



Barley Fields

Primary School

Illness, Medicine and First Aid Policy 2023

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Prepared by:	LA / Head Teacher
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This policy should be read in conjunction with the school's Health and Safety Policy; Allergies Policy and Asthma Policy. Please be aware that the global pandemic has an impact on first aid procedures.

Illness

If a child is ill and too unwell to attend school parents are advised to contact the school office from 8.30am each morning to advise us of their absence. This will mean their absence is accounted for and appropriate information can be recorded in the registration system. Parents are asked to provide the following information:

- Child's name
- Year group and class teachers name
- Reason for absence
- Relationship to the child

Many childhood illnesses are minor but some have a risk of further infection to others. As a school we follow guidance from NHS England and the HSE with regard to exclusion periods for different illnesses. Although we don't want children to be absent from school it is important that we follow these guidelines to minimise the risks to others.

<https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>

<https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

Below is a summary of the general NHS guidance followed by school.

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children aged five years and under and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
COVID-19 (coronavirus)	Stay at home and avoid contact with other people until you no longer have a high temperature (if you had one) or until you feel better. www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19	See Vulnerable children

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Administration of Medication

The administration of medicine is the responsibility of parents and carers. There is no statutory duty or requirement on teachers or support staff to administer medicines, but where they volunteer to do so this policy should be followed. These practices and procedures are as advised by Health and Safety.

In view of the fact that mistakes can be made in giving children medicine and may have serious consequences, parents will be made aware of the following procedures followed in school.

- Under no circumstances should children bring any form of non-prescription medicine to school (those bought over the counter at the chemist such as Calpol, anti-histamines, cough sweets, lypsyl). If these are brought into school staff will take them from the child for safe keeping and return them to an adult at the end of the school day.
- Only in very exceptional circumstances will school administer medicine to children and this is only when prescribed for 4x or more per day or the child attends breakfast and afterschool club and their day is extended.

- If medicine needs to be administered during the school day we follow clear procedures and guidelines as indicated in this policy. Parents must complete a form providing a range of details and instructions. **Without a full completion of this form the school will not administer medicine.**
- Parents must be aware that on occasion due to clerical error or oversight we may fail to administer a child's prescribed medicine at the designated time. We will inform parents immediately if this occurs and seek advice.
- All medicines are stored in the school office medical area and are administered only by authorised members of the school staff. If a child arrives with medicine without prior discussions by parents, we cannot allow the medicine to be taken and will not be responsible for any ill effects that this may have.

Where medicines are to be administered in school – with or without the direct involvement of staff – it is important that written instruction is received from the parent or health services. This should specify the name and class of the child, medication involved, circumstances under which it should be administered, frequency and level of dosage.

School Procedures

1. Parents must complete a **school administration of medication** form.
2. Medicine should be handed into the school office by an adult and collected from the office at the end of the day.
3. Medicine will be stored in a plastic wallet containing the permission form; emergency information and record of medicine to be given.
4. The section for the class teacher will be completed and the information sent to the appropriate member of staff using the TEAMS system.
5. Non-emergency prescribed medication will be stored in the medicine cupboard/medicine fridge (located in the school office).
6. Emergency medication (such as inhalers) should be kept securely in the classroom/central areas and should be accessible to the child at all times. Please refer to the school's Allergies Policy and the school's Asthma policy.
7. Emergency Medication (such as auto-injector pens or anti histamines) should be kept in the first aid cabinets located in the first aid station of each key stage.
8. Training and guidance will be sought via the School Health Service for non-routine administrations of medicine (e.g. auto-injector pen training for Epi-Pen/Jext).

When a member of staff is administering medicine they must:

1. Refer to the Medicine Administration Consent Form before giving the medicine
2. Check the child's name on medicine
3. Check the prescribed dose and expiry date
4. Check prescribed frequency of medicine
5. Measure out the prescribed dose and check the child's name again (parents should provide measuring spoons).
6. Complete and sign the Administration of Medicine Record when the child has taken/been given the medicine
7. If uncertain, do not give, but check with the child's parents

For the administration of emergency medication, please refer to the Asthma Policy and the Allergies Policy.

Medicines permitted to be brought into or used at school may include:

- Prescribed medicines such as Antibiotics, antihistamines, calpol etc.
- Non-prescribed medicines for children with on-going health issues (at the discretion of the Head Teacher)
- Asthma inhalers. To be located in the child's classroom/tidy tray. Where possible the child should look after and carry his/her own inhaler marked with his/her name. Cases should be considered individually in consultation with parents, the school doctor or nurse as necessary. The medical profession has confirmed that inhalers are very safe and it is unlikely that a child using another child's inhaler will come to any harm. In light of the Covid-19 pandemic however, it is important that the risk of cross-infection is limited as much as possible. Consequently, all possible measures to ensure that there is no confusion between children's inhalers and spacers should be taken. Inhalers and spacer devices should be labelled with children's names- they should remain accessible to the children at all times and routines of handwashing should be carried out after use. Spacer

devices should be washed at the end of a school day with warm water and soap and they should be rinsed and air dried thoroughly overnight. Where possible, children should be responsible for maintaining the hygiene of their own spacer devices. If the child is too young, staff should carry out this duty taking appropriate precautions (wearing disposable gloves and washing hands before and after handling).

- Enzyme additives - A child with cystic fibrosis may not be able to digest food without added enzymes. It is important that the child has a pancreatic supplement (normally Creon) with food. This is not a drug and many children need several capsules at one time. These are entirely safe if taken, accidentally, by another child.
- Maintenance drugs - A child may be on medication (e.g. insulin) for a condition that requires a dose during the school day or receive ADHD medication
- Auto-injector pens such as Epi-Pen/Jext. Acute allergy to bee stings and nuts etc. A very small number of people are particularly sensitive to bee stings or nuts and require an immediate injection of adrenalin. Please refer to the school's Allergies Policy for detailed information about the administration of auto-injector devices and all associated procedures. Please be aware that children requiring auto-injector pens must have a health care plan with their medication and should have two auto-injector pens in school at all times in case of device failure.

Staff Awareness

Children with specific medical needs are highlighted on the medical board in the staff room and also in Key Stage central areas. Please be aware of GDPR legislation, guidance and policies when displaying information about children. Children with medical needs should also be highlighted on class information documentation held in every class-room. It is the responsibility of the class teacher to ensure that PPA and supply staff are aware of any medical needs of children in the classroom.

Off-Site arrangements

During off site activities the staff accompanying the children will act as appointed persons and should always take a First Aid kit and any medicine/inhalers/auto-injector pens (Epi-Pen/Jext) for identified children when leaving the school premises. The school mobile phone should also be taken and contact numbers for identified children included with any medication.

Staff should also know the postcode of their location to pass to emergency services in the event of needing to summon help. This will also be included on the risk assessment passed to the Educational Visits Coordinator prior to the trip.

If a major medical emergency or accident occurs on a school trip, the school must be informed as soon as possible and the situation managed so that the safety of the group is not compromised. Children who are known to have potential first aid emergency needs should be identified on the risk assessment with a plan in place to accommodate their needs in the event of an emergency.

Medi-Alerts

Some children wear bracelets or necklaces which alert others to their medical condition in an emergency. As with jewellery, these items are a potential source of injury in games or certain practical activities. In appropriate circumstances they should be covered with sweatbands or removed temporarily.

Impaired Mobility

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Restrictions will be necessary on games or practical work to protect the child or others. This includes outside play. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Employees' medicines

Employees may need to bring their own medicine into school. They have clear personal responsibility to ensure their medicines are not accessible to the children.

The table below contains advice that members of staff can refer to when administering medicines to pupils in school. It is based on the Department for Education's statutory guidance on supporting pupils at school with medical conditions.

Do	Do not
✓ Ensure that you have consent from a senior member of staff or are a designated staff member for administering medicine.	✗ Give prescription medicines or undertake healthcare procedures without appropriate authority
✓ Follow school administration of medicine procedures.	✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
✓ Refer to the individual child record for details.	
✓ Check the child's name on medicine	✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
✓ Check the prescribed dose and expiry date	
✓ Check prescribed frequency of medicine	
✓ Measure out the prescribed dose and check the child's name again (parents should provide measuring spoons).	✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
✓ Complete and sign the Administration of Medicine Record when the child has taken/been given the medicine	✗ Force a child to take his or her medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform his or her parents
✓ If uncertain, do not give, but check with the child's parents or doctor	
✓ Inform parents if their child has not received their medicine or has been unwell at school	

First Aid Procedures

'First aid can save lives and prevent minor injuries becoming major ones.....teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.'

DFEE Guidance on First Aid for schools p. 4 2008

PURPOSE

- To ensure that children, staff and visitors to the school receive appropriate first aid care in the event of an accident or emergency.
- To ensure that clear procedures are in place for the safe storage of first aid equipment, administration of first aid to casualties and recording of incidents in accordance with health and safety guidelines.

FIRST AID PERSONNEL

Appointed persons: An appointed person is someone who takes charge when someone becomes ill; suffers a minor injury, looks after first aid equipment e.g. restocking after use, or who ensures that an ambulance is called when appropriate. **All members of staff are appointed persons** but not necessarily first aiders.

The majority of teachers and teaching assistants are trained in emergency first aid. Emergency first aid training meets the requirements of the Health and Safety (First Aid) Regulations 1981, and equips staff to cope with an emergency and provides them with competence and confidence for emergency situations.

During the school day, many children suffer minor bumps and scrapes in the course of their play in the playground or through other activities. It is normal practice for these to be dealt with by an appointed person in the 'first aid area' at morning play and lunch time; and by the teacher or teaching assistant during lesson time.

Major injuries need to be immediately referred to a member of the school leadership team for support and advice with assessment and care.

School First Aiders: all staff who have attended First Aid training will be known as the school's designated first aiders. They will attend 'refresher' courses to keep their qualification up to date and valid every 3 years. In addition, staff in Early Years attend the advanced paediatric first aid course to meet the OFSTED requirements for Early Years.

PROVISION OF FIRST AID EQUIPMENT

All First Aid equipment is located in a green box with a white cross in each key stage area. It is the responsibility of each key stage to ensure the first aid kit is appropriately stocked and a list of contents is included in the lid. It is also the responsibility of whoever uses equipment to replace it at a convenient time after the needs of the casualty have been met. If items are missing additional supplies can be obtained from the central first aid area.

It is essential that all staff take precautions to prevent infection and must follow basic hygiene procedures. Single use hypo-allergenic gloves should always be used when dealing with any casualty, hands must be washed and care needs to be taken when dealing with body fluids or blood, and when disposing of dressings or other equipment.

Children should not help with first aid.

RECORDING AND REPORTING ACCIDENTS

All Key Stage areas should have a First Aid record book. Entries should be fully completed and must be clear, in ink and include the following:

- Name of child and class
- Signature of person recording the accident
- Date
- Where it occurred and what happened
- The resulting injury

Parents will be notified of any First Aid given to a child during the school day (carbon copy letter from the first aid book).

Contacting Parents in the event of an injury

For all serious injuries which are given first aid such as visible bumps, bruises and attended bleeds parents should be informed by telephone.

For all head injuries parents should be contacted immediately and asked to come into school to check the wellbeing of their child or advised to take them to hospital.

Staff must contact the Head Teacher, Deputy Head Teacher or Assistant Head Teacher to inform them of the injury/issue and seek permission to contact parents. In their absence the decision will be taken by the Key Stage Senior Leader. The child should be taken to the main school entrance area and supervised by a member of staff until parents arrive.

In all instances when a parent is contacted by telephone, staff should complete the school injury letter attached indicating who made the phone call and at what time. Children's contact details should be accessed via the school Scholapack system.

If a child is sick during the school day they must be sent home immediately and should stay away from school for the next 48 hours.

If the accident occurred because of a Health & Safety oversight, e.g. a nail sticking out of wood, faulty door catch etc., please pass this information on to a member of the SLT and add to the caretaker's jobs board in the school office. Records must be signed and will be kept for 3 years.

Procedure for summoning an ambulance in an emergency

Where there is concern over an adult or child who has had an accident or who has been taken ill, a trained First Aider should check the patient before taking further action (if available).

If it is not an emergency and in the case of a child, a parent should be contacted and asked to take the child to either a local doctor or A & E as they think fit.

If adrenalin is administered through an auto-injector pen, an ambulance should always be called. Ring 999 and state anaphylaxis.

Where it is deemed an emergency and necessary to phone for an ambulance a member of the office staff/SLT (usually) will call. This person will need as much information as possible about the casualty and his/her condition (Name, DOB, suspected injury/illness, level of consciousness etc.) along with the school address and contact information. The child's parent should be called immediately to accompany the casualty to hospital (if an adult – next of kin). If a parent is unavailable immediately then a member of staff needs to accompany the child in the first instance. Another member of staff is to follow the ambulance by car in order to support the first member of staff and bring them back once parents or other relatives have arrived at the hospital.



Barley Fields
Primary School

Head Teacher – Mrs Caroline Taylor

Lamb Lane, Ingleby Barwick

Stockton on Tees

TS17 0QP

Tel: 01642 767051

Email: barleyfields@sbcschools.org.uk

Website: barleyfieldsprimaryschool.org.uk

Emergency First Aid – Parental Contact Information

Child's Name: _____

Date: _____ Time: _____

Class Teacher: _____

First Aid Administered by: _____

Parent contacted by telephone: Yes No Message left on answerphone

- Your child has suffered sickness/diarrhoea whilst in school today.
- Your child has had a nose bleed whilst in school today.
- Your child has received an injury whilst at school today.
- Your child has sustained a minor knock to the head whilst participating in a school activity today.

Head Injury Awareness

It is unlikely that your child will have any further problems, but please keep watch for any of the following signs which may be important:

- Vomiting (being sick).
- Drowsiness – that goes on for longer than an hour when they would normally be wide awake.
- Loss of balance or problems walking.
- Unconsciousness, or lack of full consciousness (ie problems keeping their eyes open).
- Difficulty waking your child.
- Problems with understanding or speaking.
- Weakness in one or more arms and legs.
- Problems with eyesight.
- Painful headache that doesn't go away.
- Seizures.
- Clear fluid from the ear or nose.
- Bleeding from one or both ears.

If your child presents with any of these symptoms, we advise you to seek medical assistance as soon as possible wither from your own doctor, local A&E department or NHS telephone number 111.

This advice applies to children and young people which have a head injury. It does not apply to superficial injuries to the head or face.

ADMINISTERING OF MEDICATION

Please be aware of the following protocols

1. Only medicine prescribed by a doctor at least four times daily may be administered in school.
2. All medicine must be delivered to and collected from the school office by an adult.
3. Where children attend breakfast club or after school club parents will be responsible for delivering and collecting the medicine from Children's Club.

Date:

Name: Class Teacher:

Medication Details

Condition / Illness Details:

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Name / Type of Medication:

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Date Dispensed: Dosage to be given:

Time to be Administered:

Special Precautions:

Emergency Contact Details

Name: Relationship to Pupil:

Telephone Number:

Signed:

Date:

