff, known to the child, will accompany them.

### **Guidelines specific to a diabetes**

- We will follow the procedures identified in children's *Daily Care Requirements and Possible Emergency Action*.

### **Guidelines specific to anaphylactic shock**

- Where children have epi-pens, parents are asked to provide two and to take responsibility for making sure they are replaced as necessary.
- An epi-pen must always accompany a child when they are taken off-site for any reason. (e.g. educational visit, swimming lesson)
- Epi-pens are stored in the school office and medical room in a bag that is clearly labeled with the child's name.
- There is a programme of staff training in the recognition of anaphylaxis and the required response. If anaphylactic shock is suspected, this training must be followed in administering epi-pen(s) and summoning emergency services as a matter of extreme urgency.