

**First Aid Policy**

**(Including Administering Medicines to Children and Young People at**

**Shenfield High School)**

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| School Staff were consulted on this document and it was accepted by the standards and performance committee on : | **November 2019** |
| It was ratified by the Governing Body on : |  |

**Shenfield High School**

**First Aid Policy (Including Administering Medicines to Children and**

**Young People at Shenfield High School)**

# 1: First Aid Policy

This policy outlines Shenfield High 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.

First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until professional help from external agencies like the paramedic service arrives, or the casualty can be given over to the care of a responsible adult who is entrusted with taking further medical advice where necessary.

Shenfield High School will provide First Aid such that all students attending our school have full access to learning, including those with medical needs. The school will endeavour to keep every student safe and comfortable whilst at school. If a student requires First Aid the school will inform parents as appropriate. (See Section 9.2).

# 2: Aims & Objectives

## 2.1 Aims

To identify the First Aid needs in line with, and comply with the Management of Health and Safety at Work Regulations (1992 and 1999), Control of Substances Hazardous to Health regulations (2002), The Equality Act (2010), The School Premises Regulations (England) (2012), The Children and families Act (2014), Managing medicines on School Premises (2014), Guidance on First Aid in Schools (2014), and DFE guidance on Supporting pupils with Medical Conditions (2015).

To make First Aid provision based on the school's internal risk assessment processes.

To ensure that First Aid provision is available during school hours on the school premises, and also off the school premises whilst on school tips and extra curricula activities.

## 2.2 Objectives

To appoint the appropriate number of suitably trained people as Appointed Person and additional First Aiders to meet the needs of the School.

To provide relevant training and ensure monitoring of the training needs of staff.

To provide sufficient and appropriate resources and facilities.

To make the School’s First Aid and administering medicines arrangements available for staff and parents via the school website and staff network drive.

To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

# 3: Responsibilities

**3.1** **The Governors** are responsible for the health and safety of their employees and anyone else on the premises. This includes the Head and teaching staff, support staff, students and visitors (including contractors).

The Governors must ensure that a risk assessment of the School is undertaken annually, and that the appropriate training and resources for First Aid arrangements are appropriate and in place.

They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

Any complaints regarding First Aid or administering medications should be made by following the procedure for complaints as set out in the school’s complaint’s policy, which can be found on the website.

**3.2 The Deputy Headteacher: Student Support and Wellbeing** is responsible for putting the policy into practice and for developing detailed procedures in Line Management of the Appointed Person.

**3.3 Teachers and other staff** are expected to do all they can to secure the welfare and safety of the students, this will be secured by reading and understanding and implementing the requirements of Individual Health Care Plans and Education Health Care Plans for SEN students as identified by the SENCO, of the students they teach and take out of school on trips and extra-curricular activities; by reading and understanding this policy; by referring any concerns they might have about the health of a student to the school’s safeguarding team as set out on the pink cards issued to all members of staff every September and upon induction; and by enabling any child or young person who reports as feeling unwell to be assessed by a First Aider. In addition, should an incident resulting in need for a First aid/medical assessment happen to a student whilst under the professional care of a member of staff, an email detailing the member of staff’s viewpoint of the incident should be sent as soon as possible, and within 24 hours to both the First Aid officer and also the Deputy Headteacher: Student Support and Welfare. Al such reports will be attached to the medical notes of the student’s area on SIMS. Such reports will always be examined to review the school’s procedures in relation to the incident.

**3.4** It is the **parent/ carer's responsibility** to send their child to school, and to make the decision as to whether their child is fit enough to attend school or not. They must also inform the Appointed Person, of any changes in relation to their child's medical condition if and when changes occur.

Parent/carers are asked to complete a ‘Medical Information Form’ on induction, including medical needs and contact numbers. Any changes to this information must be notified to the school immediately. ([Appendix 1](#_Appendix_2))

Where medication is supplied via the parent to the school for distribution at school, parent/carers have responsibility to note expiry dates and to ensure that all medication kept in school is within date. They must deal with the correct disposal and replenishment as necessary.

**3.5** It is the **individual student’s responsibility** that where possible, they will manage their own indicators of health, ensuring that they report to an adult in the school if they feel unwell and that where agreed, they manage their own medication; for example, reporting as appropriate to the First Aid room to measure bloods and take prescribed medication as in the case of diabetes.

It is also the individual student’s responsibility to report to parent/carers once they return home, if they have felt, or become unwell or suffered minor injuries in the course of the school day, unless otherwise indicated on the policy.

**3.6 The First Aider** will notify parent/carers if their child is so unwell that they require immediate collection from school. Students are not permitted to make this decision - they must not phone or text parent/carers and request to be collected. If a student is unwell, they must attend the First Aid room, located in the corner of the South Hall, where they will be assessed and appropriate action taken.

First Aiders in school cannot diagnose medical conditions. They are trained to assess whether or not a child or young person is fit enough to attend lessons. If this is deemed not to be so, it is the parent/ carer's responsibility to take over immediate care of the student.

The appointed person will be known as The First Aid Officer, and will have undertaken First Aid at Work Training. They will:

* Assess children and young people who present as feeling unwell and take appropriate action, which shall be recorded on SIMS for tracking of such occasions.
* Take charge when someone is injured or becomes ill.
* Look after the first aid equipment e.g. re-stocking the first aid boxes.

The First Aider must have completed and keep up-dated a training course approved by the HSE. They will:

* Give immediate help to casualties with common injuries or illnesses and those arising from accidents at school.
* When necessary, ensure that an ambulance or other professional medical help is called.
* Normal duties. A first aider must be able to leave to go immediately to an emergency.

A second First Aider will work under the management of the appointed person as and when required. Other trained personnel will be available on occasion should an emergency arise. There is a maintained rota in place for cover as and when required, which will be activated any time the Appointed Person is not available for an extended period of time. This rota is managed by the Deputy Headteacher: Student Support and Wellbeing. All staff on the rota have completed basic First Aid training, training in the procedures and logging of information in the First Aid room and also additional training when required such as Epi pen training, Epilepsy management training and Diabetes management training either via qualified health care professionals or via recognised online links into such training.

Any time the Appointed Person or someone covering on the rota for a short period of time, they will take with them the radio so that they can be contacted quickly if needed. Radios are carried by a large number of staff including all SLT, pastoral team members and other support staff.

All First Aiders hold a valid certificate of competence, issued by an organisation approved by HSE. Other, named staff hold a 1 day Emergency First Aid certificate.

A list of named staff can be found on the door of the First Aid room, the 6th Form notice board, and the main Reception.

**3.7** In selecting first aiders, the **Headteacher,** should consider the person’s:

* + Reliability and communication skills.
	+ Aptitude and ability to absorb new knowledge and learn new skills.
	+ Ability to cope with stressful and physically demanding emergency procedures.

# 4: Procedures

## 4.1 Risk Assessment

Health and Safety reviews are required to be carried out at least annually (see Health and Safety Policy). Recommendations on measures needed to prevent or control identified risks are forwarded to the Governors or the Senior Leadership Team.

Safety Plans are considered for individual student where a medical condition necessitates this, for example, when going on a school trip or visit. In the event that this is required, the staff trip leader or event organiser should follow the student’s Individual Healthcare Plan.

All trips and extra-curricular activities must have a designated First Aider or a person nominated to take responsibility for ensuring First aid procedures are in place. The person will be designated on the school’s trips and visits risk assessment system, known as Essex EVOLVE. All trips and visits are assessed for safety by Assistant Headteacher: Safeguarding and residential, overseas or adventurous trips by Deputy Headteacher: Student Support and Wellbeing.

## 4.2 Re-assessment of First Aid provision

As part of the School’s monitoring and evaluation procedures:

* The Business Manager shall ensure a review of the School’s First Aid needs following any changes to staff, building/site, and activities, off-site facilities, etc.
* The HR Officer monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
* The HR Officer also monitors the emergency first-aid training received by other staff and organises appropriate training.
* The First Aid Officer monitors the First Aid stock in the First Aid Room and organises the stock. Contents of the first-aid boxes around the school building are checked bi-monthly.

## 4.3 Risk assessment

The school is a low-risk environment, but SLT will consider the needs of specific times, places and activities in deciding on First Aid provision.

In particular they should consider:

* Off-site PE
* Whole school/Year Group/ Cohort specific activities such as Sports Day
* School trips
* Science/Technology/Art rooms/the swimming pool/the Vocational Centre
* Adequate provision in case of absence, (including trips)
* Out-of-hours provision (e.g. clubs/events)

Arrangements should be made to ensure that the required level of cover of first aiders is available at all times when people are on school premises, and organisers of events outside of student hours (8.00am to 3.00pm) should ensure that they have carried out this requirement.

## 4.4 First Aid equipment

The First Aid Officer must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.

All First Aid containers must be marked with a white cross on a green background.

Each of the school mini - buses must carry a First Aid container.

First Aid containers must accompany PE teachers and any staff leading school related activities offsite.

A defibrillator is situated on site, near student services, and designated staff have been appropriately trained in the use of this item.

Spare stock should be kept in school.

Yellow SHARPS boxes are kept, and clearly labelled, for individual students for safe disposal of needles and other sharps.

Responsibility for checking and re-stocking the first aid containers is that of the First Aid Officer.

# 5: Medication - Supervision and Administration

## 5.1 Arrangements for Administering Medicines

Students are not encouraged to take medication at school.

In the main, the need to do so will be recorded on specific Individual Health Care Plans, which are updated regularly by parent/carers, the health services, (where appropriate), and the school. In this way, the school will supervise the administration of medication for students who have long term medical needs. This includes children and young people with asthma, epilepsy, diabetes, those taking medication for ADHD, severe allergies and other such conditions that have been diagnosed and are monitored by health professionals. (See Supporting Students with Medical Conditions in School Policy)

If students have short term medical conditions where it is unavoidable and medication is required to be taken during the school day, the parent/carer must complete a Request for Medicine to be Administered Form ([Appendix 2](#_Appendix_2_1)) available from reception or on the school website, and hand the form into school marked 'for the attention of The First Aid Officer'.

If the school receives information on the induction Student Medical Information Form ([Appendix 1](#_Appendix_1)), which indicates that administering medication is required during the school day, and this is agreed, then the school will send an email to request receipt of the medication and to explain how and when it will be administered. ([Appendix 3](#_Appendix_3))

Medication will not be administered until this is competed and the appropriate information is entered onto the student’s medical records on SIMS. It is the parent/carer's responsibility to ensure that the medication arrives at school, is within the required expiry date and is sufficient to cover the time period as noted on the form. All medication brought into school must be clearly labelled with the student's name, dosage and frequency of administration, date of dispensing, cautionary advice and expiry date. In the event that medication is found to be nearing the expiry date or out of date, a courtesy email will be sent to parent/carers reminding them to update the medication. ([Appendix 4](#_Appendix_4))

 If the medication is not collected by the end date, it will be disposed of by the school.

All medication will be kept in a locked cabinet in the First Aid office, and will be filed in the correct place for easy and swift access. The only medication that a student (aged under 16) is permitted to have with them are asthma inhalers, Epipens and Insulin pumps as prescribed on their Individual Health Care Plans.

Records of all medication kept in this way will be entered onto the student’s individual medical record on SIMS – this is password protected and is backed up on a 24 hour basis.

## 5.2 Administering paracetamol

The First Aider is permitted to administer paracetamol in the event of a minor medical ailment, IF a parent/carer has previously given written permission to do so on the Medical Information Form ([Appendix 1](#_Appendix_2)). A 'Paracetamol Consent’ form ([Appendix 6](#_Appendix_6_PARENTAL)) can be obtained via the school's website if the parent/carer has not previously given consent on the Medical Information Form for some reason. Paracetamol will not be issued to any student under the age of 16 unless written permission has been received.

Paracetamol will never be administered before 11am or after 2pm in order to control dosage, unless the parent/carer confirms that day that the student has not taken a dosage already before the start of the school day.

When a student whose parent has given written permission for paracetamol to be administered requests it from the First Aider, the medication will not be issued automatically, until a series of self-help questions have been asked. These should include:

* How long have you been experiencing the ailment?
* Have you eaten?
* Have you drank?
* Have you already had any medication?

Once satisfied that the student has answered the self-help questions in a competent way, one 500 mg tablet will be administered. The parent/carer will always be informed if paracetamol has been administered by the method they have requested on the Medical Information Form ([Appendix 1](#_Appendix_2)) or the Paracetamol Authorisation Form ([Appendix 6](#_Appendix_6_PARENTAL)) – this can be via telephone or email ([Appendix 7](#_Appendix_7)). In the event that the. First Aider does not consider the student to be competent in either answering the self-help questions, the First Aider will contact the parent/carer to explain why the administration of paracetamol is being refused by the school. If necessary, the parent/ carer will be requested to come and take the student so that appropriate medical advice can be taken. If a child or young person makes repeated requests for paracetamol, the school may withdraw the availability of the medication, even if parents have returned written consent. Parents will always be informed if the school decides to take this action.

It is the parent/carer's responsibility to inform the school if circumstances should change such that their child must no longer be offered paracetamol.

## 5.3 Sun Protection

We recommend that parent/carer's supply their children with sun screen of an appropriate factor for the weather on any particular day.

Indoor areas are available at unstructured times - The main refectory for Years 8 - 10, the Cricket pavilion for Year 7, the Year 11 refectory for Year 11 and the 6th form common room for Years 12 – 13 and the South Hall for all year groups. All of these areas are supervised by staff. In addition, students may access the school library rooms, PREP sessions and, with permission, study rooms in the curriculum areas of the school. Therefore, all students have choice regarding where they spend their unstructured times and are not required to be in the cold or in the sun for any length of time save that they choose to do so.

Water fountains are located around the school and drinks are available for purchase from the food selling areas at break and lunchtime. Tap water is always available during break and lunchtimes from the refectory/pavilion.

The First Aid room should not be used as an area where water bottles can be re-filled.

# 6: Accommodation

The First Aid room is used for assessment of students who are injured or who report that they feel unwell, and does contain a bed and a sink. The required WCs are the disabled toilet in the South Hall, the disabled toilet is in the I-Block on the ground floor, and the student toilets (both male and female) in the adjacent link corridor between the South Hall and the Technology block.

# 7: Hygiene / Infection Control

Basic hygiene procedures must be followed by First Aiders. Single issue disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

There are special yellow boxes for the disposal of needles, for students with illnesses such as diabetes who self-administer medicines under the supervision of the First Aider.

# 8: Accidents/ injuries and illnesses

**8.1 Emergencies**

Emergency procedures will be followed if it is suspected that a student is at risk of harm if immediate medical attention is not sought. If there is a risk to life an ambulance will be called immediately and instructions followed. In all other cases, the First Aid Officer will make a judgement based on prescribed First Aid assessment procedures, and when in doubt by seeking further advice from 111 to distinguish between the need for an ambulance or the need to ask parents to seek further medical attention for their child.

If a student needs to be taken to hospital, either by ambulance, or on rare occasions by a member of staff, an allocated staff member will accompany and stay with the student until their parent has arrived. The Deputy Headteacher: Student Support and Wellbeing or in her absence, another DSL will decide which staff member should do this. If staff are taking a child to hospital they should obtain a print off of the ‘student details’ section on SIMS to give to the hospital and also take with them any medication and an individual healthcare plan if applicable to that child. If the child is being taken to hospital by staff due to ingestion, then examples of the probable element ingested should also be taken for the hospital to examine. Any staff doing this should email their own report of what happened to necessitate this course of action via our normal safeguarding reporting procedures.

# EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE

1. Dial 999

1. Ambulance required at:

Shenfield High School

Alexander Lane

Shenfield, Brentwood

Essex, CM15 8RY

1. Give brief details of accident or incident and the consequent injury or problem. Give details of any treatment that has or is being administered

1. Inform them that there is access via Alexander Lane car park, Oliver Road car park and several back gate entrances, and direct them as required. Inform site team that an ambulance is coming and ask them to ensure the way is clear dependent on instructions given to the ambulance team.

1. Notify the nearest SLT member immediately

**Ensure that a person is available to meet the ambulance and take the personnel to the place where the person for who the ambulance has been called is situated**

## 8.2 Reporting Accidents

Statutory requirements are followed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE.

For definitions, see HSC/E guidance on RIDDOR 1995, and information on Reporting School Accidents (Annex A).

The following accidents must be reported to the HSE:-

* Accidents resulting in death or major injury (including as a result of physical violence).
* Accidents which prevent the injured person from doing their normal work for more than seven days, over three days needs to be recorded, but not reported to the HSE.
* Specified Injuries to workers:
* 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) which:
	+ covers more than 10% of the body
	+ causes significant damage to the eyes, respiratory system or other vital organs
* 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
	+ requires resuscitation or admittance to hospital for more than 24 hours

Involving pupils and visitors:

* Accidents resulting in death.
* Injuries to non-workers which result in them being taken directly to hospital for treatment, however **there is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.**
* Equipment, machinery or substances
* The design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on HSE form 2508.

If the incident is related to premises or the environment, the Business Manager is responsible for investigating and ensuring that the RIDDOR Form is completed; but if it is related to people causing the incident, then the investigation of the incident and the completion of the forms is the responsibility of the Deputy Headteacher, Student Support and Wellbeing. The form must be emailed / faxed. It can also be completed on-line. The email address is riddor@hatbrit.com. To report an incident over the telephone call 0845 300 99 23 (Monday to Friday 8.30am to 5.00pm).

The Governors must ensure that the school keeps a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records, or if it is a report referring to significant harm it will be stored in the student confidential file.

## 8.3 Identification and Treatment of pupils with particular medical conditions

Parents complete a Medical Information Form when registering their child, (Appendix 1). The original is kept in the pupil’s file. A copy of medical forms is taken on all off site visits and every class teacher has access to the medical conditions section on SIMS with all the relevant / important details.

Any regular medicines are named and kept with in First Aid. They are stored in a locked First Aid cupboard with the exception of antibiotics, which are stored in the fridge. Details of medicines dispensed are recorded on each student’s individual school record on SIMS.

Currently the specific medical conditions, for which medication might be administered in school, are asthma, diabetes, anaphylactic shock, epilepsy and ADHD. It is important that prescribed inhalers for asthmatics are kept in the pockets of student’s to whom they have prescribed so that they can be self-administered. Spare inhalers, if deemed necessary by the parent/carer, are kept in the First Aid Medicine cupboard in the First Aid room. This is also true of prescribed Epipens.

Staff are kept aware of all student Medical Conditions via a secure report which is emailed to all staff at the beginning of each year and updates are then emailed throughout the year as and when required, so that any new medical information that is received is e-mailed to the specific Teachers/Support Staff that are attached to the Student on SIMs. All Student Medical Information is available in the medical section on SIMS in individual student details – Medical – Medical Conditions.

 **8.4 Record Keeping**

Statutory accident records: The Governors must ensure that the school keeps readily accessible accident and illness records, written or electronic, are kept for a minimum of three years.

The Deputy Headteacher: Student Support and Wellbeing must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This record should be completed by any First Aider administering treatment or support to children and young people in the school’s care. This should include:

* The date, time and place of accident / incident
* The name (and class) of the injured or ill person
* Details of their injury / illness and what first aid was given
* What happened to the person immediately afterwards
* Name and signature of the first aider or person dealing with the incident.
* Whether or not and to whom the incident has been referred.

The Governors must ensure that the school has in place procedures for ensuring that parents are informed of significant incidents.

##  8.5 Monitoring

Accident and illness records can be used to help the Deputy Headteacher: Student Support and Wellbeing and the Appointed Person identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance for investigative purposes.

The Deputy Headteacher: Student Support and Wellbeing and Appointed Person will regularly review First Aid records and will report to SLT and governors should First Aid arrangements need amending in the light of such review.In addition,a referral will be made to the Health and safety manager should an incident reveal any deficiencies in this area.

# 9: Medical Conditions

**9.1** In the case of having a **long term medical condition** such as 9.3 - 9.6, detailed below, each student must have an Individual Health Care Plan, and where indicated, carry their own medication, with spares given into the care of the Appointed Person. All medication that is located in the First Aid room will be a lockable cupboard along with a copy of their Individual Health Care Plan, in clearly labelled trays for each named student.

For students with an Individual Health Care Plan, who attend a planned trip out of school, their medication will be placed inside a plastic wallet along with a copy of their care plan. The wallet will be issued to the designated responsible person for that trip, and they will be in charge of this medication at all times. They will also be responsible for returning the wallet to the Appointed Person once the trip is over, together with the details noted when administering the medication or any other comments relating to the child's condition as detailed by the care plan. (For more details of the management of medical conditions, please refer to Supporting Students with Medical Conditions Policy)

## 9.2 Informing parents/carers

**9.2a** **Parent/ carers will not be informed** if the student has a minor complaint:

* Cuts and grazes that does not require professional attention.
* A sprain/ strain to ligaments muscles where the student confirms that that initially reported pain has stopped and physical movement is not visibly hampered.
* A headache that goes away.
* If the student does not inform a member of staff that they are unwell or injured.

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Students in our school are expected to take responsibility for their health and are therefore expected to inform their parent/carer of any minor injury/ illness that has occurred during the school day.

 **9.2b Parent/carers will always be contacted**, or the secondary contacts supplied on SIMS will be contacted, and every effort made to speak with them personally should a student:

* Need to attend hospital.
* If an ambulance is called.
* Has a suspected contagious rash.
* Has been stung/ bitten by an insect or animal.
* Has an injury to the head of any kind.
* Appear to be unfit to continue their day at school.
* Has an existing health care plan in place and is feeling unwell.
* If the injury is deemed not accidental.
* Has an injury to the neck that has not been assessed as needing immediate and emergency medical attention.

This policy has been reviewed by Deputy Headteacher: Student Support and Wellbeing, the First Aid Officer and the SENCO: November 2019.

**Appendices:**

**Actual Conditions:**

# 9.3 ASTHMA

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breath. An asthmatic attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, deodorant, paint and fumes for science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

Students are asked to have their inhalers with them at all times and especially when they are doing PE, attending the Vocational Centre, in Science or Technology, and when they are on trips out of school. A spare inhaler clearly labelled with the student's name, dosage/ frequency of expected need, date of dispensing, cautionary advice and expiry date, should be made available by parents to be kept in the First Aid room in case of additional need.

Parents are responsible for ensuring that the inhaler medication is renewed well before the expiry date.

WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

1. Keep calm and reassuring
2. Sit the student up and encourage them to take slow steady breaths
3. Make sure they take two puffs of their reliever inhaler (usually blue)
4. Call First Aid
5. If the student feels better they can carry on with what they were doing
6. If the student does not feel better, give the student a further one puff every two minutes – they can take up to ten puffs.
7. Email a full report of actions to First Aid

 SEVERE ASTHMA ATTACK

A severe asthma attack is:

When normal medication does not work at all.

The child is breathless enough to have difficulty in talking normally.

1. Call an Ambulance.
2. The Appointed Person or a member of the office or teaching staff will inform a parent/carer
3. If the ambulance doesn’t arrive within ten minutes repeat the steps 1-6 above.
4. Email a full report of actions to First Aid

**IF IN DOUBT TREAT AS A SEVERE ATTACK**

# 9.4 EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits)

There are many different types of seizures; however a person’s first seizure is not always diagnostic of epilepsy.

WHAT TO DO IF A CHILD HAS A SEIZURE

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course
3. Do not try to restrain convulsive movements
4. Do not put anything in the child’s mouth, especially your fingers
5. Do not give anything to eat or drink
6. Loosen tight clothing especially round the neck
7. Do not leave the child alone
8. Remove all other students from the area and send a responsible student to the school office for assistance
9. If the child is not a known epileptic, an ambulance should be called
10. If the child requires medication to be given whilst having the seizure, then the Appointed Person or a member of staff trained to give the medication must do it
11. As soon as possible put the child in the recovery position

 Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.

1. The person caring for the child during the seizure should inform the parent/carer as they may need to go home, and if not a known epileptic they must be advised to seek medical advice.

# 9.5 ANAPHYLACTIC SHOCK

Anaphylaxis

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow’s milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets).

In its most severe form the condition is life threatening.

Students should have their own Epipen with them at all times, and a spare. Epipens should be made available by the parents for the First Aid room.

All First Aiders are given annual training from the school nurse on how to administer the Epipen. All staff are also required to attend such training as a whole school event when it is organised by SLT.

Symptoms

Itching or strange metallic taste in the mouth

Hives / skin rash anywhere on the body, causing intense itching

Angioedema – swelling of lips/eyes/face

Swelling of throat and tongue – causing breathing difficulties / coughing / chocking

Abdominal cramps and vomiting

Low blood pressure – child will become pale / floppy

Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

First Aid treatment

Oral Antihistamines

Injectable Adrenalin (Epipen)

WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. DO NOT PANIC
2. Stay with the child at all times and send someone to the school office / First Aid Room.
3. Treat the child according to their own protocol which will be found with their allergy kit. **FOLLOW THE CHILD’S OWN PROTOCOL ON THEIR INDIVIDUAL HEALTHCARE PLAN**
4. Contact the parent or guardian
5. If you have summoned an ambulance and have used an Epi-Pen this needs to be given to the ambulance crew
6. Email a full report of actions to First Aid.

# 9.6 DIABETES MELLITUS

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

WHAT TO DO IN THE EVENT OF A HYPOGLYCAEMIC ATTACK

(LOW BLOOD SUGAR LEVELS)

1. DO NOT PANIC
2. Notify First Aid
3. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.
4. Get the child to First Aid to test the blood sugar level
5. Notify the parent or guardian
6. If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately
7. Email a full report of actions to First Aid.

HYPERGLYCAEMIA

(TOO MUCH SUGAR IN THE BLOOD STREAM)

This condition takes a while to build up and you are less likely to see it in the emergency situation at school. However, if the young person reports feeling unwell, or in the event you smell pear drops on the child’s breath immediately get First Aid support.

## 9.7 Cuts and grazes

All First Aiders will use latex free surgical gloves when treating any potential open wound. Wounds will be cleaned with water and/or alcohol free surgical wipes.

If plasters, adhesive dressings or gauze bandages are used, students who are judged competent to answer will be asked whether they are allergic to plasters before administration. In the case that a student is not judged competent to answer this question, parent/carers will be contacted before the plaster or such item is administered, and if necessary the parents/carer will be advised to attend the school immediately to administer it.

## 9.8 Head injury

Any student who reports a blow to the head will be asked the following set questions:

* How did it happen?
* When did it happen?
* Where did it happen?
* How do you feel?

The appropriate First Aid will be applied and the student will be monitored in the First Aid room for 20 minutes minimum for any signs of concussion.

If the injury is minor the student will return to normal lessons, and a 'head injury notice', via email, ([Appendix 8](#_Appendix_8) ) will be sent to the guardians, (notification will be made by telephone if an e-mail address is unavailable), copying in teaching staff for the remainder of that day, advising of the injury. The student will be returned to the First Aid room if any of the signs or symptoms stated are reported by the student or observed by the member of staff. Students themselves are told to come back to the First Aid room if they start to feel faint, dizzy or sick.

If there are further concerns in school, parent/carers will be contacted to come and collect their child immediately. At this point advice will be given to the parent/carer to seek further professional medical advice.

**9.9 Neck Injuries**

In the event that a student appears to have suffered a neck injury, call an ambulance unless the child gets up of their own violation and walks unaided to the First Aid room. Do not pull a student in this case into a sitting position or help into a standing position. Do not allow the student to go to First Aid unaccompanied.

Once in the First Aid room, the First Aid officer will assess the student and carry out additional checks as necessary.

A parent will always be informed if a neck injury has been sustained, and even if the child is moving freely and of their own violation, will be advised to seek further medical attention to be checked out by a medical professional.

## 9.10 Nausea/vomiting /diarrhoea

Students who report nausea or vomiting or diarrhoea will be assessed in the First Aid room for a minimum of 20 minutes. If no further symptoms occur they will be returned to normal lessons, and told to come back if they feel unwell again during the school day. If symptoms persist then parent /carer will be asked to come and collect their child and seek further professional medical advice.

It is the school policy that when a child has either been physically sick or has had a temperature, he or she must be kept at home for 48 hours following either the end of the sickness or the return to a normal temperature.

APPENDICES**:**

## Appendix 1

**STUDENT MEDICAL INFORMATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENTS FULL NAME: |  | YEAR GROUP: |  |
|  |  |  |  |
| DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING: (please delete as applicable and supply relevant details where necessary) |
| Allergy: **YES/NO**Type: …………………… | Anaphylaxis: **YES/NO**Type: ……………………… | Asthma: **YES/NO** | Diabetes: **YES/NO** | Epilepsy: **YES/NO** |
| 1. Please give details of any other relevant medical conditions that could affect your child whilst they are in school:
 |  |
|  |
|  |
| 1. If you have stated “**yes**” to any of the above or detailed any further medical conditions, please give full details of any medication that is taken on a long term basis or any other relevant information e.g triggers/warning symptoms:
 |  |
|  |
|  |
|  |
|  |
| 1. If you have stated “**yes**” to any of the above, does your child have an existing Medical Health Care Plan produced?
 | **YES/NO** **STAFF TO COMPLETE****Date Actioned: ………………………………………………..****Staff Initials: ……………………………………………….……** |
| 1. In an emergency resulting in an ambulance being called, is there any medication that your child should **NOT** be given or instructions to be followed e.g. aspirin, penicillin, blood etc., if n/a please state this:
 |  |
|  |
|  |
|  |
|  |

**ADMINISTRATION OF PARACETAMOL IN SCHOOL - NON-PRESCRIBED PARACETAMOL CONSENT (PLEASE DELETE AS APPROPRIATE):**

Shenfield High School holds a supply of paracetamol, which can be given to your child to relieve minor ailments such as headache, toothache or period pain provided written consent, (15 years and under), is given (this is statutory law). For full details please read the First Aid & Managing Medicine’s Policy which can be found on the Shenfield High School Website.

I **give/ do not give** consent for my child to be given Paracetamol during school for minor ailments.

Please specify the maximum dose that can be given at any one time: …………………………………………….

I **do/do not** require a phone call prior to the medication being given.

I would like to be informed via **e-mail/telephone** once medication has been given.

|  |  |
| --- | --- |
| GP Name: |  |
| GP Surgery (inc address): |  |
|  |  |
| GP Telephone Number: |  |
| Name (please print): |  | Signed: |  |
| Relationship to student: |  | Date: |  |

## Appendix 2



**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

**MEDICATION SHOULD NOT BE GIVEN IN SCHOOL HOURS UNLESS IT IS UNAVIODABLE**

**THE FULL MEDICAL CONDITION POLICY CAN BE FOUND ON THE SCHOOL WEBSITE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Full Name:** |  | **Form:** |  |
|  |
| **Address:** |  |
|  |
| **Condition / Illness:** |  |
|  |
| **Name / Type of Medication:** |  |
|  |
| **How long is the medication required?** |  |
|  |
| **Date dispensed:** |  | **Dose:** |  |
|  |
| **Frequency of Dosage:** |  | **Timing:** |  |
|  |
| **Additional instructions / information:** (e.g. before / after food, interaction with other medicines, possible side effects, storage instructions). |
|  |

I understand that I must deliver the medicine personally, or send it with my child to the First Aid Room, and collect any remaining medication when the course is completed.

I accept that the School has a right to refuse to administer medication and that it is my responsibility to ensure that all medication is within the expiry date and to inform the School of any changes.

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Please print): |  | Relationship to student: |  |
|  |
| Signed: |  | Date: |  |
| **NB:**- **Minor ailment medication can only be administered on a 48 hour basis for the "same" ailment as in line with statutory legislation. After this time medication will be refused to be given unless it is prescribed by a medical professional/GP. It will need to be supplied in an appropriate container with a Pharmaceutical label, with full directions stated.** |

## Appendix 3

Dear <RecipientSalutation>

Further to receiving the Student Medical Information Form for <PreferredForename>, you have stated that <he/she> is using medication for a medical condition.

 {Insert medication}

If you feel that it is necessary for this medication to be in school for emergency usage, please can you provide this medication so that it can be stored in the Medicine Cabinet in the First Aid room. Attached you will find a Medicine Administer Request Form which needs to be completed and sent in with the medicine – which must have been dispensed and have a pharmaceutical label on it as it is long term medical use.

Please can you also complete the Health Care Plan Form attached. This is the protocol/instructions that are to be followed by staff should <PreferredForename> become ill during school hours. Both forms should be returned along with any medication to the First Aid Room.

Please be assured that all medical information held about <PreferredForename> is kept private and confidential.

If you have any questions at all or would like to meet to discuss <PreferredForename>'s medical requirements whilst at school, please contact me on the telephone number below.

## Appendix 4

Dear <RecipientSalutation>,

On checking, the medication that we hold in school for <PreferredForename> is due to go out of date at the end of this month – <Insert Medication and Expiry Date>

Please can you supply us with new in-date medication if you still require for it to be kept at school for <him/her> – a new Request For School to Administer Medication Letter is attached to be completed, this needs to be sent in with the new medicine (a separate letter is required for each medicine).

If the medication is no longer needed please can you confirm this by return.

The out-of-date medication will be disposed of within 2 weeks of the expiry date and will be removed from <his/her> records unless you inform me otherwise. No further reminders will be sent

PLEASE NOTE – IT IS THE PARENT'S RESPONSIBILITY TO REPLACE ANY OUT OF DATE MEDICATION THAT IS NEEDED FOR THEIR CHILD WITHIN SCHOOL– THIS E-MAIL IS JUST A COURTESY REMINDER.

The full First Aid/Medication in School Policy can be found on the school web site.

Kind regards

**Appendix 5**

Dear Parent/Carer

## RE: ADMINISTRATION OF PARACETAMOL

As a rule non-prescribed medication should not be issued. However, at the discretion of the

Head teacher, Paracetamol can be issued to relieve pain, provided the practice is strictly controlled. We have, up until now, been able to accept a telephone call from the parent/carer as agreement to give students Paracetamol if needed for minor ailments, however due to a recent change in legislation it is now a requirement by law that we do not supply Paracetamol to students without written permission from the parent/carer.

Therefore, we would be grateful if you would complete the Paracetamol Medication Permission Form attached indicating your consent to the school giving Paracetamol in the event of a minor ailment e.g. headache, toothache etc., so that the student is able to continue comfortably and with as little disruption to their with school day as is possible. A courtesy e-mail will be sent to the e-mail address that we have on file to inform you that medication has been taken. In the event that an e-mail address has not been supplied a telephone call will be made. If you would still like to receive a telephone call prior to the medication being issued, please indicate this on the form.

If students make repeated requests for Paracetamol parents/carers will be informed and the school may withdraw the availability of Paracetamol, or ask you to provide individual medication which will be kept in the First Aid room. If the treatment is going to be continuous and medication is needed for more than two consecutive days, you will need to complete an additional form and the medication must have an appropriate pharmaceutical label on giving clear instructions of dosage.

If at any time there is a change of circumstance please notify the First Aid Office in writing. In the event that the permission slip is not received, Paracetamol will not be given under any circumstance.

Yours faithfully

## Appendix 6 PARENTAL CONSENT FOR PARACETAMOL Administration of Paracetamol in School

Shenfield High School holds a supply of paracetamol, which can be given to your child to relieve minor ailments such as headache, toothache or period pain provided that you have completed and signed the parental consent below.

You will need to request and complete a different form whenever your child brings any kind of medicine into school. Forms can be obtained from the school website or it can be obtained by the student from the First Aid Office.

**Please complete in block letters:**

**Name of Student:**

**Date of Birth:**

**Address:**

**Doctor’s Name:**

**Doctor’s Surgery:**

## Non-Prescribed Paracetamol

I give consent for my child to be given Paracetamol. Please specify the maximum dose that can be given at any one time:

*Please delete as appropriate*;

I **do/do not** require a phone call prior to the medication being given.

I would like to be informed via **e-mail/telephone** once medication has been given.

***I understand that it is my responsibility to inform the school in writing of any changes to circumstances.***

Name: Signed:

Relationship to

 Date: student:

##  Appendix 7

Dear <RecipientSalutation>,

 Please be advised that <PreferredName> visited the First Aid Room today and was given the following medication:

 **Medication Taken:**

**Time:**

**Reason:**

 **Please note:**

- Minor ailment medication can only be administered on a 48 hour basis for the "same" ailment as in line with statutory legislation. After this time medication will not be able to be given unless it is prescribed by a medical professional/GP.

- Students aged 16+, are at the legal consenting age to determine if they need pain relief or not.

 If you would like any further information, please contact me on 01277 249240.

## Appendix 8

Dear {add name}

{Add text}

I am just making you aware as this was an injury to the head, which we do need to report to guardians – if he does experience any of the following during the next 24 hours please seek medical advice as he could have concussion;

* Severe Headache
* Drowsiness & Confusion
* Vomiting
* Dizziness
* Seizures
* Breathing Problems

If you have any questions please contact me.