Woolwich Polytechnic
School for Boys

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FIRST AID & MEDICINE POLICY

Reviewed: February 2024
Approved: February 2024
Revision due: February 2025

1. Statement of Intent

The Trustees believe that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the schools.
We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at school, and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the schools are appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office/medical room. In order to manage their medical condition effectively, the schools will not prevent students from eating, drinking or taking breaks whenever they need to.

The schools also have a Control of Infections Policy which may also be relevant, and all staff should be aware of.

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them.

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Name: _____ **Signature:** _____
(Chair of Trustees)

Name: _____ **Signature:** _____
(Head of School)

Date: _____
Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Trustees for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by

Distribution of copies
Copies of the policy and any amendments will be distributed to the Heads of School; Health and Safety Representatives; All Staff; Local Academy Committee Members and Administration office.

Contents

2. Roles and Responsibilities

2.1 Board of Trustees

2.1.1. The Board of Trustees has ultimate responsibility for health and safety matters - including First Aid in the schools.

2.1.2. Ensure the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3. Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

2.2 Heads of School

2.2.1. To carry out First Aid needs assessment for the schools' site, review annually and/or after any significant changes.

2.2.2. Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.

2.2.3. Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the schools and that their names are prominently displayed throughout the schools.

2.2.4. Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.2.5. Ensuring all staff are aware of first aid procedures.

2.2.6. Ensuring appropriate risk assessments are completed and appropriate measures are put in place.

2.2.7. Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.

2.2.8. Ensuring that adequate space is available for catering to the medical needs of students.

2.2.9. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 The Nurse/Senior First Aider /Healthcare Professional

2.3.1. Ensure that students with medical conditions are identified and properly supported in the schools, including supporting staff on implementing a student's Healthcare Plan.

2.3.2. Work with the Heads of School to determine the training needs of school staff.

2.3.3. Administer first aid and medicines in line with current training and the requirements of this policy.

2.3.4. Periodically check associated first aid equipment (e.g., Defibrillators) and ensure these meet the minimum requirements.

2.3.5. Assist with completing accident report forms and investigations.

2.3.6. Notify manager when going on leave to ensure continual cover is provided during absence.

2.4 Appointed person(s) and first aiders

2.4.1. The appointed persons are responsible for:

a) Taking charge when someone is injured or becomes ill.

b) Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.

c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate

2.4.2. First aiders are trained and qualified to conduct the role and are responsible for:

a) Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.

b) Sending students home to recover, where necessary

c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.

d) First aiders are responsible for stock checking the first aid kits within the area they work and informing the school nurse/lead first aider if additional stock is required. It is also the responsibility of staff who have used the supplies to alert the school nurse/ lead first aider if stock is running low.

e) Keeping their contact details up to date.

All school staff should implement the guidance on infection control at school and minimum exclusion periods. Further information can be found on the Guidance for 'Health protection in children and young people settings, including education' government website.

2.5 Mental Health First Aider

2.5.1. The appointed persons are responsible for:

a) Providing mental health first aid as needed, at their level of competence and training.
b) Providing help to prevent mental health issues from becoming more serious before professional help can be accessed.
c) Promoting the recovery of good mental health
d) Providing comfort to an individual with a mental health issue
e) also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
f) Escalate and document any matters if required within a suitable timeframe.
g) Ensure they maintain confidentiality as appropriate.
h) Be carried away from their normal duties at short notice.
i) Listen non-judgmentally

2.6 Staff Trained to Administer Medicines

2.6.1. Staff must complete a certificate in administering medication training (available via national college) in order to administer medications to students. All staff who have completed the training must ensure that:

a) Written parental permission has been received, outlining the type of medicine, dosage and the time the medicine needs to be given.

b) Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.

c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

d) Records are kept of any medication given.

Nominated staff should document when medications have been given by logging this onto CPOMS.

2.7 Other Staff

2.7.1. All school staff are expected to always use their best endeavours, particularly in emergencies, to secure the safety and welfare of students. Ensuring they follow first aid procedures.

2.7.2. Ensuring they know who the first aiders in schools are and contact them straight away.

2.7.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.7.4. Informing the Heads of School or their manager of any specific health conditions or first aid needs.

3. Arrangements

3.1 First Aid Boxes

3.1.1. The medical rooms are located:

- Room GO5B WPSfG
- Next to the Activities Hall WPSfB

3.2 Medication

3.2.1. Students' medication is stored in:

- A locked cupboard/ locked fridge in the medical room

3.3 First Aid Needs Risk Assessment

3.3.1. The schools will ensure a first aid needs risk assessment is carried out to ascertain how many first aiders and what types of first aid equipment / facilities are required on each site. This document considers factors such as:

(a) The number of staff / students on the site
(b) The location of the school and higher risk parts of the school site
(c) The full range of activities undertaken by staff and students on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g., before / after the school day, at weekends and during the school holidays.

3.3.2. The schools will ensure this assessment is reviewed when significant changes occur.

3.3.3. As a minimum, at least one adult qualified with 'First Aid at Work' (3-day training), per every 50 members of staff, is present on each identifiably separate school site during the normal school day. It may be sufficient for an 'Emergency First Aider in the Workplace' (1-day training) to be present at other times, e.g., at the end of the school day or weekends and holidays, when low risk after-school clubs and activities are running, or early mornings, evenings, weekends and holidays, when only employees are on the site undertaking low risk activities. However, this must be determined by risk assessment. If there is any doubt about the level of risk of the activity, someone with a current 3-day first aid qualification should be present on site.

3.3.4. A sufficient number of staff will receive specialist training as identified within the first aid needs risk assessment or as required within student's individual health care plans.

3.3.5 The necessary first aid equipment and facilities are provided at appropriate locations throughout the school and there is an adequate number of appropriately qualified first aiders.

3.3.6 Lists of first aiders and their roles are prominently displayed where staff and students can see them.

3.4 First Aid Provision

3.4.1. In the case of a student accident, the procedures are as follows:

a) The member of staff on duty calls for school nurse/ first aider; or if the child can walk, takes him/her to a first-aid post and calls for school nurse/ first aider.

b) The school nurse/ first aider administers first aid

c) If the child has had a bump on the head, they must be given a "head injury advice sheet".

d) Full details of the accident is recorded on CPOMS (or on the relevant chart e.g., seizure chart)

e) If the child must be taken to hospital or the injury is `work-related' then the accident is reported to the Governing Body.

f) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will arrange for this to be done.

3.5 Insurance Arrangements

3.5.1. DfE's RPA contract

3.6 Educational Visits

3.6.1. Staff will ensure that they are well informed regarding all medical conditions of staff and students prior to any school journey. The school nurse can help group leaders with risk assessments and provide a list of known medical conditions for all students involved in the trip on request.

3.6.2. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.6.3. In the case of **day visits** a trained First Aider will carry a first aid kit in case of need.

3.6.4. Students and parents are reminded that all prescribed medications must accompany the student, as well as any over the counter medication which may be required (e.g., travel sickness medication) and consent completed in time for the trip. The member of staff in charge of the trip must be informed of the name, dosage and frequency of administration of medicines supplied.

3.7 Administering Medicines

3.7.1. As a registered Nurse and in accordance with the Nursing and Midwifery Council (NMC) Code of Conduct, the School Nurse may administer medication in school on a regular or occasional basis with the written consent of parents.

3.7.2 In the absence of the school nurse, medication can be administered by nominated staff who have access to up-to-date information about a child's need for medicines, parental consent and have received the online Certificate in Administering Medication training. Before administering the medicine, they should check:

- The child's name.
- The child's medical consent forms

- Name of medication- that it is in its original labelled container as dispensed and expiry date and batch number visible.
- Dose and method of administration
- Time / frequency of administration
- Written instructions provided by the prescriber on the label or container.
- Any side effects.

3.7.3. **Prescribed medicines** may be administered in schools (by a staff member appropriately trained) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

- The Schools accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Consent for prescribed medicines should be provided on the *'Medication administration'* form. A new form should be completed for each type of medicine and for each new course of medicine.
- Medical authorisation and parental consent should be obtained for the use of emergency adrenaline auto-injector devices on students who are at risk of anaphylaxis. These consents should be updated annually to take account of the changes in the child's condition.
- Medical authorisation and parental consent should be obtained for the use of emergency salbutamol inhalers by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. These consents should be updated annually to take account of the changes in the child's condition.
- If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. Consent forms are available electronically.

3.7.4. **Non-prescribed medicines** can be bought 'over the counter' in shops and pharmacies, they include paracetamol, ibuprofen, throat lozenges and antihistamine. Consent for these **non-prescription/ over-the-counter** medicines is to be given on the '*Health Assessment Form'* (completed before the student joins the school) or on a '*Consent for Over-the-Counter Medication'* form via MCAS. Whilst schools must have systems for ensuring the information received from parents is up to date, there is no need for consents for non-prescription and over-the-counter medicines to be updated annually.

- Nominated staff, i.e., named first aider, should **never** give a non-prescribed medicine to a child unless there is a specific written consent from the parents.
- Over-the-counter medication must be provided in original packaging with expiry date and batch number clear and visible. Liquid medication must be provided unopened.
- When a non-prescribed medicine is administered a record should be made on CPOMS and the parents informed via Bromcom.
- Staff will ensure that records are kept of any medication given.

A child under 16 should never be given aspirin unless prescribed for medical purposes.

3.7.5. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug (such as methylphenidate). The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 allows 'any person' to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.

3.7.6. Any member of staff who agrees to accept responsibility for administering medicines to a student should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if they occur. Normally the school nurse, or in her absence a named first aider, should undertake this responsibility during the school day.

3.7.8. Arrangements for students to take any necessary medication, either routinely or in emergency situations, will need to be taken into consideration when planning a trip / visit. Staff supervising school trips / educational visits should always be aware of any individual students' medical needs and relevant emergency procedures.

3.7.9. Students are responsible for bringing emergency medicines with them on visits. However, staff must check that students have this medication with them before departing on the visit, especially if the student has an allergy, is asthmatic or diabetic. The trip leader must carry a second AAI and/or asthma inhaler for students who require them.

All staff must record each time they administer medicine (prescribed or over the counter) to a student on CPOMS, including on school trips and educational visits. The record should include:

a. Name of child
b. Group, class or form name
c. Date and time medicine administered.
d. Name and strength of medicine
e. Dose given.
f. Any reactions / side effects
g. Name & signature of staff administering the medicine.

Staff may also wish to record the following information, although much of this information should have been recorded on the Consent to Administer Prescribed or Over the Counter Medication forms:

a. Date medicine provided by the parent.
b. Quantity received and quantity returned to parent.
c. Expiry date of medicine
d. Prescribed dose,
e. Recommended frequency of administration
f. Method of administration, e.g., orally, topically, administered by the student themselves.

No child under 16 years old should be given medicines without their parent's written consent.

3.8 Storage and Disposal of Medicines

3.8.1. Students should know where their medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and auto-adrenaline injectors, should be readily available and should not be locked away.

3.8.2. Wherever possible, students will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily.

3.8.3. Spare asthma inhalers / epi-pens will be held by the schools for emergency use, as per the Department of Health's protocol.

3.8.4. Controlled drugs are stored in a locked container in the medical room and only nominated staff should have access. Prescribed and non-prescription medicines are kept in a locked medicine cabinet or fridge.

3.8.5. Some medicines must be stored in a **refrigerator** because they may break down or 'go off'. The patient information leaflet supplied with the medicine will state whether the medicine needs to be stored in a refrigerator. Local pharmacists can also give advice.

3.8.6 There is restricted access to the refrigerator holding medicines at both sites. Medicines can be kept in a refrigerator containing food (in a clearly labelled airtight container) unless there is a constant need to refrigerate medicines that a student takes regularly, e.g., insulin, or if vaccines are stored. In these cases, separate, sole use, refrigerators must be provided.

3.8.7. It is the responsibility of the schools to return medicines that are no longer required, to the parent for safe disposal. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. If parents do not collect medicines, they should be taken to a local pharmacy for disposal (details should be on the label).

3.8.8. Sharps boxes should always be used for the disposal of needles e.g., used auto-adrenaline injectors. The collection and disposal of the boxes is arranged with the Local Authority's environmental services.

3.9 Procedures for accidents/illnesses

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or acting in an emergency.

3.9.1. Procedures are in place to respond to students who are ill and/or infectious in order to prevent the spread of infection. The school nurse will make an assessment to decide whether the student is fit to remain in school and contact parents if the student needs to be taken home. In the absence of the school nurse, a trained first aider will assess the student and confirm with a member of the Senior Leadership Team if the student needs to be taken home.

3.9.2. If a student has an incident, which requires urgent or non-urgent hospital treatment, the schools will be responsible for calling an ambulance for the child to receive treatment. When an ambulance has been arranged, a staff member

will stay with the student until the parent arrives, or accompany a child taken to hospital by ambulance if required.

3.9.3. Parents will then be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the schools with up-to-date contact names and telephone numbers.

3.10 Allergies

3.10.1 Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis, which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

3.10.2. Arrangements are in place for whole-school awareness training on allergies.

3.10.3 Allergy Awareness is covered in depth in the Allergy Awareness policy that supports this First Aid & Administration of Medicines policy.

3.11 Defibrillators

3.11.1. The school has defibrillators on each site which can be used on both adult and paediatric casualties. Defibrillator training is included in first aid training and as part of the annual refresher course.

3.11.2. The local NHS ambulance service has been notified of their location.

3.11.3. Procedures are in place to maintain the equipment in accordance with manufacturers recommendations.

Additional information on the use of defibrillators in schools can be found here: https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools

3.12 Students with Special Medical Needs – Individual Healthcare Plans

3.12.1. Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:

a) Epileptic

b) Asthmatic

c) Have severe allergies, which may result in anaphylactic shock.

d) Diabetic

Such students are regarded as having medical needs. Most children with medical needs can attend school regularly and, with support from the schools, can take part in most school activities, unless evidence from a clinician/GP state that this is not possible.

3.12.2. The schools will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely in school visits. A risk assessment will be used to take account of any steps needed to ensure that students with medical conditions are included.

3.12.3. The schools will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

3.12.4. An individual health care plan will help the schools to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The schools appreciate that students with the same medical condition do not necessarily require the same treatment.

3.12.5. Parents/carers have prime responsibility for their child's health and should provide the schools with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The school nurse may also provide additional background information and practical training for school staff.

3.12.6. Parents / carers should inform the school about any conditions or illness that their child suffers from that requires them to take medication whilst at school (including on school trips/educational visits) and provide written consent for the school to administer medication.

3.12.7. It is also the responsibility of the parents/carer to ensure that the school is kept informed of any changes to a students' medical needs, condition or illness that results in any changes to the medication, prescription or the support they require.

3.12.8. Procedure that will be followed when the schools are first notified of a student's medical condition:

- Notify the school nurse.
- Arrange a meeting between the school, parent, school nurse and/or school first aider.
- Agree a health care plan and put this in place.
- Store any medicine required appropriately
- Carry out annual reviews or earlier if the child's needs change.

This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

3.13 Accident Recording and Reporting

3.13.1. First aid and accident record book

a) A record is kept of all first aid treatment administered by the school medical team/first aiders and all medication administered by school staff on CPOMS.. A copy of the report can be sent to parents upon request.

b) As much detail as possible should be supplied when completing accident records and should include:

1. Name of injured or sick person

2. Date and time of incident
3. Place where incident occurred, how it happened and cause of injury.
4. If a student- were they being supervised at the time of the accident
5. What the injury was and where on the body
6. The action taken and treatment given.
7. Name of first aider who treated the injury.
8. The length of any rest period
9. Contact with home or reference for medical referral.
10. Where necessary records should be written in black ink.

NB Photographs should not be taken of a child's injury or bruising, although it is acceptable to make a record / drawing on a body map.

c) Records held in the first aid and accident book will be retained by the schools for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

3.13.2 Reporting to the HSE

a) The Heads of School will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

b) The Heads of School will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight.
  - Any crush injury to the head or torso causing damage to the brain or internal organs.
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment.
  - Any loss of consciousness caused by head injury or asphyxia.
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
  - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have been done. Examples of near-miss events include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment.
- The accidental release of a biological agent likely to cause severe human illness.
- The accidental release or escape of any substance that may cause a serious injury or damage to health.
- An electrical short circuit or overload causing a fire or explosion.

c) Information on how to make a RIDDOR report is available here:

http://www.hse.gov.uk/riddor/report.htm

3.13.3. Notifying parents

The first aider who has administered the first aid check will inform the parent/carer of any serious or reoccurring accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day.

3.13.4. Reporting to Ofsted and child protection agencies

a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

b) The Heads of School will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the schools' care.

3.14 Mental Health First Aid

3.14.1. The school is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the schools is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The school's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.

3.14.2. The schools' mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.

3.14.3. The schools recognise that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.

3.14.4. All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the schools' confidentiality policy.

3.14.5. Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.

3.14.6. All staff are encouraged to speak to a mental health first aider at any time should they feel, they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.

3.14.7. If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.

3.15 Emergency procedures

3.15.1. Examples of emergencies which require immediate first-aid assistance include:

a. Cardiac arrest / severe chest pain
b. Stroke
c. Severe allergic reactions and anaphylaxis
d. Asthma attacks
e. Difficulty in breathing / choking
f. Seizures
g. Fainting / collapse
h. Diabetic emergency, e.g., hypoglycaemia
i. Severe bleeding
j. Severe burns
k. Breaks or sprains.
l. Head injury and concussion
m. Effects of severe self-harm
n. Hypothermia / heat exhaustion

3.15.2. All staff and students should follow procedures below in the event of a first aid emergency:

a. Inform a member of staff and ask for immediate first aid assistance.

b. If you witness an incident and the injured person is well enough to walk, take them to the medical room. If the School Nurse/ Healthcare assistant is not there asking a First Aid member of staff at school reception for assistance. Do not leave the person unattended.
c. If you witness an incident and the injured person does not seem able to move, do not try to move them; stay with them and ask for immediate help from a First Aider.
d. If a First Aider is not available, or the situation requires urgent medical assistance, do not hesitate to call an ambulance by dialling 999 from any mobile or landline telephone.

In children, cardiac arrest is more likely to be caused by a respiratory problem or lack of oxygen. Therefore, chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield. These are available in first aid kits around the school, in the defibrillator pack and in the medical office. For CPR see guidance from the Resuscitation Council UK

3.15.3. In the event of an accident:

a. The nearest first aider must be called immediately, and the school medical team informed immediately.

b. An ambulance will be called immediately, if needed, by the school office.

c. If an ambulance is needed, staff are reminded the call must go through school office during working hours. The premises team should be informed during out of office hours, to avoid confusion or duplication.

d. The Headteacher and Deputy Headteacher must be informed as soon as possible.

e. Parents will be informed as soon as possible (immediately after calling emergency services)

f. The school medical team will assist the teacher (to whom the accident was reported) with the completion of the relevant form(s).

4. Conclusions

4.1. This First Aid and Medicine policy reflects the schools' serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2. The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The schools carry out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:
   _____
2. Give your location as follows *(insert school address*)
   _____
   _____
   _____
3. State that the postcode is:
   _____
4. Give exact location in the school (insert brief description)
   _____
   _____
   _____
5. Give your name: _____
6. Give name of child and a brief description of child's symptoms
   _____
   _____
   _____
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone.

Appendix 2 - Health Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs.

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 5 - Administration of medication during seizures

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____D.O.B._____

_____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

_____

_____

When to give medication: _____

_____

_____

Usual recovery from seizure: _____

_____

_____

Action to be taken if initial dose not effective: _____

_____

_____

_____

This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

Appendix 6 - Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

BSACI ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector <u>without delay</u>** (eg. EpiPen®) (Dose: . . . mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do <u>NOT</u> stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

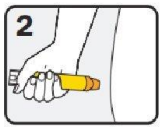
Print name: .....

Date: .....

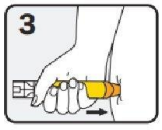
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

BSACI Improving Allergy Care through education, training and research — ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health — anaphylaxis UK — AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
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Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

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Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

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B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: . . mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give Jext®

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth DD MM YY

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date DD MM YY

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date DD MM YY

What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes ☐ No ☐

Does your child need help taking their asthma medicines?

Yes ☐ No ☐

What are your child's triggers (things that make their asthma worse)?

Pollen ☐ Stress ☐

Exercise ☐ Weather ☐

Cold/flu ☐ Air pollution ☐

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes ☐ No ☐

If yes please describe

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call **0300 222 5800**
WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm)
AsthmaAndLung.org.uk

ASTHMA+ LUNG UK

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man. Last reviewed and updated 2020; next review 2023

Head Injury Advice Sheet

Advice for parents and carers of children

How is your child?

RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help
Go to the nearest Hospital Emergency (A&E) Department or phone 999

AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today
Please ring your GP surgery or call NHS 111 - dial 111

GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care
Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

Head Injury Advice Sheet

Advice for parents and carers of children

Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz

Football: goo.gl/zAgbMx

For further support and advice about head injuries, contact:

- Visit the Brain Injury Trust website.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

CS45385 April 2020

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school will keep under review to ensure links are current.

- HSE
  https://www.hse.gov.uk/
- The Health and Safety (First-Aid) Regulations 1981
  https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made
- Controlled Drugs List
  https://www.gov.uk/government/publications/controlled-drugs-list--2
- Department for Education and Skills
  www.dfes.gov.uk
- Department of Health
  www.dh.gov.uk
- Defibrillators
  https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools
- Disability Rights Commission (DRC)
  www.drc.org.uk
- Health Education Trust
  https://healtheducationtrust.org.uk/
- Council for Disabled Children
  www.ncb.org.uk/cdc
- Contact a Family
  www.cafamily.org.uk
- The Equality Act 2010
- Guidance of First Aid for schools – A Good Practice Guide – Department for Education and Employment (DfE) 2014
- Approved Code of practice and guidance to the H&S (First Aid) Regulations – L74 – HSE (2013)
- Guidance for employers in early years, schools and colleges on first aid provision
- First aid in schools, early years and colleges 2022
- Misuse of Drugs Act 1971
- Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2018)
- Supporting Pupils at School with medical conditions 2014
  https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Resources for Specific Conditions

- Allergy UK
  https://www.allergyuk.org/
  https://www.allergyuk.org/information-and-advice/for-schools
- The Anaphylaxis Campaign
  www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
  www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
  www.asthma.org.uk

- Cystic Fibrosis Trust
  www.cftrust.org.uk
- Diabetes UK
  www.diabetes.org.uk
- Epilepsy Action
  www.epilepsy.org.uk
- National Society for Epilepsy
  www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
  www.hacsg.org.uk
- MENCAP
  www.mencap.org.uk
- National Eczema Society
  www.eczema.org
- Psoriasis Association
  www.psoriasis-association.org.uk/