DITCHAM PARK SCHOOL

Where every child is known and valued

First Aid and Medical Needs Policy

Compiled by	Bursar
Approved by	Health and Safety Committee
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First Aid and Medical Needs Policy

This policy applies to all pupils in the school, including those in the EYFS.

INTRODUCTION

This policy outlines the school's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

Parents or guardians have prime responsibility for their child's health and should provide the school with information about their child's medical condition and treatment or special care needed at school. Children should not attend school if they are acutely unwell.

The school has a duty of care to look after children with a known medical condition or who become ill or have an accident during school hours.

Staff who provide support for pupils with medical needs, or who volunteer to administer medication, must have support from the Headmaster and parents, access to information and training, and reassurance about their legal liability.

Teachers and other staff are always expected to use their best endeavours, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than any taken in trying to assist in an emergency.

Aims

- To ensure that first aid provision is always available while people are on school premises and off the premises whilst on school visits.
- To ensure a quick and appropriate response to all incidents.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons, First Aiders and Paediatric First Aiders to meet the needs of the school.
- To provide relevant training and to ensure training needs are monitored.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the school's First Aid arrangements.
- To keep accident records and to report to the HSE (0845 300 9923) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Act 1995.

Personnel

The Headmaster is in overall control of the day-to-day management of the school and is ultimately responsible for ensuring the implementation of the Health and Safety Policy for the benefit of the school's employees and anyone else on the premises. This includes teachers, non-teaching staff, pupils and visitors.

The Bursar acts as the School's Health and Safety Coordinator and is responsible for putting the Health and Safety Policy into practice and for developing detailed procedures. These should ensure that the policy and information on the school's arrangements for First Aid are available to parents.

The Bursar reviews and updates the Risk Assessment Policy annually. Staff use its provisions to guide them when preparing the risk assessments required for activities in their area of responsibility. The Bursar ensures that appropriate appointments are made, training provided, and resources arranged for

effective First Aid provision. Insurance arrangements are in place to provide full cover for claims arising from the actions of staff as a result of their employment with the School.

Teachers and other staff are expected to do all they can to secure the welfare of the pupils.

PROCEDURES AND PRACTICAL ARRANGEMENTS

Risk Assessment

Reviews are required to be carried out at least annually and when circumstances alter, by the Bursar. Recommendations needed to prevent or control identified risks are forwarded to the Headmaster.

Re-assessment of first aid provision

As part of the school's annual monitoring cycle:

- The Bursar reviews the school's First Aid needs following any changes (ie: in staff, site or activities).
- The Office Manager monitors the number of trained first aiders, alters the number if necessary as instructed by the Bursar, arranges refresher courses and organises training sessions.
- Updated training must be carried out every three years, or when a qualification is due to expire, whichever is the sooner.
- The Bursar monitors emergency First Aid training received by other staff.
- It is the responsibility of the First Aid staff in the specified locations to ensure that First Aid kits are kept up to date.

Provision

The Bursar makes arrangements to ensure that the required level of cover of First Aiders, Appointed Persons and Paediatric First Aiders is available on site at all times.

Qualifications and Training

The school has a number of fully trained First Aiders who hold a Paediatric First Aid/ Emergency First Aid Certificate (renewed every 3 years). They work in key areas of the school where the highest levels of risk have been identified and also where they are most accessible namely: School Office, PE Department, Design & Technology/Art Departments, Science Laboratories and a course run by the Red Cross to be an "Appointed Person".

Juniors Teaching staff and Teaching Assistants hold a Paediatric First Aid Certificate and undertake the appropriate training at the first opportunity after appointment. Renewal is scheduled and arranged every 3 years.

First Aid is part of the risk assessment for school outings and on all outings, there is always at least one member of staff with a good working knowledge of First Aid, and a First Aid kit is taken on every trip. During periods of specific public health restrictions imposed by local or national government or public health agencies, appropriate additions will be made to the First Aid kits provided on trips, to include (for example) suitable PPE for staff undertaking First Aid duties. In Juniors, staff will be responsible for children's medication for the duration of any visit. On adventurous activities, visits abroad or residential visits, the school endeavours to ensure that there is always at least one fully trained First Aider in attendance. In addition, an annual completion of medical questionnaire seeking details of known conditions, medication required, allergies (including food) is required to be completed by parents/ carers and permission for emergency treatment is completed prior to such trips.

During school holidays there is always a fully trained First Aider on site and when matches or other activities take place after school or in the evening, First Aid cover is normally available through the PE, Estate or Office staff.

Early Years Foundation Stage outings must include at least one member of staff with a current paediatric First Aid qualification as a minimum requirement in order to meet regulatory EYFS ratios.

FIRST AID MATERIALS, EQUIPMENT AND FACILITIES

The Bursar, as the School's Health & Safety Co-ordinator, is required to ensure the appropriate number of First Aid kits are available. On a day-to-day basis this is monitored by the School's First Aid trained School Office staff, as a delegated task. Any concerns are reported to the Bursar who will then make arrangements to ensure the School remains adequately provisioned.

- All First Aid kits must be marked with a white cross on a red or green background.
- Each school minibus must carry a First Aid kit.
- First Aid kits must accompany PE/Sports teachers off-site.
- Spare stock should be kept in school and monitored by the Office Manager
- First Aid kits are also held in the Office, kitchen, PE Department, Art and DT Department, Science Laboratories and Estate Workshop .

Responsibility for checking and re-stocking

In school – the Bursar delegates the responsibility to the Office Manager.

On school trips/coaches/minibuses – the trip leader.

For off-site PE – the PE department.

Accommodation

There is a specific, suitable First Aid room for medical treatment and care during school hours, as specified in the 'Education (School Premises) regulations 1996'. This is situated in the main building near to the School Office.

Hygiene/Infection Control

Basic hygiene procedures must be followed by staff. Single use disposable gloves must be worn when treatment involves blood or other body fluids. If body fluids are spilt, the First Aider must inform the Estates Team immediately so that a 'deep clean' can occur. The area of spillage should be cordoned off until this has taken place. Dressings, equipment and bodily fluids are to be disposed of in medical, yellow, closed-top bins in the yellow 'Contaminated Waste' sacks provided. Staff in all areas of the School, including the First Aid Room, are provided with additional, appropriate, personal protective equipment during periods of specific public health emergency in line with national/local government or public health agencies direction and requirements.

Illness or Accident at School

Children in Seniors who become ill at school must report to the School Office and seek permission to go to the First Aid room if it seems likely that they will recover after a short rest, otherwise, following consultation with Head of Seniors/Deputy Head of Seniors, the Office staff will ask parents to collect them. Children must ensure that the member of staff whose lesson they are missing is aware of their absence. Children who remain in the First Aid room for an extended period will be monitored regularly by Office staff.

Children in Juniors who become ill at school are treated where possible by Junior staff. For treatment involving administering medication such as paracetamol, children must report to the School Office accompanied by a member of staff or another child in order to seek permission to go to the First Aid room. The Office staff will consult with the class teacher before contacting parents and asking them to collect the child.

Under no circumstances are children permitted to telephone their parents themselves and ask to be collected.

In the event of an accident , First Aid staff will administer first aid and if necessary call an ambulance (in line with the School's Critical Incident Policy and Procedure). Where possible, in the event that a child is taken to hospital by ambulance, they will be accompanied by a member of staff who will remain until the pupil's parent or guardian arrives.

The school keeps a record of all accidents on the reporting system 'Evolve'.

Any accidents reportable under RIDDOR must be reported to the HSE by the Estate Bursar/Bursar.

HEAD INJURIES (THIS INCLUDES INJURIES TO THE FACE)

Anyone sustaining a head injury is assessed immediately by a fully trained First Aider, in most instances by the office and reception team. A Head Injury Sticker is then issued to the child. Should the child remain in school for the remainder of the day, other staff teaching that pupil or on duty should be informed of the head injury so that there is an awareness of the initial injury and that if this pupil displayed any symptoms of concussion or encountered a second head bump, they would be immediately sent to the First Aider in the office for appropriate action, following the same procedure outlined below.

If they are displaying any serious signs or symptoms of concern, an ambulance will be called, and parents/relatives informed. For all other minor head injuries where the injured person is fully conscious and has a good level of response, the injury is treated as appropriate, and they are monitored in the First Aid Room for a short period. At this point parents are contacted by telephone and informed. Parents are told the details of the injury and the assessment made by the First Aider.

Following an incident of concussion, on return to school, the parents of the child must clearly identify to the school in writing, any possible restrictions on their child's involvement within the normal school timetable and activities, especially PE, Games or playtimes.

ADMINISTERING MEDICATION

Non-Prescription Medication

Children will sometimes ask for pain killers (analgesics) at school, such as paracetamol. School staff may not give non-prescribed medication to pupils without the written consent of the parents/guardians. They may not know whether the child has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 16 should never be given aspirin.**

If a child suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication. A member of staff should supervise the medication and notify the parents, in writing or by email, on the day painkillers are taken.

Prescription Medication

Sometimes a child returns to school after an illness but continues to need medication. In this case the medicine brought to school must be in the prescription packaging showing the child's name, dosage and the dispenser's name. All such medicines must be brought to the school office in the first instance and a 'Request for School to Administer Medication' form must be completed by parents. The school reserves the right to refuse to administer any medicines which are not presented in the correct packaging in which case the parents will be asked to take the child home.

Other children may have to regularly take medicines to control a specific chronic condition such as epilepsy, diabetes, asthma or anaphylaxis. In such cases the school encourages children who can be trusted to do so to manage their own medication from a relatively early age. If children can take their medicine themselves, staff only need to supervise this. If parents wish the school to administer medication for their children, they must complete and sign a consent form (sample attached).

Children with Known Chronic Medical Conditions

Parents of children who have a specific medical condition that needs regular medication or one which may require the emergency administering of specific medication, are asked to complete a Healthcare Plan in conjunction with the school (sample attached) either prior to the child being admitted to the school, or, if the child is already in attendance, as soon as the condition becomes known.

Parents / Guardians are required to update the School as soon as there is any change in a child's condition. Furthermore, the school will remind parents on a regular basis to check accuracy of all pupil information (including medical details).

If children with a chronic condition refuse to carry their emergency medication on them, the school may refuse to accept them on to the premises and will inform their parents as a matter of urgency. If a child with a chronic condition suffers an attack in school and does not have their emergency medication with them, the school cannot administer another child's medication, even if it is the same, as this is illegal. In such cases staff will do all they can to alleviate the symptoms and will call the emergency services. If a child refuses to take their medication school staff should not force them to do so but should inform the child's parents as a matter of urgency and call the emergency services if necessary.

ACCESS TO EMERGENCY MEDICATION

Where a child is considered too young to manage their own emergency medication, or where parents wish to provide the school with spare 'back-up' medication, this will be stored in the First Aid room which is accessible by all staff, continuously during the school day. All such medicines must be in their prescribed containers showing clearly the pupil's name, the dosage and the name of the dispenser.

CONTROLLED DRUGS

Occasionally a child will be prescribed a controlled drug such as Ritalin. Ritalin is a Class B Schedule 2 drug and is covered by the Misuse of Drugs Act 1971. The school must be made aware if any child is prescribed this drug, and if it is to be administered during the school day there are strict guidelines that must be followed. The drug must be brought into the school office in the prescribed packaging showing the child's name, dosage and the name of the dispenser. The number of tablets handed over must be noted in The Controlled Drugs Register and the tablets locked away. When the drugs are dispensed to the child the school must keep a record of the name of the child, the dose given, the time, date and the signature of the staff member dispensing. This must all be witnessed in writing by another adult. The Controlled Drugs Register must show the amount of drugs: IN, OUT and IN STOCK.

In the event of a child being prescribed and appointed First Aider will provide details of consequence to all staff deemed necessary.

ASPIRIN IN SCHOOL

Aspirin is increasingly being used as an effective treatment for heart attacks. 300mg of Aspirin (chewed) can act to break down blood clots in coronary arteries.

However:

- Some people are allergic to Aspirin
- Some people are advised not to take Aspirin
- Aspirin should never be prescribed to those under 16
- If instructed to by County Ambulance Control then anyone can administer Aspirin
- Aspirin is stored in the locked medical cabinet, and can be used ONLY if instructed by County Ambulance Control in the event of a patient suffering a suspected heart attack.
- Aspirin will never be stored in First Aid kits, or be administered without prior permission being granted by a health care professional.

SCHOOL TRIPS

The school encourages children with medical needs to participate in school trips, wherever safety permits.

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. This matter is highlighted and addressed in advance of a trip as part of the risk assessment procedures.

SPORTING ACTIVITIES

Most children with medical conditions can participate in extra-curricular sport or in the PE curriculum. Some children may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

HEADLICE

Children with untreated headlice will not be allowed to take part in contact sports such as judo or rugby to avoid cross infestation. A message will be sent to all parents in the infected child's year group to request that parents check their children's hair.

VERRUCAE

Children with verrucae will keep their feet covered. If children are taking part in sports where they need to grip the floor, the affected area should be covered with a plaster or other products from a pharmacy to prevent cross infection.

ASTHMA

Asthma is an illness which can change over a short period of time. A spare breathing inhaler (and spacer, if necessary) should be provided to the School by the parent / guardian and kept in the school First Aid room marked with the owner's name. Teachers should be aware that children with asthma may occasionally have a worsening if their symptoms (particular wheezing and coughing) whilst they are at school. If this is the case, they should have easy access to their own relieving types of medication and that should the use of this inhaler not improve the symptoms that children may need additional

treatment. In this case consideration should be given to whether the parents should be asked to collect the child from school.

In the very rare situation that a child with asthma becomes distressed with his breathing (very short of breath, very wheezy or having difficulty in speaking), it would be appropriate for an ambulance to be called.

Emergency Inhalers

Emergency inhalers are available for pupils with asthma whose own inhaler is unavailable or not working and whose parents have consented to their child's use of the emergency inhaler. The school holds confirmation of children for whom the School holds consent to use the emergency inhalers (via SchoolBase).

The emergency inhalers will be monitored by the School's First Aid trained School Office staff as a delegated task and will ensure the following;

- On a termly basis check the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- That replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use as they should not be reused.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are ordered immediately.
- The inhalers should be primed when first used (e.g. spray two puffs). As they can become blocked when not used over a period of time, it should be regularly primed by spraying two puffs.

When an emergency inhaler has been administered a message will be sent to parents to inform them of the Emergency Salbutamol inhaler use and the designated member of the Board of Governors will be informed by the Office Manager, or a member of the office staff on her behalf.

TICKS

If a child discovers a tick during the school day, the school will ring the parents to ask them to take the child for tick removal at the nearest A&E/ Drs / Pharmacy.

IMPETIGO

Impetigo is a common and very contagious skin infection that causes sores and blisters. Children with impetigo are requested to remain off school until lesions are crusted and healing or until 48hours after starting antibiotic treatment.

DIABETES

Children who require treatment with insulin for their diabetes may occasionally experience a hypoglycemic episode ("hypo") where their blood sugar falls very low, usually because they have not eaten recently. A child in this situation is likely to feel unwell, may be cold, sweaty and clammy. Administration of glucose tablets by mouth or a sweet drink (tea with lots of sugar accompanied by a biscuit, sandwich or cake) will usually rectify the situation very quickly. Glucose tablets and gel should be provided by parents and be available in the First Aid room for this purpose. If the child does not respond within a few minutes to this treatment, advice from the child's GP should be sought immediately.

EPILEPSY

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupils' susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Parents are *encouraged* to tell schools of likely triggers so that action can be taken to minimize exposure to them.

Children with epilepsy must not necessarily be excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risk should be discussed with children and their parents.

Nothing must be done to stop or alter the course of a seizure once it has begun. The pupil should not be moved unless he or she is in a dangerous place, although something soft may be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into the recovery position. Someone should stay with the pupil until he or she recovers. Parents are always informed if a child has had a seizure.

An ambulance will be called in the first instance in line with the School's Critical Incident Policy and Procedure.

ANAPHYLAXIS

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases; they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form, the condition can be life-threatening, but it can be treated with medication.

This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

The device for injecting adrenaline (issued in the most severe cases) looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Whilst responsibility for giving the injection should ideally rest with a trained first aider, the school expects any member of staff to administer the injection if they are the only adult around at the time. To this end, the school has provided INSET training to all staff on how to administer an adrenaline injection and information is available in the School Office, Classrooms and Staff Rooms (instructional posters). If the pupil is considered responsible enough to carry his or her own medication, they should be encouraged to do so but if not, it will be stored in the First Aid room which is accessible by all staff, continuously during the school day.

If a pupil is likely to suffer a severe allergic reaction, all staff are made aware of the condition.

Please see the school's Allergy and Anaphylaxis Policy.

COMMUNICABLE DISEASE CONTROL

The school comes under the jurisdiction of the Public Health South East (PHESE) authority. The Bursar is notified of the occurrence of a notifiable illness by the Head of Seniors, Head of Juniors or the School Office. The Bursar is responsible for immediately reporting to PHESE (Current Contact Number: 0344 225 3861).

In the event of an occurrence of a communicable disease at the school, eg scarlet fever, meningitis, all enquiries from parents, the media or any other party must be channelled through the School Office who will be advised by the CCDC on the proper procedures to be followed. Under no circumstances should staff deal with enquiries themselves.

APPENDIX A

Asthma Emergency kit as advised by GOV doc

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer (kept in the emergency box);
- instructions on cleaning and storing the inhaler;
- manufacturer's information (kept in the emergency box);
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers printed and stored in each emergency cabinet;
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (ie: when the inhaler has been used).

Instructions for cleaning and storing the inhaler

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

Arrangements for replacing the inhaler and spacers

Staff are required to make the School Office staff aware, as soon as possible, when an inhaler is running low or has been used and requires cleaning or when a spacer has been used and requires replacing.

The Schools emergency inhalers are purchased from Eureka Direct, a pharmaceutical supplier, and requires a completed form signed by the Headmaster. Spacers are purchased from the same supplier but do not require a signature. This is undertaken by the Office Manager.