



# **Medical Procedures & Protocols Policy**

for

**Oaklands Schools  
Butler Road, Crowthorne, RG45 6QZ**

<b>Approved by Joint Site &amp; Buildings Committee:</b>	February 2010
<b>Ratified by Oaklands Infant School full Governing Body:</b>	Spring 2016
<b>Ratified by Oaklands Junior School full Governing Body:</b>	Spring 2016
<b>To be reviewed:</b>	Spring 2018



## **The purpose of these procedures and protocols is:**

### **1. To ensure those pupils with medical needs:**

- experience the minimum possible disruption to their education.
- will have responsibility for administering their own medication as appropriate, where they require it on a regular basis and where prior agreement has been arranged between home and school.
- Are known to all staff with parental permission to display photos and medical needs in appropriate places (for example Staff Room, Office, Medical Room)

### **2. To provide:**

- clear and concise documentation for:
- requests for school to give short-term medication
- requests for school to give long-term medication
- residential trip medical forms

## **Documentation**

All supporting documentation is attached at the back of this policy.

## **Monitoring**

The Joint Site and Buildings committee will review this policy biennially, alongside supporting medical needs, on behalf of the governing bodies, as part of their responsibility for Health and Safety issues in school. Any major changes or advice issued by the LA will trigger a review of the policy.

Any changes in procedure, recommended by the Joint Site and Buildings Committee, will be ratified by the full Governing Bodies and communicated as soon as possible to all interested parties.



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## Appendix I

### FIRST AID PROTOCOL AT OAKLANDS SCHOOLS

#### General

Current First Aid manuals are kept in the First Aid areas. At the beginning of the academic year every endeavour will be made to ensure that up to date manuals are held in school.

All staff dealing with first aid must enter details of the child's injury and the action taken in the Minor Injuries record file.

All staff will have access to pupils' emergency contact numbers, which are listed in the school office.

All staff have a responsibility to advise the school admin. officer when they find supplies in the First Aid areas are running low.

#### Compulsory Procedures

All staff must adhere to the following procedures:

- Gloves must be worn when dealing with open wounds
- Tissues or paper towels should be used to clean open wounds
- Individually wrapped moisture wipes can be used for all cuts and grazes
- Cotton wool may only be used for cold compresses
- 'Island' plasters must be used
- Plasters will be administered to open wounds unless the child is allergic to them
- Ice packs will be used on swellings and bumps
- 'Head letters' will be issued for bangs to the head
- 'Bump Head' stickers will be given to all relevant pupils
- Foreign objects such as splinters should not be removed but covered appropriately for parents to deal with when the child goes home. If in doubt, seek advice from the designated First Aider, appointed person or headteacher



## Cleaning up of Body Fluid Spills

These are usually undertaken by the site controller. However in his absence the following procedures must be adhered to:

- Spills of body fluid –blood, faeces, nasal and eye discharges, saliva and vomit must be cleaned up immediately
- Disposable gloves must be worn at all times. Care must be taken by the person cleaning up not to get any of the fluid being cleaned up in their eyes, nose, mouth or any open sores they may have.
- Any surfaces on which the body fluids have been spilled must be cleaned and disinfected with Dettol or similar
- Fluid contaminated material (including cleaning cloths and disposable gloves) must be discarded safely in a bag. The bag must be securely sealed and disposed of in a suitable bin.

## Vomiting and Diarrhoea

The following procedures must be adhered to:

- If a child has been sick or is suffering from diarrhoea whilst at school, parents/carers will be contacted and asked to take the child home immediately.
- Parents/Carers will be requested not to return the child to school **until at least 24 hours after the symptoms have ceased.**
- Specific viruses such as the Norovirus will require children to be kept away from school for longer. Current advice will be taken from the LA at the time of any specific outbreak and communicated to parents.



## Appendix 2

### PROTOCOL FOR PUPILS IN SCHOOL

Pupils must report immediately all accidents and injuries to the class teacher or adult in charge, who will decide on the appropriate course of action.

#### Pupils Suffering From Minor Ailments

- Pupils will be dealt with by the class teacher in the first instance and should not be automatically referred to the school office.
- If the child is referred to the school office, the adult in charge will administer the appropriate course of treatment in consultation with the teacher or headteacher.
- Guidance will be sought from the parents/guardians if the symptoms persist.
- Details of pupil's condition will be noted in the Minor Injuries record file along with the action taken.
- If the child is collected from school by the parents/guardians, they will be signed out in the appropriate section of the book.

#### Pupils suffering from a bump on the head

- A first aid assessment will be made of the child's condition and the circumstances of the accident will be noted in the Minor Injuries record file.
- The class teacher or adult in charge may refer pupils to the school office.
- The child will wear a sticker indicating that they have received a bump to the head. This will help ensure that the whole school community is aware, should further symptoms manifest themselves.
- Parents will be informed either verbally or in writing when their child has received a bump to the head, making them aware of the possible side effects that might manifest themselves later.
- Copies of the **“Head Letter”** are kept in the First Aid areas and will be issued by the adult in charge on behalf of the headteacher.
- Infants School: The letter must be placed in the pupil's book bag.
- Junior School: The letter must be attached to the register so that the class teacher will see it before giving to the child to take home.



## Pupils Suffering from Serious Problems or Accidents

- The class teacher or adult in charge will seek immediate assistance from the school office, where the adult in charge will make a first aid assessment of the child's condition.
- The emergency services should be summoned immediately, if required, stating the following information:
  - The name and address of the school
  - The name and status of the caller
  - The nature of the emergency
- The adult in charge should then try to follow any instructions they are given by the emergency services, whilst waiting for them to arrive.
- Where possible, an adult from the appropriate school will be posted at the main school vehicular entrance to direct the emergency services to the scene.
- In the case of emergencies at the Infant School, they will advise the Junior School when access is needed across the Junior playground to their playground or the field. This will enable the Junior School to ensure the safety of their own pupils and clear the area as appropriate.
- The parents/guardians should be advised of the situation as soon as possible **after the emergency services have been called.**
- A detailed report of the accident and its outcome must be logged in the Accident Book which is held in the First Aid room (Junior School) and school office (Infant School).
- A Wokingham Borough Council SRI Accident/Incident/Work Related Illness or Disease/Dangerous Occurrence Form must be completed and forwarded to the LA. (Appendix 11)
- The headteacher should be fully briefed, by the adult in charge, as to the nature of the incident and the action taken by the school.



## **Pupils Being Taken out of School for Medical Reasons**

- Parents who wish to remove their child from school to attend a medical appointment (with doctors, dentists, consultants etc.) should notify the school in advance, wherever possible, either by letter or telephone.
- The child must be signed out, in the appropriate section of the visitor's book, by the person collecting them and then signed back in on their return.



## Appendix 3

### PROTOCOL FOR ADMINISTERING MEDICATION ON BEHALF OF PARENTS/ CARERS

The schools may administer medication on behalf of parents/guardians. Each request will be considered and agreed in consultation with the Headteacher before coming into effect. The headteachers reserve the right to refuse this.

The school will endeavour to provide a safe system for administering, monitoring and reviewing medication.

All medication to be administered on a short-term basis will be kept in the First Aid areas or staff room fridge, if appropriate.

All medication to be self administered on a long-term basis ie. inhalers will be kept in the pupil's classroom in the Junior School and out of reach of pupils in the Infant School.

Records, based on parental information, will be kept and maintained on medication administered at school. These records will be kept in the First Aid areas.

#### Short-Term Medication (Pink Form)

- Parents/guardians are expected to deliver medication directly to the school office.
- Children are not allowed to bring medicine into school themselves, without prior written agreement.
- A Request for School to administer Short-term Medication form must be completed before leaving the medication in school, confirming the dosage and frequency/times when medicine is to be administered.
- The name of the child must be clearly written on the container.
- ***Unless essential, the administration time will not take place in lesson time.***

#### Long-Term Medication (Blue Form)

- Parents/guardians are expected to deliver medication directly to the school office.
- Children are not allowed to bring medicine into school themselves, without prior written agreement.



- A Request for School to administer Long-term Medication form must be completed before leaving the medication in school, confirming the dosage and frequency/times when medicine is to be administered.
- The name of the child must be clearly written on the container.
- Children will have access to their medication through the appropriate adult
- Parents are responsible for making sure that adequate supplies of the medication are held in school and that the medication has not passed its expiry date.
- Parents are reminded to remove all medication from the school at the end of the school year.

## Documentation

Request to administer Long-term Medication forms must be renewed annually at the beginning of the academic year, when medication is returned to school.

## Health Care Plans

Children whose medical needs necessitate a HCP will have their needs individually assessed and agreed.

Please refer to the [Policy for Supporting Pupils with Medical Conditions](#).



## PROTOCOL FOR PUPILS ON EDUCATIONAL VISITS

Before any school trip is undertaken, the class teacher/adult in charge will endeavour to satisfy themselves that good practice for medical emergencies is in place at the site being visited.

The class teacher/adult in charge will take a travel First Aid kit and a First Aid manual with them on all school trips, ***however short.***

The teacher/adult in charge will carry a mobile phone with them on all trips.

The class teacher/adult in charge will check that, where applicable, a Request for School to give Long-term Medication form has been completed and lodged with school prior to any trip.

### Short trips

- Pupils suffering from minor ailments will be dealt with by the teacher and/or adult in charge and First Aid will be administered as deemed appropriate.
- Guidance will be sought from school if symptoms persist.
- Junior School children requiring self administered long-term medication will be reminded that their medication is carried in the class 'box' and will go on the trip with them.
- Where Infant School children require medication to be administered, the adult in charge of the pupil will hold and administer the medication.

### Residential trips

- Pupils suffering from minor ailments will be dealt with by the teacher and/or adult in charge and First Aid will be administered as deemed appropriate.
- Guidance will be sought from the site medical staff if symptoms persist.
- Every effort will be made to contact the parents of a child requiring serious emergency treatment.
- A Residential Trip Medical Consent form will be issued for parents to complete and return to school prior to any trip occurring. Failure to return a completed form could preclude the pupil from participating in the trip.



- All forms and medication will accompany the teacher/adult in charge on the trip. Copies of the consent forms will be kept in school for the duration of the trip and will be destroyed along with the originals when the pupils return to school.



## PROTOCOL FOR STAFF AND VISITORS TO SCHOOL

### Staff

- Employees must report all injuries, **however minor**, to the headteacher immediately after treatment.
- An Accident Report form must be fully completed for all injuries that occur, **however minor**. These forms are kept in the school office.

### Visitors

- Visitors to the school will have their attention drawn to the Accident and First Aid procedures by a notice in the front of the visitor's book.
- Sub contractors are included in these procedures.
- Anyone requiring First Aid treatment should contact the school office in the first instance.
- An Accident Report form must be fully completed for all injuries that occur, **however minor**. These forms are kept in the school office.



# Oaklands Schools

## REQUEST FOR THE SCHOOL TO GIVE SHORT TERM MEDICATION

The school will not give your child medicine unless you complete and sign this form and the headteacher has agreed that school staff can administer the medication. The headteacher reserves the right to refuse this service.

### DETAILS OF PUPIL

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_ M/F: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Class/Form: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

### MEDICATION

Name/Type of medication (as described on the container) : \_\_\_\_\_

For how long will your child take this medication: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

### **Full Directions For Use:**

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Self Administration: YES  NO

**I understand that I must deliver the medicine personally to the school and accept that this is a service, which the school is not obliged to undertake. All medication must be clearly labelled with child's name and dosage.**

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Seen by teacher (junior school only):



# Oaklands Schools

## REQUEST FOR THE SCHOOL TO GIVE LONG TERM MEDICATION

The school will not give your child medicine unless you complete and sign this form and the headteacher has agreed that school staff can administer the medication.

### DETAILS OF PUPIL

Surname: \_\_\_\_\_  
Forename(s): \_\_\_\_\_  
Address: \_\_\_\_\_ M/F  
Date of Birth: \_\_\_\_\_  
Class/Form: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

### MEDICATION

Name/Type of medication (as described on the container) \_\_\_\_\_  
For how long will your child take this medication: \_\_\_\_\_  
Expiry date: \_\_\_\_\_

### **Full Directions for use:**

Dosage and method: \_\_\_\_\_  
Timing: \_\_\_\_\_

Self Administration: YES  NO

Procedures to take in an emergency: \_\_\_\_\_

***I understand that I take the responsibility to ensure that sufficient medication is given to the school and that it has not expired. I understand that new medication must be provided by me at the beginning of each academic year.***

### CONTACT DETAILS:

Name: \_\_\_\_\_ Daytime Telephone No: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that I must deliver the medicine personally to the school and accept that this is a service which the school is not obliged to undertake. All medication must be clearly labelled with child's name and dosage.**

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Agreed by Headteacher: \_\_\_\_\_ Seen by teacher: \_\_\_\_\_



# Oaklands Schools

## RESIDENTIAL TRIP MEDICAL CONSENT FORM

TRIP TO: \_\_\_\_\_ TRIP DATE: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ National Health No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone number including area code: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Surgery address: \_\_\_\_\_

Surgery telephone number including area code: \_\_\_\_\_

### **EMERGENCY CONTACT NAMES AND TEL NOS**

*(Please ensure parents work numbers and/or mobile phone numbers are given).*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### **EMERGENCY MEDICAL TREATMENT** *(You are **not** obliged to sign this declaration)*

I \_\_\_\_\_ being the parent/guardian of \_\_\_\_\_

**delegate responsibility for authorising serious emergency medical treatment to the adult(s) in charge of his/her school party. I understand that every effort would be made to contact me before such treatment was authorised.**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_



**MEDICAL NOTES**

Please use this space to tell us about any current medical treatments, allergies, special needs (e.g. dietary information, foam pillows etc.) or any other helpful information about your child.

Does your child suffer from any medical conditions? If YES please provide details. YES/NO	
Is your child currently taking any medication? If YES please complete the form below. YES/NO	
Does your child suffer from any food allergies? If YES please provide details. YES/NO	
Does your child suffer from any other allergies? If YES please provide details. YES/NO	
Is your child allergic to any medication, e.g. penicillin? If YES please provide details. YES/NO	
Does your child have any other special needs we should know about, e.g. sleepwalking? If YES please provide details. YES/NO	

**MEDICATION**

**The school will not give your child medicine unless you complete and sign this section of this form and the headteacher has agreed that the school staff may administer the medication. The headteacher reserves the right to refuse this service.**

Name/type of medication (as described on the container)

\_\_\_\_\_

For how long will your child take this medication? Start: \_\_\_\_\_ Finish: \_\_\_\_\_

**Full directions for use:**

Dosage: \_\_\_\_\_ Method: \_\_\_\_\_

Timing: \_\_\_\_\_ Self-administration: YES  NO

- I understand that I must deliver the medicine personally to an agreed member of staff and accept that this is a service, which the school is not obliged to undertake.
- The medication will be clearly labelled with my child’s name and the dosage to be administered.
- 

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

Dear Mum Date: \_\_\_\_\_

I bumped my head at school today and \_\_\_\_\_ put a cold compress on it for me.

This note is to remind me to tell you what has happened.

If I have any of the following symptoms, please seek medical attention for me:

- Unconsciousness
- Sleepiness
- Disorientation
- Clamminess
- My headache gets far worse
- Repeated vomiting
- Double vision
- Pale face
- Discharge from my ears or nose

A simple line drawing of a young girl with pigtails, wearing a dress and boots. She has a distressed expression with tears on her face and a small sunburst above her head, indicating a headache.

Love



**Oaklands Schools**  
Butler Road, Crowthorne, Berkshire. RG45 6QZ

<b>CHILD'S NAME:</b>	
<b>CLASS:</b>	
<b>DATE:</b>	

Dear Parent/Carer,

Your son/daughter has knocked their head in school today and if any of the following symptoms occur you should seek medical advice.

- |                 |                             |                      |
|-----------------|-----------------------------|----------------------|
| Sleepiness      | Clamminess                  | Disorientation       |
| Pale face       | Repeated vomiting           | Problems with vision |
| Unconsciousness | Discharge from ears or nose |                      |

Yours sincerely

**Headteacher**

**Oaklands Schools**  
Butler Road, Crowthorne, Berkshire. RG45 6QZ

<b>CHILD'S NAME:</b>	
<b>CLASS:</b>	
<b>DATE:</b>	

Dear Parent/Carer,

Your son/daughter has knocked their head in school today and if any of the following symptoms occur you should seek medical advice.

- |                 |                             |                      |
|-----------------|-----------------------------|----------------------|
| Sleepiness      | Clamminess                  | Disorientation       |
| Pale face       | Repeated vomiting           | Problems with vision |
| Unconsciousness | Discharge from ears or nose |                      |

Yours sincerely

**Headteacher**



**FORM SRI ACCIDENT/INCIDENT/WORK RELATED ILLNESS OR DISEASE/DANGEROUS OCCURANCE REPORT  
FORM: PART B**

Fill in for EMPLOYEE / TRAINEE ONLY

Form No.

Full name of injured person	Date of Incident	Date Absence Started
	Please state whether Employee <input type="checkbox"/> or Trainee <input type="checkbox"/>	

Distribute Part B of this form ONLY AFTER MORE THAN 3 DAYS ABSENCE to the Health and Safety Officer

✕ ..... Detach Here



**ACCIDENT/INCIDENT/WORK RELATED ILLNESS OR DISEASE/DANGEROUS OCCURANCE REPORT  
FORM: PART A**

Form No.

Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person.

<b>INJURED PERSON</b>	First name(s)	Surname	Title (Miss, Mrs, Ms, Mr)	
	Home Address	Employer's Name and Address if other than W.D.C.	Male <input type="checkbox"/>	Age D.O.B.
	Telephone		Female <input type="checkbox"/>	Occupation
	Please state whether			
	Employee <input type="checkbox"/>	Contractor <input type="checkbox"/>	Client <input type="checkbox"/>	
	Pupil <input type="checkbox"/>	Student <input type="checkbox"/>	Trainee <input type="checkbox"/>	
	Member of Public <input type="checkbox"/>			
<b>LOCATION</b>	Name, address & telephone number of Establishment etc.			Site of Accident
	Date of Incident	Time of Incident	Normal Working Hours From                      To	Time stopped work

1 copy to be retained by the Line Manager.

Please photocopy and send; 1 to the Health & Safety Officer; 1 to Insurance Manager; 1 to Personnel.  
All are based at Civic Offices, Shute End, Wokingham, Berkshire RG40 1RN Telephone 0118 974 6000



## Appendix 11

<b>ACCIDENT / DANGEROUS OCCURRENCE / WORK RELATED ILLNESS / DISEASE</b>	Description of Injury or Work Related Illness or Disease. (Please state whether cut/fracture etc. indicate part of body, left or right as appropriate)
	Describe the incident and how it happened, including details of the working activity. (Please continue on separate sheet if required)

Please return to

**Health & Safety Officer  
Civic Offices  
Shute End  
Wokingham  
Berkshire  
RG40 1BN**

1 copy to be retained by the Line Manager.

Please photocopy and send; 1 to the Health & Safety Officer; 1 to Insurance Manager; 1 to Personnel.  
All are based at Civic Offices, Shute End, Wokingham, Berkshire RG40 1RN Telephone 0118 974 6000



<b>ACTION TAKEN</b>	<b>Please state</b>		
	None Required <input type="checkbox"/>	First Aid <input type="checkbox"/>	Returned to Work <input type="checkbox"/>
	Sent Home <input type="checkbox"/>	Taken Home <input type="checkbox"/>	Sent to Doctor <input type="checkbox"/>
	Taken to Doctor <input type="checkbox"/>	Sent to Hospital <input type="checkbox"/>	Taken to Hospital <input type="checkbox"/>
	Detained in Hospital for Over 24 hours YES <input type="checkbox"/> NO <input type="checkbox"/>		Next of Kin Informed YES <input type="checkbox"/> NO <input type="checkbox"/>
Specified Major Injuries must be reported. See Section 14.10 Accident Reporting Guidelines for further guidance. Have you informed the HSE by telephone YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>OBSERVATIONS</b>	Observations of Manager and Proposed Action to Prevent Recurrence. Provide details of first aid treatment.		
<b>OTHER DETAILS</b>	<b>DEPARTMENT</b> (please choose one)		
	Chief Executive <input type="checkbox"/>	Environment <input type="checkbox"/>	Support <input type="checkbox"/>
	Community Services <input type="checkbox"/>	Education <input type="checkbox"/>	
	To whom was the Incident First Reported and Date?		
	Witnesses Names (Give address and telephone no. if not W.D.C. employees)		
	Report Completed By	Printed name and title	Signature
	Line Manager		
<b>OFFICE USE ONLY</b>	Section		Person Code
	Reason for accident		Accident type
		Reported to HSE YES <input type="checkbox"/> NO <input type="checkbox"/>	

1 copy to be retained by the Line Manager.  
Please photocopy and send; 1 to the Health & Safety Officer; 1 to Insurance Manager; 1 to Personnel.  
All are based at Civic Offices, Shute End, Wokingham, Berkshire RG40 1RN Telephone 0118 974 6000