

Holbeach Children's Club

First Aid and Medication Policy

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Owner: D. Hackin

Holbeach Children's Club is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Version Control

Version	Author	Dated	Status	Reviewed
1	DH	June 2022	Initial Policy	June 2024

STATEMENT OF INTENT

The Holbeach Children's Club First Aid and Medication Policy is outlined below. It is endorsed by Trustees who require all employees to help the club comply with its legal and moral duties. The Trustees delegate overall responsibility of all operational matters within the organisation.

The Health and Safety (First Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. These Regulations apply to all workplaces.

Although the regulations do not require employers to provide First Aid for non-employees, the Trustees accept their responsibility under the regulations and acknowledge the importance of providing First Aid for employees, children and visitors within the club.

The Trustees have devolved the responsibility of consulting with children, parents, the Manager and staff to ensure that the needs of children with medical conditions are properly understood and effectively supported.

ORGANISATION

2.1 AIMS OF THE POLICY

The aim of this policy is to set out clear guidelines for all staff at Holbeach Children's Club in the administering of First Aid, accident reporting and administration of medication.

Through careful implementation of this policy, we aim to:

- Ensure that First Aid provision meets the requirements set out in current statutory documentation;
- Ensure that staff with responsibility for providing First Aid are identified;
- Ensure that those staff have appropriate training and that there is an ongoing commitment to staff training and awareness with regard to medical conditions;
- Ensure that responsibilities and procedures are clear to all staff;
- Ensure that record keeping for the administering of First Aid and medication is thorough and fit for purpose;
- Ensure that equipment, resources and facilities used in the administering of First Aid are fit for purpose;
- Ensure that all children have reasonable access to activities, regardless of medical needs;
- Ensure that all medication stored at the club is done so safely and securely;
- Ensure that children suffering with chronic conditions are managed appropriately.

2.2 RESPONSIBILITIES

Responsibilities of the Board of Trustees:

- Accept overall responsibility for ensuring that it complies with current regulations.
- Adopt the First Aid and Medication Policy.
- Maintain a strategic oversight of accidents and near misses at the club and ensure that any resulting Health and Safety risks are fully addressed as a matter of priority.
- Ensure that appropriate resources are in place so that the administering of First Aid and medication can be carried out safely and effectively.
- Require accident-reporting statistics on a termly basis.
- Ensure that there are sufficient appointed First Aiders and medical resources available.
- Appoint a Designated First Aider(s), communicated to all staff.
- Ensure that accident-reporting is carried out effectively, fully documented and that investigations are made if an accident is RIDDOR-reportable.

Responsibilities of the Manager:

The Manager has overall responsibility for ensuring that the administering of First Aid and medication within the club is carried out safely and effectively in line with this policy. The Manager may delegate the responsibility for the day-to-day administering of First Aid and medication to other designated First Aiders.

The Manager will also:

- Take charge in the event of a significant injury (see *Significant Injuries*);
- Ensure that an ambulance or other professional medical help is summoned if appropriate;
- Ensure that accurate medical information is collected from parents and carers;
- Ensure that accurate record keeping is maintained;
- Ensure that all accidents and any near misses are reported in the appropriate way and escalated according to this policy;

PROCEDURES AND ARRANGEMENTS FOR FIRST AID

3.1 ARRANGEMENTS FOR FIRST AID

First Aid that does not need to be administered at the point of occurrence will be administered in a designated clean location with access to fresh water and adequate disposal facilities where First Aid treatment can be carried out effectively and comfortably for the injured party.

A First Aid box should be available on-site and stocked in accordance with recommended contents as per HSE/NHS guidance (see Appendix 2). First Aid boxes should be checked termly by a Designated First Aider with a record maintained to demonstrate that the check has been carried out (see Appendix 7).

3.2 SIGNIFICANT INCIDENT/INJURIES

In the event of a significant incident, a designated First Aider will make an assessment at the site of the injury. Treatment will be given according to this assessment. Where appropriate, the patient will be moved to the designated medical area and, if necessary, external medical assistance will be sought. Where external medical assistance is sought, the Manager or most senior member of staff present will take control.

Any incident leading to a child being referred to a doctor, dentist or hospital visit owing to an injury at the club must be reported on the club's Significant Accident/Incident Form (see Appendix 3) as well as a summary being recorded in the club's First Aid treatment log (see Appendix 6).

3.3 MINOR INJURIES

Minor injuries may be treated by a member of staff without direct consultation with an appointed First Aider. Minor injuries include:

- Minor cuts and grazes
- Nausea
- Minor bumps and bruises including minor bumps to the head (*see Head injuries*)

Some injuries such as cuts and grazes may be treated at the point of injury if appropriate First Aid equipment can be accessed. All minor injuries will be recorded in the club's First Aid Treatment Log (see Appendix 6).

3.4 HEAD INJURIES

Holbeach Children's Club recognises that accidents involving a child's head can be problematic because the injury may not be evident and the effects may only become noticeable after a period of time. Where emergency treatment is not required, all bumps to the head will be shared between staff and reported to parents on collection, supported by a Head Injury Form (see Appendix 8). If the injury involves a cut to the head, or if other symptoms such as dizziness or blurred vision are evident, parents will be contacted to agree on how to proceed.

3.5 ADMINISTERING FIRST AID OFF SITE

First Aid provision must be available at all times including when off-site. The level of First Aid provision for an off-site activity will be based on the nature of the activity and any associated risk assessments. In the case of all off-site activities, an accompanying member of staff will be identified as the appointed First Aider and will have access to a First Aid bag stocked in line with HSE guidance and including any child-specific medication. The appointed First Aider must be aware of the contents of the First Aid bag and its location at all times throughout the visit.

All adults present during the activity should be made aware of the arrangements for First Aid. If any First Aid treatment is administered, the appointed First Aider will record this in the club's First Aid Treatment Log (see Appendix 6). In the case of urgent treatment, the child's parents should be contacted at the earliest opportunity. It is the responsibility of the lead member of staff to ensure that any First Aid treatment undertaken is reported back to parents as appropriate in line with normal reporting procedures.

3.6 RECORD KEEPING AND REPORTING ACCIDENTS

All minor injuries and First Aid treatment administered at the club are recorded in the First Aid Treatment Log (see Appendix 6).

Accidents of a more serious nature resulting in the injured party being taken to a doctor, dentist or hospital for treatment must be recorded on the club's Significant Accident/Incident Form (see Appendix 3). These forms must be signed by the Manager to confirm that the accident/incident has been investigated fully. Where appropriate, accidents must also be reported to the HSE under RIDDOR. The following accidents are reportable under RIDDOR:

An accident that involves an employee being incapacitated from work for more than three consecutive days

- An accident which requires admittance to hospital for a period in excess of 24 hours
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine
- Death of an employee

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

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

The Trustee Responsible for Safeguarding will be responsible for reporting the incident and liaising with site staff where any Health and Safety risk has been identified and needs rectification. The Manager will collate accident data from these forms to report to the Trustees.

PROCEDURES AND ARRANGEMENTS FOR THE ADMINISTERING AND STORAGE OF MEDICATION

4.1 RESPONSIBILITIES

It is acknowledged by the Trustees and staff that there is no legal requirement for club staff to administer medication; this undertaking, when it is made, is done so voluntarily.

Although there is no legal obligation in this respect, Holbeach Children's Club will endeavour to comply with reasonable and justified requests from parents to have medication administered by staff, provided that such requests comply with this policy. The final decision as to whether to administer medication or not rests with the Manager.

4.2 CHRONIC CONDITIONS

Where children are diagnosed as suffering from chronic conditions, staff should make all reasonable efforts to cooperate in the administration of related medication. Whilst it is not possible to provide a definitive list of such conditions, Asthma, Epilepsy and Diabetes are covered by this aspect of HCC policy, as are identified allergies/allergic reactions to specific substances.

4.3 PRESCRIBED MEDICATION

Whenever possible, prescribed medication should be administered before or after the club by a parent or person acting in that role. In some circumstances HCC acknowledges that this may not be feasible. When this is the case, the club will store and administer both short and long-term prescribed medication provided that:

- A medical consent form is completed by the parent or carer (see Appendix 4).
- The prescription label is attached to the medication.
- The child's name is clear on the prescription label and that it also contains dosage instructions and a valid expiry date.

Consent for the storage and administration of prescribed medication is given at the discretion of the Manager and may be declined if it is deemed that doing so may have a negative impact on the other members of the club community, or if the storage and/or administering of the medication represents an unreasonable undertaking. It is the responsibility of the parent/carer for ensuring that all medication held by the club and any associated documentation (including consent forms) are up to date. Ultimate responsibility for the disposal of expired medication rests with the parents or carers, although staff will endeavour to check and remind them (see Appendix 7).

4.4 NON PRESCRIBED MEDICATION

Holbeach Children's Club supports the administering of non-prescribed medication where the request to do so supports a child to remain at the club although the final decision as to whether to administer non-prescription medication rests with the Manager.

The administration of non-prescribed medication will only be undertaken where a request to do so meets the requirements as set out below:

- Non-prescribed medication for pain relief should never be administered without first checking the maximum dosages and when the previous dose was taken. Aspirin should never be given to a child under 16 unless it has been prescribed by a doctor.
- Non-prescribed medication must only be administered to a child where written permission for that particular medication has been obtained from the child's parent/carer (see Appendix 4).
- The member of staff administering the medication must keep a written record of each occasion that the medication is administered to the child (see Appendix 5) and inform the parent/carer on the same day, or as soon as reasonably practicable. The written record should note the dosage administered and the time of day.

4.5 STORAGE OF MEDICATION

Unless otherwise stated, all medication will be stored in a lockable medicine cupboard in or near the designated First Aid area. The cupboard must be locked when the children are not at the club but can remain unlocked as long as there is a bolt or other mechanism which can be used to keep medication secure during club operating hours, thus maintaining an appropriate balance between ease of access and security.

Stored medication must be kept in such a way that the correct medication for individual children can be retrieved rapidly in the case of an emergency. In the case of severe allergy sufferers who may require access to multiple medicines, all medicines for each child will be stored together in a zipped, labelled wallet including all necessary guidance documentation.

Some prescribed medication has to be stored in a cool place. For this purpose, the club fridge will be used with all medication contained therein being clearly labelled and stored as separately as possible from other contents. Access to the fridge should be controlled and permitted to staff only.

4.6 STORAGE OF ASTHMA INHALERS

The storage of 'reliever' inhalers prescribed to asthmatic children will vary depending on the age of the child.

Children who are registered with the club as asthmatic and require access to a 'reliever' inhaler will have their inhaler stored in the club securely in a readily accessible location. All inhalers will be kept in one closable receptacle, but individual inhalers must be kept in the original box, clearly displaying the prescription sticker, with the child's name. As with all other medication, the inhaler box will be kept in a zipped, labelled wallet containing all necessary guidance documentation. All deployments of inhalers will be reported to parents/carers of children on collection and recorded in the club's Medication Record (see Appendix 5).

In some circumstances, it may be appropriate for older children to carry their asthma medication on their person at all times. Where this is the case, parents will provide written confirmation and will agree arrangements with the club accordingly.

4.7 STORAGE OF ADRENALINE AUTO-INJECTORS (AAIs)

The storage of AAIs prescribed to children with diagnosed severe allergies will vary depending on the age of the child.

Children who are registered with the club as having a severe allergy and who require access to an AAI will have their injector stored in the club securely in a readily accessible location. All injectors will be kept in one closable receptacle, but individual injectors must be kept in the original box, clearly displaying the prescription sticker, with the child's name. As with all other medication, the injector will be kept in a zipped, labelled wallet containing all necessary guidance documentation. All deployments of injectors will be reported to parents/carers of children immediately as part of the club's and recorded in the club's Medication Record (see Appendix 5).

4.8 EMERGENCY MEDICATION

HCC holds on-site an emergency inhaler for use in accordance with Department of Health guidelines.

The emergency inhaler can only be used for those children who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. In both cases the emergency inhaler can only be used where written permission has been received, via the signed Request for Administering Medication Form (see Appendix 4).

HCC also holds two emergency auto-injector adrenaline pens. The emergency pens can only be used for those children who have been prescribed an Epipen or other branded auto-injector adrenaline pen and for which the club has written permission for an emergency pen to be used (see Appendix 4). Parents must be made aware that the pen held at the club may not be the same brand as that prescribed by their medical practitioner.

4.9 CARE PLANS

Where children have been diagnosed as suffering from a chronic condition, a suitable care plan will be drawn up by medical professionals. It is the responsibility of parents/carers to ensure that all relevant details of any care plan are communicated to the club and that copies of current documentation are held on file by the club. The club may make modifications to any existing care plan where it is deemed that aspects of the plan may be unsuitable or impractical in the club context. However, this will only be agreed through dialogue with parents and, if appropriate, medical practitioners.

4.10 ADMINISTERING MEDICATION

Where possible, medication will be administered by a specific responsible adult. Medication will only be administered in line with the prescription packaging guidelines, the child's care plan and/or any specific information provided by the parent/carer on the Request to Administer Medication Form (see Appendix 4).

Records must be kept for the administering of all medication (see Appendix 5). These records will include: date; time; dose; administered by and any relevant points to note. The record should be initialled by the adult administering the medication. In the case of both prescribed and non-prescribed medication, if a child refuses to take their medication, staff will accept this decision and inform the parents as soon as reasonably practicable.

Any queries or concerns with regard to prescribed medication and medical consent will be referred directly to the Manager, and parents will be contacted if it is deemed necessary. If HCC has a significant concern with regard to prescribed medication and medical consent, and parents cannot be contacted, the medication may not be administered. In the case of an emergency or when parents cannot be contacted, the Manager may make decisions

regarding medical provision for children. All such decisions will be taken with the best health interest of children in mind and will, where possible, be based on medical guidance.

4.11 STAFF TRAINING

HCC has an ongoing commitment to staff training. As far as is reasonably possible, staff knowledge and understanding of issues relating to the storage and administering of medication will be kept up to date. Regular whole staff training is carried out in relation to First Aid and there must be an appropriately trained member of staff on duty at all times. All staff have up-to-date training in the administration of adrenaline auto-injectors.

4.12 RECORD KEEPING

All medical details and consent forms, along with records of First Aid treatments and medicines administered are stored centrally in a folder stored on-site.

4.13 Review

This policy will be reviewed every two years.

APPENDIX 1: HCC First Aid Arrangements and Storage of Medication

Location of First Aid Box:

XXXXXXX

Designated First Aiders:

XXXXXXX (Manager)

XXXXXXX

XXXXXXX

Medication is stored:

XXXXXXX

APPENDIX 2: HCC First Aid Box Contents

First Aid Kit List (HSE Recommended)

As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- a leaflet giving general guidance on First Aid (for example, HSE's leaflet Basic advice on First Aid at work);
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile individually wrapped un-medicated wound dressings;
- medium-sized sterile individually wrapped un-medicated wound dressings;
- disposable gloves (for advice on latex gloves please see Selecting latex gloves: <http://www.hse.gov.uk/skin/employ/latex-gloves.htm>)

Employers may wish to refer to British Standard BS 8599 which provides further information on the contents of workplace first-aid kits.

Whether using a first-aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the first-aid needs assessment.

It is recommended that you don't keep tablets and medicines in the first-aid box

Appendix 3 - HCC Significant Accident/Incident Reporting Form

HCC Significant Accident/Incident Reporting Form				
Name of injured person:				
Date/time of accident:				
Place of accident:				
Describe the accident/incident (use overleaf including body map)				
Nature of injury:	Bumps	Bones	Blood	Other
Name and contact details of any witnesses:				
Name of reporting person:				
Where did the accident/incident occur?				
Was first aid applied? If yes, by whom? (tick all boxes and write down name of first aider)				
Clean/Plaster	Cold Compress	Bandage	TLC	Other*
Name of first aider: *If you ticked "other", please describe:				
To be completed by Manager/Responsible First Aider (as applicable)				
Was further action required? (tick all boxes)				
Further First Aid	Hospital Treatment	Ambulance	Call Parent/Carer	Other
Date/time of further action:				
Parent/Carer alerted?			Yes:	No:
Notes:				
Signature of Manager:				
Date:				

Description of Accident/Incident			
To be completed by Manager			
Accident reported to HSE:	Yes:	No:	
HSE Reference number:	Yes:	N/a:	
Date/time of report:			
Member of staff assigned to investigation:			
Report on investigation:			
Resulting Actions:			
Signature of Manager:			
Date:			

All medication must be submitted in the original packaging and a separate form completed for each medicine

Name of Child: _____ Gender: _____

Date of Birth: _____

Medical condition or illness: _____

Name/Type of Medicine (as described on the container):

Date Dispensed: _____ Expiry date: _____

Dosage and method: _____

When to be given: _____

Any side effects that the club needs to know about: _____

Self administration? Yes/No (delete as appropriate)

Is there a Care Plan in place? Yes/No (delete as appropriate)

Asthma (please tick boxes as appropriate)

My child's reliever inhaler should be kept with the club to be administered by him/her/staff as required

(delete as appropriate).

If self-administered, he/she understands that it should be reported to staff immediately afterwards.

We require an **Asthma Card** for all children diagnosed with this condition. **Please arrange for this to be signed by your child's doctor or nurse** and provided to the club.

Emergency Inhalers

We have spare salbutamol inhalers and spacers **on-site** for emergency situations. Please indicate below if you are happy for this to be administered to your child if necessary.

I give consent

I do not give consent

Adrenaline Auto-Injector (AAI) pens

My child's two AAIs should be kept with the club to be administered as required

We require an **Allergy Action Plan** for all children prescribed with this medication. **Please arrange for this to be signed by your child's doctor or nurse** and provided to the club.

We have two auto-injector adrenaline pens **on-site** for emergency use. Please be aware that these may not always be the same brand as prescribed by your child's practitioner. Please indicate below if you are happy for these to be administered to your child if necessary.

I give consent

I do not give consent

Contact Details

Contact name and telephone number: _____

GP Surgery and telephone number: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to HCC staff for administering medicine in accordance with this policy. I will inform the club immediately, in writing, if there is any change in dosage or frequency or if the medication is stopped.

Parent/carer's
signature: _____

Print name: _____

Date: _____

**REGULAR MEDICATION WILL BE SENT HOME AT THE END OF THE SUMMER TERM
A NEW FORM IS REQUIRED FOR EACH ITEM OF MEDICATION, EACH ACADEMIC YEAR**

Appendix 6 - HCC FIRST AID TREATMENT LOG

Date	Time	Staff Member	Name of Child	Injury/Ailment and Cause (if relevant)	Treatment	Parent/ Carer Informed (Y/N)

Appendix 7 - HCC FIRST AID AND MEDICATION CHECKS *(NB. Overall Responsibility for Medication Remains with Parents/Carers)*

First Aid Resources Check Date with Staff Initials (Beginning of Half Term):	Asthma Pump Use-By Date Check with Date and Staff Initials (Beginning of Term):	Children's Names	Actions:	AAI Use-by- date and Liquid Check Date with Staff Initials (Beginning of Term):	Children's Names	Actions

Appendix 8 - HCC Head Injury Notification

Dear Parent or Carer,

..... bumped his/her head at the club today.

Today's date:

Time that the injury occurred:

Approximate location of bump:

Although your child seems well at the moment, in any case of head injury the condition of the child may become more serious at any time, particularly in the first 48 hours. You should therefore keep watch for any of the following signs which may be important:

- Increasing drowsiness or actual unconsciousness which can be detected by you being unable to rouse the child
- A headache which becomes more severe
- Repeated vomiting or nausea
- Dizziness
- Any weakness of arm or leg
- Disturbed vision (eg loss of focus/double vision)
- Sensitivity to bright light
- Any change in the child's condition which you are not satisfied with, such as restlessness, irritability, loss of concentration, increasing loss of memory.

If you notice any of these signs there is no need for alarm but you must seek medical advice AT ONCE. Contact your GP or seek help from your local Accident and Emergency Department.