



Barnes Farm Infant School

Building Futures Inspiring Success

First Aid Policy

MONITORING THIS POLICY

The Headteacher will monitor the application of this policy and take appropriate steps to ensure that it is operating effectively. This will be achieved through discussion and monitoring.

The policy will be reviewed by the Headteacher annually to ensure its effective application and any issues arising will be raised on the School Development Plan and tracked accordingly.

| | |
|---------------|---|
| Adopted by: | The Headteacher on behalf of the Governing Body |
| Date Adopted: | 9 th November 2023 |
| Reviewed: | November 2023 |
| Review Date: | November 2024 |

SignedDate



Barnes Farm Infant School First Aid Policy

First Aid Policy

INTRODUCTION

All children have the right to feel safe and well and know that they will be attended to with due care when in need of First Aid. This policy explains the practices in place to address the health needs of the children which may be as a result of accidents or medical conditions. First Aid needs will be regularly reviewed by the Governing Body and Headteacher to ensure that the provision is adequate.

AIMS

- To administer first aid to children when in need in a competent and timely manner
- To communicate children's health problems to parents when considered necessary
- To provide supplies and facilities to cater for the administration of first aid
- To maintain a sufficient number of staff members trained with 12 Hour Paediatric First Aid Training.

APPROACHES TAKEN

First Aid organisation.

The school's arrangements for carrying out the policy include nine key principles.

- Places a duty on the Governing Body to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Records all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training (approved by the Health and Safety Executive HSE) to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

Information on First Aid arrangements.

The Headteacher and SENCO will inform all employees at the school of the following:

- The arrangements for recording and reporting accidents.
- The arrangements for First Aid.
- Those employees with qualifications in First Aid.
- The location of First Aid kits.

In addition, the SENCO will ensure that signs are displayed throughout the school providing the following information:

- Names and photos of employees with first aid qualifications in the School Office, First Aid Area and Reception. **(Appendix 1)**
- Location of first aid boxes. **(Appendix 2)**

All members of staff will be made aware of the school's First Aid policy.

Arrangements for First Aid.

Materials, equipment and facilities.

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for schools'.

The location of First Aid containers in school are;

- Kitchen
- Staffroom
- Each class base (Basic kit)
- First Aid Area in Atrium
- Cooking area in Owlets/Activity Room and BFJS Barn for EBNO staff

The contents of the kits will be regularly checked and managed on a regular basis by the First Aid Lead. All kits will be clearly labelled with the base that they belong in and a white cross on a green background.

The kit should include:

- A leaflet giving general advice on first aid
- Individually wrapped sterile adhesive dressings of assorted sizes
- Sterile eye pads
- Individually wrapped triangular bandages.
- Safety pins
- Medium and large individually wrapped un-medicated wound dressings
- Disposable gloves – latex free
- Sick bags
- Alcohol free cleaning wipes
- Bumped head wristbands
- Gauze
- Forehead thermometer
- Foil Blanket
- Face Shields
- Eye Wash
- Medical slips to advise parent/carers of first aid administered **(Appendix 3)**

Defibrillator

There is a shared Defibrillator located on the outside of the Barn between Barnes Farm Schools. All staff are aware of the location and a number of staff have been training to use these specific model. The Defibrillator will be checked regularly to ensure in working order and that replacement pads are in date.

Training

The school has a number of paediatric qualified first aiders who are responsible for dealing with any serious first aid matters and can be called upon to offer advice whenever required.

There is also at least one appointed person for each year group and lunchtime. The appointed persons will:

- Take charge when someone is injured or becomes ill;
- Look after the first-aid equipment
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

Other members of staff including LSAs and MDAs are fully qualified first aiders.

Most staff members have completed training on asthma and anaphylaxis which is updated yearly.

First aid training is carried out in line with current Health and Safety recommendations. This is every 3 years to requalify as a first aider.

Record Keeping

Barnes Farm Infant School will keep a central record of any first aid treatment given in school by first aiders and appointed persons. This is the record that both children and staff incidents are detailed. In addition, each class will have an individual record folder which is to be kept in their first aid box within the classroom. This will include:

- The date, time and place of incident;
- The name (and class) of the injured or ill person;
- Details of the injury/illness and what first aid was given;
- What happened immediately afterwards (for example went home, went back to class, went to hospital);
- Name and signature of the first aider or person dealing with the incident.

These folders are collected and monitored regularly.

In addition, a medical slip will be filled out and sent home to indicate to parents if first aid has been given to their child in school. This will be filled out by the first aider or appointed person. In addition, if a child bumps their head while in school, they will be given an orange 'I bumped my head today' band to where around their wrist to inform all staff that come in to contact with them that there is a risk of head injury.

If during playtime or lunchtime, the medical slip will be filed in the medical wallets which are located in the main First Aid treatment area in the Atrium. These will be distributed to classes at the end of lunchtime. Staff in class bases will then ensure that the medical slips are distributed.

When an incident occurs during lesson time, staff working in the class base will be responsible for recording in the individual class record folder and filling out the medical slip. The slips will be kept in the class base for distribution at the end of the school day.

The staff member that fills out the medical slip and who deals with the incident **MUST** be the person who records in the record folders.

Where possible, staff will hand medical slips directly to parents and communicate verbally to them what has happened.

General information

APPROACHES TAKEN

When a child becomes unwell during the day

- When it is deemed that a child's health has deteriorated to a level of concern, a member of the Senior Leadership Team will make the decision to contact parent/carers to discuss the presenting symptoms and decide whether the child should remain in school or be collected. In the event that the parent is unable to arrive within a reasonable time in relation to the end of the school day, the child will be offered a quiet place in school to rest.
- If the class teacher is on their own at the time of a child's health deteriorating, the office should be called to make the phone call to the parents. The office should then relay the response immediately to the class teacher with the decision that has been made as to whether the child is to remain in school or is going to be collected.

First Aid at playtime and lunchtime

If a child is hurt or feels unwell at playtime or lunchtime, they will notify a member of staff and be issued a First Aid card to take in to the Atrium First Aid area for treatment. The designated First Aider will be waiting to offer treatment. Incidents of a more serious nature will be communicated to parent/carers either by the designated First Aider or by Office staff.

Children will be aware of the procedure of notifying an adult on duty before automatically coming into the Atrium.

First Aid during in-class lesson time

If a child becomes unwell or injured while in class, a member of staff in that class base will deal with the incident and record it in the class medical incidents folder. If the class teacher is on their own with the children, the office staff will be contacted by internal phone to administer first aid.

First Aid during PE/outdoor lessons

If a child becomes unwell or injured during a PE lesson and the class teacher is on their own with the class, office staff will be called to deal with the incident. If a LSA or other staff member is present during the lesson, they will deal with the incident.

Clubs

All club facilitators (both in-house and outside providers) will be given a clipboard with a register for their club. Attached to the clip board will also be a register of any medical and dietary conditions for the children who are attending the club.

Staff leading the club will have access to medication that may need to be administered (for example asthma pumps, Epi-Pens etc.) via contact with the main school office, which will be manned until 4:30pm. All medication is kept in the SENCO room in a marked, unlocked cupboard.

What happens after first aid has been given

In most cases, the child will be well enough to return to class for the rest of the school day.

In the case of any injuries being sustained to their head which has resulted in a bump/mark, parents will be contacted by phone to notify them and given them the option of coming to school to assess their child in person. Phone calls will be made by office staff or if possible, staff working in the child's class base.

All head injuries will be recorded in both the central record and on parent slips, and the child will be issued an 'I've bumped my head today' wristband to alert all staff coming in to contact with the child for the rest of the day, even if they do not result in a bump/mark.

If they are too unwell/hurt to remain in school, parents will be contacted to collect them. A member of SLT will make the decision when sending a child home. The incident will need to be recorded in the main school record book but if staff are dealing directly with parents, there will be no need to fill in a medical slip.

If staff are unable to contact parents or emergency contacts immediately, they will continue to try and contact parents/carers while the child continues to receive first aid or rest in a quiet place where they will be monitored at all times.

In more serious cases where the child requires immediate medical support, an ambulance and will be called.

If parent/carers are unable to be contacted, a member of SLT will decide upon the appropriate action.

Types of First Aid

First Aider Practice

Gloves are worn by staff when dealing with blood and these are located next to the plasters and wipes.

Ice packs are kept in the freezer in the staffroom and can be used to reduce the swelling for bumps and suspected strains and sprains- a cold compress will be used for head injuries. If ice packs are used, then these are first wrapped in a paper towel to prevent contact with the skin.

All medical waste is disposed of in a suitable container.

Following an accident, a medical slip (**see Appendix 3**) is completed and in the case of playtime and lunchtime, filed in each classes First Aid Wallet. These wallets will then be distributed to class after lunchtime to be given out at the end of the school day. Incidences in class should be recorded on a medical slip and left in the classes 'Going Home Tray' to be given out at the end of the day. Wherever possible, slips are given directly to the parents.

Cuts and Grazes

- Cuts and grazes are cleaned using, where appropriate running water and/ or sterile wipes and if needed, plasters are available.
- Splinters - New guidance states that splinters must not be removed in school but should be covered up by a plaster.

Pupil accidents involving their head.

The Governing body recognise that head injuries need to be treated with particular care.

Any evidence of following symptoms may indicate serious injury and an ambulance must be called.

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion
- strange or unusual behaviour – such as sudden aggression
- any problems with memory;

- persistent headache;
- disorientation, double vision, slurred speech or other malfunction of the senses;
- nausea and vomiting;
- unequal pupil size;
- pale yellow fluid or watery blood coming from ears or nose;
- bleeding from scalp that cannot quickly be stopped;
- loss of balance;
- loss of feeling in any part of body;
- general weakness;
- seizure or fit.

All bumps to the head will be recorded in the First Aid Folder, on medical slips and the child will be given an 'I've bumped my head today' wristband'. Where emergency treatment is not required, a phone call will be made to inform parents. If there is a bump/swelling or cut/graze, parent/carers will be given the option of coming to check on their child, who will be brought to the school office to check them over. If they cannot be contacted, a medical slip will be sent home to the child's parents or guardians detailing how, what time it happened and also what action was taken to deal with it. This will also list symptoms of concern that should be looked out for over the next 48 hours.

NHS direct recommends that the person who is injured should sit quietly for the first 2 hours after the injury and be monitored for the next 48 hrs.

Dealing with bodily fluids

Procedure to adopt when dealing with blood, body fluids, excreta, sputum and vomit:

- Isolate the area.
- Always use disposable gloves
- Clean the spillage area on carpets with power (ordered and supplied by caretaker and kept in caretaker's cupboard)
- Clean the spillage area on a hard floor with the red bucket and red mop. Then put the mop into a bag for the site manager to dispose of. This is stored in the cleaner's cupboard.
- Clean the spillage area in the toilets with the blue bucket and blue mop. Then put the mop into a bag for the site manager to dispose of. This is stored in the cleaner's cupboard. (Caretakers cupboard will be accessible to staff at all times with a high lock).
- Any waste to be disposed of in yellow waste bags supplied.
- Blood loss – if possible give individual cotton pad to hold against themselves whilst you put on disposable gloves.
- Always wash hands after taking disposable gloves off.
- If a child vomits during lunchtime and any comes into contact with cutlery/lunch tray – this will need to be thrown away.

If a child is unwell and vomits or has diarrhoea during the school day, parents will be asked to collect their child and take them home unless there is an individual care plan in place which specifies that they have a medical condition where alternative arrangements have been made. This care plan will be written by the parents and SENCO and agreed with by SLT.

Reporting of Serious Accidents

The Governing body will implement the LA's procedures for reporting:

- all accidents to employees
- all incidents of violence and aggression.

The Governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety executive as it applies to employees.

- An accident that involves an employee being incapacitated from work for more than three consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;
- It is an accident in school which requires immediate emergency treatment at hospital

For each instance where the Head teacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought.

- Where a pupil has an accident it will be reported to the LA.
- All accidents to non-employees
- (e.g.) visitors which result in injury will be reported to the authority.

Staff Injuries

Staff injuries are to be recorded in the central school record (same as the children's). Serious incidents need to be reported to the school office so that the necessary procedures can be followed.

Transport to hospital or home.

- The Headteacher and First Aider will determine what is a reasonable and sensible action to take in each case.
- Where the injury is an emergency an ambulance will be called following which the parent will be called.
- Where hospital treatment is required but it is not an emergency, then a member of the Senior Leadership Team will contact the parents for them to take over responsibility for the child.
- If the parents cannot be contacted then the Headteacher/member of the Senior Leadership Team may decide to transport the pupil to hospital.

Where the Headteacher/member of the Senior Leadership Team makes arrangements for transporting a child then the following points will be observed:

- Only staff cars insured to cover such transportation will be used.
- No individual member of staff should be alone with a pupil in a vehicle.
- The second member of staff will be present to provide supervision for the injured pupil.

Off-Site Visits

It is the responsibility of the Class Teacher and LSA to take a first aid pack with them on the visit.

Small first aid packs are available in all classrooms and in bags used by the midday assistants. All teachers taking children out of school for a trip or residential visit are equipped with a First Aid pack and will carry any medication needed for individual children along with a copy of their Individual Care Plan.

Educational Visits

Prior to any educational visit taking place, the risk assessment will take in to account the medical needs of the child. It may be necessary to discuss medical needs with parent/carers and the child before the trip commences to consider what reasonable adjustments may need to be made to enable young people with medical needs to participate fully and safely on visits. Arrangements for taking

any necessary medicines will need to be taken into consideration. Staff supervising excursions will always be aware of the medical needs and relevant emergency procedures of pupils in their care.

Copies of Individual Care Plans and the risk assessment will be taken on the visit and relevant information also stored in school.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school will seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

Medical Information

Medical information about a child is gathered as they start Barnes Farm Infant School through the data collection sheets, which are also issued annually, as well as through information provided by Parent/Carer. All important medical information is provided for class teachers and kept in classrooms with the consent of Parent/Carers. Individual Care Plans and records about those children with particular medical conditions or allergies are kept in the First Aid Folder. This is kept in the Medical Cupboard in the SENCO's room and accessed by the designated First Aider at Play and Lunchtimes. The kitchen will have a copy of all children with dietary or medical needs to ensure that they can meet their needs.

All emergency phone numbers are kept in the contact file in the office and are also clearly labelled on boxes of agreed stored medication kept in the SENCO Room.

All relevant information regarding medical conditions and food allergies are passed on to the relevant teacher in their staff and supply teachers folder, also the first aiders are aware of these. Each new child that starts within the school supply information regarding health issues, there are passed on to all relevant members of staff. The school cook is notified of all children with food allergies. Photographs are provided to help staff identify and therefore provide the appropriate care for specific children.

Barnes Farm Infant School will not discriminate against pupils with medical needs.

In certain circumstances it may be necessary to have in place an Individual Care Plan. This will help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk. These plans will be drawn up in consultation with the SENCO, parents and relevant health professionals. They will include the following: -

- The child's details including photograph
- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side-effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

Administration of medicines

Ideally it is preferable that parents, or their nominee, administer medicines to their children, this could be affected by the young person going home during a suitable break or the Parent/Carer visiting the school. However, this may not be appropriate. In such cases a request must be made for medicine to be administered to the young person at school using the 'Consent and Record of short term medicine administration' consent form. **(Appendix 4)**. This must contain clear instructions regarding dosage. These are kept in the folder in the main office.

Each request for medicine to be administered to a young person in school will be considered on its merits and must be agreed by a member of SLT. All forms must be completed and a photo of the child printed off of Sims to ensure that the correct child is being administered the medication.

All short term medicines will be kept at the school office, while medication that is required on a regular or emergency basis will be stored in the SENCO Room, in the child's individual medication box, clearly labelled with the child's name and any other relevant information.

If short term medicines are to be administered, a member of staff supporting in the child's class will bring them to the Office to receive this. Where there are no other staff available other than the Class Teacher, the Office Staff will collect the child and bring them to the School Office to administer the medication at 11:30am only. The School Office will ensure the correct dosage of medication is given.

If regular or emergency medicines should need to be administered during the school day, staff who support the child in class are responsible for bringing the child to the SENCO Room to administer it. The medicine will be administered according to the instructions in the Individual Care Plan or in the case of occasional medicines, as per instructions on the prescription label. The dosage administered will be double checked and witnessed by another member of staff and recorded on the child's 'Record of medicine administered to an individual child' (**Appendix 5**) which is to be kept in the 'Administering of Medications' folder in the school office.

When a child has used their asthma pump it should be logged on the record sheet for the individual child and kept in the 'Administering of Medications' folder in the SENCO Room.

Any medication given (including asthma inhalers) will also be recorded on the 'medical slip' which will be sent home to parents to make them aware of the date, time and dosage of medication which has been administered.

Staff will also administer antibiotics with signed permission from parents/carers. This medication will be kept separately.

Teachers are also responsible for ensuring that children have medication available to them during trips and times off the school site.

Medicines

Medicines that have been prescribed by a doctor, dentist or nurse prescriber should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. **We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.**

Ideally if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents could be encouraged to ask their prescriber about this.

Medicines such as Calpol will only be administered in exceptional circumstances and when agreed by a member of SLT. Such circumstances may include; following dental treatment, breaks or fractures etc.

Medicines (and the correct spoon) brought into school are kept in a labelled box in either the Main School Office (short term medicines) SENCO Room (regular or emergency medicines) or in the fridge in the staffroom. They are stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff ensure that the supplied container is clearly labelled with the name of the young person, name and dosage of the medicine and the frequency of administration.

All Medicines, including controlled drugs, will be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each school year. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Children returning to school after breaking/fracturing bones

If a child returns to school after breaking or fracturing bones, their parent/carers will need to meet with a member of SLT/SENCO to discuss arrangements for how they are to be supported while in school. These arrangements will include whether they are able to participate in PE lessons and where they will go during playtime and lunchtimes. In cases where the child could be at risk from hurting themselves further while in the playground, arrangements will be made for the child to play in First Aid or Owlets.

Asthma

Parents of asthmatic children are asked to complete a school asthma care plan (**Appendix 6**) and to ensure that their child is equipped with a labelled inhaler. Inhalers are stored in labelled boxes in the medicines cupboard in the SENCO Room. Staff who support in the child's class are responsible for ensuring that the child has access to their pump when needed. If inhalers are likely to be needed during PE lessons (as outlined in Asthma care plans), staff supporting the child will collect them before the lesson and bring them to the location of the lesson. They will be returned to the main office immediately after the lesson has ended. Children who have been hospitalised with asthma or use a spacer must have a care plan.

A list of children in school with asthma is kept in Medical Folder, on the Shared Area and in classrooms and is updated regularly. Parent/Carers are responsible ensuring their child's medication is in date. We encourage children with asthma to participate in all aspects of the curriculum including PE. The school does all that it can to ensure that the environment is favourable to pupils with asthma.

Any medicines administered during the school day will be recorded in the 'Administering of Medications' folder in the main office or SENCO Room and on a medical slip to be sent home so that parents are informed of the time and dosage given.

Appendix 1

Paediatric First Aid Trained Staff

The nearest first aid box is: **in the Atrium** (minor incident first aid box in each class)



| STAFF NAME | PHOTO | Role in school | QUALIFICATION | DATE QUALIFICATION ACQUIRED |
|----------------------|-------|---|--|--|
| Mrs Kirsty Robinson | | Assistant Head/SENCO | Paediatric First Aid (2 day) | January 2023 (renew January 2026) |
| Mrs Evonne Bentham | | Reception Teacher | Paediatric First Aid (2 Days) | November 2021-2024 |
| Miss Charlotte Clark | | LSA | Paediatric First Aid (2 day) | January 2023 (renew January 2026) |
| Mrs Ellie Day | | Year 1 Teacher | Paediatric First Aid (2 Days) | November 2021-2024 |
| Mrs Susan White | | Year 2 Teacher | Paediatric First Aid (2 Days) | 9 th and 10 th November 2022 – renew November 2025 |
| Mrs Julie Rodgers | | HLTA/Lead MDA | Paediatric First Aid (2 Days) | 9 th and 10 th November 2022 – – renew November 2025 |
| Ms Helen Coxon | | EBNO Breakfast and Afterschool Club Staff | Paediatric First Aid (2 Days) | May 2022 - 2025 |
| Mr Dave White | | EBNO Breakfast and Afterschool Club Staff | Paediatric First Aid (2 Days) | May 2022 - 2025 |
| Ms Lisa Surridge | | LSA/MDA | Emergency First Aid at Work | Attended 4 th November 2022 – awaiting certificate |
| Mr Richard Meldon | | Site Manager | Emergency First Aid at Work – 3 day course | 11 th November 2021 |






LOCATION OF FIRST AID BOXES IN SCHOOL

First Aid Supplies can be accessed in the following areas in school:

- Main First Aid Area – Atrium
- Class bases – basic kit
- SENCO Room – including individual children's medication, Emergency Asthma Inhaler, First Aid stock and First Aid Bags for School Trips
- Staffroom
- Owlets – including Kitchen Burns Kits for EBNO Staff
- BFJS Barn - including Kitchen Burns Kits for EBNO Staff
- Caretakers Cupboard
- School Kitchen
- Forest School shed

The Barnes Farm Schools Defibrillator is located on the Barn, between the two schools and easily accessible.

Appendix 3

| | | | | | |
|---|---------------------------------------|-------------------------------|--|---|--|
|  ACCIDENT/INCIDENT/ ILLNESS REPORT SLIP | | PUPILS NAME | | DATE | |
| | | | | TIME | |
| | | | | CLASS | |
| HEAD INJURY | | SPRAIN/TWIST | | ACTION TAKEN | |
| BUMP/BRUISE | | STOMACH PAINS/UPSET TUMMMY | | PARENT/CARER CONTACTED | |
| CUT/GRAZE | | VOMITING/NAUSEA | | UNABLE TO CONTACT PARENT (Please note time initially attempted) | |
| HEADACHE/HIGH TEMPERATURE | | | | WELL ENOUGH TO REMAIN IN SCHOOL AFTER FIRST AID | |
| MOUTH INJURY/ TOOTH ACHE/LOOSE OR MISSING TOOTH | | ASTHMA | | COLLECTED FROM SCHOOL | |
| NOSEBLEED | | AGREED MEDICATION GIVEN | | TLC APPLIED | |
| STAFF SIGNATURE | | | | IMPORTANT HEAD INJURIES PLEASE CONSULT YOUR DOCTOR OR LOCAL HOSPITAL IF YOUR CHILD SUFFERS ANY DROWSINESS, VOMITTING, IMPAIRED VISION OR EXCESSIVE PAIN AFTER RETURNING HOME | |
| | | | | | |
| DETAILS OF TREATMENT AND ADDITIONAL COMMENTS | | | | | |
| Cold Compress applied | Cleaned with water/sterile wipe | | | | |
| | | | | | |



Barnes Farm Infant School

Consent and record of short term medicine administration

| | |
|--|--|
| Name of Child: | |
| Class: | |
| Date medicine provided by parent | |
| Name and strength of medicine | |
| Quantity of Medicine supplied by parent | |
| Reason for medicine to be administered | |
| Expiry Date | |
| Dosage of medicine to be administered | |
| Time medicine to be given | |
| Start date of medicine to be administered | |
| End date of medicine to be administered | |
| Quantity returned | |

Parent signature _____

Staff signature _____

| | | | |
|--------------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

| | | | |
|--------------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

| | | | |
|--------------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

| | | | |
|--------------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

| | | | |
|--------------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

Appendix 5



Barnes Farm Infant School

Record of medicine administered to an individual child

(as consented by parent/carer in individual care plan)

| | |
|---|--|
| Name of Child: | |
| Class: | |
| Name and strength of medicine | |
| Reason for medicine to be administered | |
| Expiry Date | |
| Quantity to be given | |
| Frequency/Time medicine to be given | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

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|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

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|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

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| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |

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| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff signature | | | |
| Staff witness name | | | |
| Staff witness signature | | | |



Barnes Farm Infant School

CARE PLAN FOR CHILDREN WITH ASTHMA WHO REQUIRE MEDICATION IN SCHOOL

Name:

PHOTO

DOB:

Class:

Date of Plan:

Emergency Contact Numbers

Parent/Carer:

Number:

_____ has been diagnosed with asthma and
requires medication within school.
Please follow care plan attached (Parent/carer – please provide information).

Use of Emergency Inhaler

Child showing symptoms of asthma / having asthma attack

1. I/we can confirm my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
2. My/ our child has a working, in-date inhaler, clearly labelled with their name, which will be kept in the school medical cupboard. I/We understand that it is my/our responsibility to ensure that the school are provided with and advised of the correct medication and that it is not past its expiry date.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I give consent for school to follow the emergency procedure to summon an ambulance/use an suitable alternative inhaler if needed, and at the earliest available opportunity contact me/us.
4. I/we are happy with this information to be shared with all staff to ensure that everyone understands my child's condition and how to treat them if necessary. I understand that a copy of this care plan will be held in the medical cupboard along with my child's medication, in the classroom and if necessary other secure areas of the school.

Agreed by


| Parent/Carer (Please print name) | Parent/Carer signature | Date: |
|----------------------------------|------------------------|-------|
| | | |
| | | |

BFI Staff Signature

Date.....

Name:

My Asthma Triggers: Things that make my asthma worse (please list).

| | |
|--|---|
| <p><u>When well</u> No asthma symptoms</p> | <p>Regular controller treatment everyday</p> <ul style="list-style-type: none"> Regular controller medication given at home as prescribed. |
| <p><u>Before exercise</u> (Ensure inhaler is accessible for PE)</p> <p>*symptoms: difficulty in breathing, wheezing, coughing*</p> |  <p>The illustration shows a boy in a yellow shirt with the number 7, standing next to a soccer ball. He is pointing to a decision box. The box has two sections: 'Does doing sport make it hard to breathe?' and 'If YES I take:'. Below the 'If YES' section, it says 'puffs of my reliever inhaler (usually blue) beforehand.'</p> |
| <p><u>Mild asthma attack</u></p> <ul style="list-style-type: none"> Increase in coughing Slight wheeze No difficulty in talking Not distressed | <p>Help child to:</p> <ul style="list-style-type: none"> Breathe slowly Sit upright Loosen tight clothing <ul style="list-style-type: none"> Give.....puffs of..... preferably through a spacer repeat as required up to..... puffs maximum, until symptoms resolve. Notify parent YES/NO If no improvement ↓ |
| <p><u>Severe asthma attack</u></p> <ul style="list-style-type: none"> Distressed and gasping or struggling to breathe Cannot complete a sentence Showing signs of fatigue or exhaustion Pale sweaty, maybe blue around lips Reduced level of consciousness | <ul style="list-style-type: none"> Dial 999 for ambulance Follow instructions given by ambulance staff Stay with child Reassurance If able call parents/carers While waiting for ambulance give/ continue to give inhaler give one puff of my reliever inhaler every 30-60 seconds up to a total of 10 puffs. Do not attempt to put arm around child or cuddle Do help child breathe slowly, sit up right, lean forward, loosen clothing. |

