



First Aid & Medicines in School Policy

OBJECTIVE

First aid must be provided to any person to which we owe a duty of care if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that assistance will be provided quickly to casualties and a call made to the emergency services when appropriate. Contractors who work on site must provide their own first aid. The governing body will ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

To ensure that there are adequate and appropriate equipment and facilities for providing first - aid in the workplace.

Nominated Members of Staff: **Julie Smith/Emma Windsor**

Premises Manager: **Gary Green**

Operating Statement:

Sir Thomas Fremantle School will have:

- A number of suitably stocked first-aid containers
- A designated person to take charge of first aid arrangements
- Qualified personnel to administer first aid as required, both on and off-site
- Information for employees on first-aid arrangements

First-aid provision must be available at all times while people are on School premises, and also off the premises whilst on School visits.

The commitment of the School to basic first aid is echoed in our aim that all students will receive basic first aid training through our PHSCE programme.

Responsibilities:

The Employer

The Governing Body is the employer for Sir Thomas Fremantle School.

Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In the School this includes responsibility for all teaching staff, non-teaching staff, students and visitors (including contractors).

The employer is responsible, under the Health and Safety at Work etc. Act 1974 (HSWA), for making sure that the School has a Health and Safety Policy. This should include arrangements for first aid, based on a risk assessment of the School, and should cover:

Numbers of first aiders – The school will ensure that the statutory minimum number of trained first aiders are available on site. There will be at least three trained staff within school.

Numbers and locations of first-aid containers. These are detailed within the policy.

The employer will make sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. It is the employer's responsibility to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise.

The Governing Body

The Governing Body has responsibility for health and safety matters within the School, with Managers and staff also having responsibilities.

The Governing Body has general responsibility for all the School's policies, even when it is not the employer.

The Headmaster

The Headmaster is responsible for putting the Governing Body's policy into practice and for developing detailed procedures.

Teachers and other School staff

Electronic pupil files on Bromcom contain any specific medical information about an individual which is accessible to teaching and administrative staff to view. Records can be printed off in an emergency to be given to the emergency services. Parents are obliged to inform the School of any necessary medical information about their child and also update accordingly. The

School cannot be held accountable for not acting upon medical information which has not been provided to them.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students at the School in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those trying to assist in an emergency.

The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

Staff responsible for leading curriculum areas are responsible for the preparation of risk assessments for their areas.

The school will use CLEAPSS guidelines when drawing up risk assessments for Science, Design Technology and other specialist subject teaching areas.

www.cleapss.org.uk/

Specialist Support Assistant

The Specialist Support Assistant is responsible for keeping a record of all first-aid related incidents that occur within the School. She keeps a central record of all first-aid treatment given by a first-aider. She is responsible for checking the first-aid containers are stocked and re-stocked as necessary. She is also responsible for ensuring the medical room is kept hygienically clean and has all the equipment and facilities required. Parents of children with known medical conditions are asked to give their consent to the Specialist Support Assistant to administer medicines if necessary (medicines to be supplied by the parents). Relevant forms can be found at the back of this policy. Administrative and PE staff (all first aid trained) are also permitted to administer medications when the Specialist Support Assistant is not available.

The First Aider's Main Duties

First Aider's must complete a training course approved by the Health and Safety Executive (HSE).

Within the School, the main duties of a first aider are to:

- Give immediate help to casualties with common injuries or illness and those arising from specific hazards at the school.

- When necessary, ensure that an ambulance or other professional medical help is called.

All staff are able to request an ambulance or other professional medical help. Examples where an ambulance would be called would include:-

- chest pain
- difficulty in breathing
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- fitting or concussion
- drowning
- severe allergic reactions (anaphylaxis)
- suspected broken bones

(NHS Advice 2013)

Calling the emergency services

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the response that they will provide; this can range from verbal advice over the telephone to an emergency evacuation by air ambulance. Calling 999 should not be delayed; let the emergency services decide the appropriate course of action based on the information that you give them.

Selection of First Aiders

Unless first-aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a voluntary basis. When selecting first aiders, the Governing Body/Headmaster should consider the individuals:

- 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
- Normal duties; a first aider must be able to leave to go immediately to an emergency

The following employees are first aiders and have been trained in the relevant First Aid qualification:

Name	Julie Smith
Role & Location	Specialist Support Assistant – Medical Room
Training/Type completed on	First Aid at Work (2 day re-certification) 26/09/17
Date of Expiry of Certificate	25/09/20

Name	Emily Rath
Role & Location	PE Teacher
Training/Type completed on	Paediatric First Aid: 26/04/18
Date of Expiry of Certificate	25/04/21

Name	Rebecca Willison
Role & Location	Head of PE
Training completed on	Schools First Aid course: 12/01/17
Date of Expiry of Certificate	11/01/20

Name	Zoe Coll
Role & Location	PE Teacher
Training completed on	Emergency First Aid at Work: 23/04/19
Date of Expiry of Certificate	23/04/22

Name	Jonathan Dale
Role & Location	PE Teacher
Training completed on	Emergency First Aid at Work: 29/10/18
Date of Expiry of Certificate	29/10/21

Name	Robert Wicks
Role & Location	PE Teacher
Training completed on	Outdoor First Aid Emergency Action Course: 24/05/17
Date of Expiry of Certificate	23/05/20

Name	Annie Hughes
Role & Location	MFL Teacher – Ground Floor
Training completed on	Schools First Aid Course: 11/10/18
Date of Expiry of Certificate	10/10/21

Name	Eleanor McLean
Role & Location	Maths Teacher – 1st Floor
Training completed on	Outdoor First Aid Emergency Action Course: 24/05/17
Date of Expiry of Certificate	23/05/20

Name	Kate Duckmanton
Role & Location	Science Laboratory Technician – 1st Floor
Training/Type completed on	Schools First Aid Course: 11/10/18
Date of Expiry of Certificate	10/10/21

Name	Laura-Jane Millers
Role & Location	Maths Teacher – 1st Floor
Training/Type completed on	Outdoor First Aid Emergency Action Course: 24/05/17
Date of Expiry of Certificate	23/05/20

Name	Katie Owens
Role & Location	Humanities Teacher – 2nd Floor
Training completed on	Outdoor First Aid Emergency Action Course: 24/05/17
Date of Expiry of Certificate	23/05/20

Name	Tim Lloyd
Role & Location	Art Teacher – 2nd Floor
Training completed on	Emergency First Aid at Work: 20/04/18
Date of Expiry of Certificate	19/04/21

Name	Matt Pike
Role & Location	Head of 6th Form - Ground Floor
Training completed on	Emergency First Aid at Work: 11/01/17
Date of Expiry of Certificate	10/01/20

Name	Nick O’Connell
Role & Location	Assistant Headteacher/Science – 1st Floor
Training completed on	Emergency First Aid at Work: 23/04/19
Date of Expiry of Certificate	23/04/22

Name	Sara Douglas
Role & Location	Science Teacher – 1st Floor
Training completed on	Emergency First Aid at Work: 23/04/19
Date of Expiry of Certificate	23/04/22

Name	Sian Carter
Role & Location	English Teacher – 2nd Floor
Training completed on	Emergency First Aid/AED: 03/06/18
Date of Expiry of Certificate	03/06/21

Name	Steve Elcock
Role & Location	CCF
Training completed on	Essential and Basic First Aid: 24/09/16
Date of Expiry of Certificate	23/09/19

Name	Louise Wetherall
Role & Location	Office Manager – Ground Floor, Reception
Training completed on	Schools First Aid Course: 19/04/17
Date of Expiry of Certificate	18/04/20

Name	Rosanna Ransley
Role & Location	Receptionist – Ground Floor
Training completed on	Emergency First Aid at Work: 23/04/19
Date of Expiry of Certificate	23/04/22

Name	Cye Green
Role & Location	Administrator – Ground Floor, Reception
Training completed on	Schools First Aid Course: 12/01/17
Date of Expiry of Certificate	11/01/20

Name	Helene Khan
Role & Location	Administrator – Ground Floor, Reception
Training completed on	Schools First Aid Course: 16/11/16
Date of Expiry of Certificate	15/11/19

Name	Mark Fenton
Role & Location	Minibus driver
Training completed on	Emergency First Aid at Work: 23/04/19
Date of Expiry of Certificate	23/04/22

First Aid–Needs and Expectations

Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel. The regulations do oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees. The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools which provide a service for others should include them in their risk assessments and provide for them.

In light of their legal responsibilities for those in their care, schools should consider carefully the likely risks to students and visitors, and make allowance for them.

Reassessment of First-Aid Provision

The Governing Body and/or Headmaster should regularly review the School's first-aid needs (at least annually), and particularly after any changes, to ensure the provision is adequate. Where minimum numbers of trained first aiders are set, these should be monitored to ensure that these standards are being met.

Providing Information

The employer or the manager with the delegated function (the Headmaster) must inform all staff (including those with reading and language difficulties) of the first-aid arrangements. This should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the School's first-aid needs.

First aid facilities are kept in the following points in the School:

Medical Room – Ground Floor

1st Floor – Stairway A, B and C

2nd Floor – Stairway B and C

PE Department x 4 and emergency eyewash kit on 3G pitch

Science Department – each laboratory and prep room, including eye wash facilities

Spare mobile kits for school trips x 3 large and x 4 mini (kept in Medical Room)

School kitchen (catering standard)

All first aid kits are BS8599-1 compliant as a minimum

School mini buses – BS8599-2 compliant (Large)

The central first aid record book is located in the Medical Room.

Contacting First-Aid Personnel

All staff are informed that first aid/medical attention can be sought by contacting the Specialist Support Assistant in the Medical Room or Administrative Staff in Reception, who will be able to assist immediately. Other members of staff may also be available to assist too subject to teaching commitments and availability.

Insurance

In the event of a claim alleging negligence by a member of the School staff, action is likely to be taken against the employer rather than the employee. Employers should make sure their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. The school will provide explicit reassurance to staff who volunteer to assist with any form of medical procedure that are acting within the scope of their employment and are indemnified.

Risk Assessment of First-Aid Needs

The School will include staff, students, and visitors when carrying out risk assessments for first-aid needs. Staff will liaise with SENDCo where appropriate in the preparation of risk assessments for students with physical disabilities.

Location of Building

It is good practice to inform the local emergency services, in writing of the School's location (giving ordinance survey grid references if necessary) and any particular circumstances that may affect access to the School. If the School has more than one entrance, emergency services should be given clear instructions on where or to whom they should report.

Are there any specific hazards or risks on the site?

Hazards and temporary hazards, such as building maintenance work, should be considered and suitable short-term measures put in place.

Specific Needs

The School is to ensure staff or students with special health needs or disabilities are catered for. Different first-aid procedures apply to students in primary and secondary schools. For example, the resuscitation techniques. First aid training organisations can provide advice on training for first aid personnel in schools.

Accident Statistics

Accident statistics can indicate the most common injuries, times, locations and activities at a particular site. These can be useful tool in a risk assessment, highlighting areas to concentrate on and tailor first-aid provision to. It is the responsibility of the Specialist Support Assistant and Business Manager to keep the Accident statistics.

First-Aid Personnel Requirement

The Governing Body/Headmaster to consider the likely risks to students and visitors, as well as employees, when drawing up policies and deciding on the numbers of first-aid personnel. The HSE provide guidance on numbers of first-aid personnel based on employee numbers. As a general guide, they recommend that:

- A lower risk place of work (e.g., shops, offices, libraries) with fifty to one hundred employees, should consider having at least one first aider.
- A medium risk place of work (e.g. light engineering and assembly work, food processing) with twenty to one hundred employees, should consider having at least one first aider for every fifty employees (or part thereof). Schools will generally fall into the lower category, but some schools or areas of activity may fall into the medium risk category. The School should base its provisions on the results of its risk assessment. If there are parts of the School where different levels of risk can be identified, the employer should consider the need to make different levels of provision in different areas/faculties. When considering how many first-aid personnel are required, the Governing Body/Headmaster should also consider:
 - Adequate provisions for lunchtime and breaks. It is good practice to encourage lunchtime supervisors to have first-aid training
 - Adequate provisions for leave and in case of absences
 - First aid provision for off-site activities e.g. school trips. If a first aider accompanies students off site, there needs to be adequate first-aid provision
 - Adequate provisions for practical departments, such as science, technology, home economics, physical education
 - Adequate provisions for out of hours activities e.g. sports activities, clubs
 - Any agreements with contractors, (e.g. Meals) on joint provision for first aid for their employees
 - Adequate provisions for trainees working on site. They have the same status as staff for the purpose of health and safety legislation

All members of PE staff are first aid qualified and are able to deal with first aid situations if they occur in a more isolated location, i.e. rugby pitches. Should it be considered necessary due to the severity of an individual's injuries or medical condition, or staff require trained support to move a casualty, an emergency call to 999 should be made. School reception should also be informed and parents contacted.

Members of staff are to visit the Specialist Support Assistant or Trained First Aider if they require any information on first aid procedures, facilities and personnel.

Qualification and Training

A first aider must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE. Information on local organisations offering training is available from HSE offices. Training courses cover a range of first aid competences. However, standard first aid at work training courses do not include resuscitation procedures for children. The employer should arrange appropriate training for their first-aid personnel. Training organisations will often tailor courses specifically to schools' needs. It is helpful to let the training organisation know in advance of any particular areas that should be covered.

First aid at work certificates are only valid for three years. Refresher training and retesting of competence should be arranged before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider. However, employees can arrange for first aiders to attend a refresher course up to three months before the expiry date of their certificate. The new certificate takes effect from the date of expiry. The School should keep a record of first aiders and certification dates.

The HSE also produce guidance on the standards and requirements for approval of training including a list of standard first aid competences.

First-Aid Materials, Equipment and First-Aid Facilities

Employers must provide the proper materials, equipment and facilities at all times. First-aid equipment must be clearly labelled and easily accessible.

Every employer should provide at least one fully stocked first-aid container for each site. The assessment of a School first-aid needs should include the number of first-aid containers. Additional first-aid containers will be needed for split sites/levels, distant sports fields or playgrounds, any other high risk areas and off-site activities.

All first-aid containers must be marked with a white cross on a green background.

The siting of first-aid boxes is a crucial element in the School's policy and should be given careful consideration. If possible, first-aid containers should be kept near to hand washing facilities.

Contents of a First-Aid Container

All first aid kits within School, including mobile kits used for School trips and excursions, are BS8599-1 compliant as a minimum. Additional items considered useful to specific areas, i.e. emergency eye wash in science laboratories, have been added.

First Aid Kit Contents British Standard

Contents of British Standard Compliant (BS 8599-1) First Aid Kits for the Workplace

Contents	Small	Medium	Large	Travel
F/A guidance leaflet	1	1	1	1
Medium sterile dressing	4	6	8	1
Large sterile dressing	1	2	2	1
Triangular dressing	2	3	4	2
Safety pins	12	12	24	12
Eye dressing	2	3	4	1
Adhesive dressings	40	60	100	20
Sterile wet wipe	20	30	40	4
Microporous tape	1	1	1	1
Nitrile gloves - pair	6	9	12	1
Face shield	1	2	3	1
Foil blanket	1	2	3	1
Burn dressing 10 x 10cm	1	2	2	1
Clothing shears	1	1	1	1
Conforming bandage	1	2	2	1
Finger dressing	2	3	4	0
Sterile eyewash 250ml	0	0	0	1

The Specialist Support Assistant is the person is responsible for examining the contents of first-aid containers. These should be checked frequently and restocked as soon as possible after use.

There should be extra stock in the School. Items should be discarded safely after the expiry date has passed.

Public Service Vehicles

Transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on a board a first-aid container. The first aid kits on the School mini buses are all BS8599-2 compliant (large).

Contents of British Standard Compliant (BS 8599-2) First Aid Kits for Motor Vehicles

Contents	Small	Medium	Large
F/A guidance leaflet	1	1	1
Medium trauma dressing	1	1	2
Large trauma dressing			1
Triangular dressing		1	2
Adhesive plaster	5	10	20
Adherent dressing large		1	2
Sterile wet wipe	5	10	20
Sterile dressing ambulance		1	2
Nitrile gloves - pair	1	2	5
Face shield	1	1	2
Foil blanket		1	3
Burn dressing 10 x 10cm	1	2	4
Clothing shears	1	1	1

The first-aid container shall be:

- Maintained in a good condition
- Suitable for the purpose of keeping the items referred to above in good condition
- Readily available for use
- Prominently marked as a first-aid container

First Aid Accommodation

Employers must provide suitable and sufficient accommodation for first aid according to the assessment of the first-aid needs identified. The education (school premises) regulations 1996 require the School to have a suitable room that can be used for medical or dental treatment when required and for the care of students during School hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

The School medical room is situated on the ground floor, adjacent to main reception and the PE department, and is solely used for medical and first aid purposes.

Hygiene/Infection Control

First aiders must follow their training and maintain good standards of infection control. Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves should be worn and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into waste bins with other inert waste. For larger quantities of body fluids, clinical spillage kits should be used and any waste disposed of in the yellow clinical waste bin located

in either the Medical or Hygiene Room. All used medical supplies, such as gauze or dressings, should also be disposed of in the yellow clinical waste bin. The clinical waste bins will be emptied regularly by the supplying contractor and taken away for incineration.

Reporting Accidents and Record Keeping

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of the reporting, the, 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. The Specialist Support Assistant and Business Manager keep a record of such occurrences.

The following accidents must be reported to the HSE if they injure either the School's employees during an activity connected with work, or self-employed people whilst working on the premises:

- 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 three days (including acts of physical violence).

How the School should report accidents or injury

Parents/Carers will be notified in the occurrence of a **significant accident, injury or illness** which their child sustains whilst at School or on a School led activity. Pupils are expected to report minor injuries or ailments to their parents/carers at home.

Where any pupil has sustained a minor head injury, the Parents/Carers will be notified by telephone (a message will be left for them if they do not respond, where possible) and a head injury letter will be completed by the First Aider dealing with the incident; the original letter given to the pupil to take home for parents and a copy filed in the Medical Room. The letter contains head injury advice for parents (see Appendix E).

HSE must be notified of fatal and major injuries and dangerous occurrences without delay (by telephone). This must be followed up within 10 days with a written report on Form 2508. Form 2508 can be downloaded from HSE website: www.hse.gov.uk

Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.

Students and other people who are not at work

An accident that happens to students or visitors must be reported to the HSE on Form 2308 if:

- The person involved is killed or is taken from the site of the accident to hospital; and
- The accident arises out of or in connection with work.

Like fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to the HSE without delay and followed up in writing within ten days on Form 2508.

How do I decide whether an accident “arises out of or in connection with work”?

In HSE’s view an accident must be reported if it relates to:

- Any School activity, both on or off the premises
- The way an School activity has been organised and managed (e.g. the supervision of a field trip)
- Equipment, machinery, or substances
- The design or condition of the premises.

For statutory accident records, employers with 10 or more employees must keep readily accessible accident records, either in written or electronic form. These records must be kept for a minimum of 3 years. The Specialist Support Assistant and Business Manager will keep these records.

The School’s Central Record

The School should keep a record of any first aid treatment given by first aiders and appointed persons. This should be recorded in a hard backed, bound book. The PE department carry individual first aid record books in each of their kits so that they can accurately record and report any accidents or incidents whilst off-site. The same applies to the spare mobile kits used for School trips and excursions. These should then be forwarded on to the Specialist Support Assistant for filing/action.

Records should include:

- The date, time and place of the incident
- The name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of first aider or person dealing with incident.
- If it was considered necessary to contact the parent, i.e. significant injury, and whether this was by letter, phone, email or in person
- If a pupil refuses assessment and/or first aid treatment when trained personnel deem it necessary, this should be documented in the central record and the Parents/Carers should be advised by telephone

The information in the record book can:

- Help the School identify accident trends and possible areas for improvement in the control of health and safety risks
- Be used for reference in future first-aid needs assessments.
- Be helpful for insurance and investigative purposes.

In an emergency, the Headmaster will have procedures for contacting the child's parent/guardian/named contact as soon as possible.

Management of Medicines in School

It is the School's aim to ensure the health and safety of its pupils at all times. Medicines should only be administered at School when it would be detrimental to a child's health or attendance not to do so.

Prescribed Medicines

The School strongly requests all medicines to be administered at School are prescribed by a doctor, dentist or nurse/pharmacist prescriber. We will only accept medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist, to include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container. The School will not accept any medicines that have been taken out of the original container as originally dispensed nor make any changes to dosages on parental instructions.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of School hours. Parents are encouraged to ask the prescriber about this. It is the parents' responsibility to ensure that the School is informed about the timing of any previous dose of any prescribed 'as required' medication, i.e. analgesia (pain killers) if taken before School. This is to ensure that the recommended dose or time interval is not exceeded. Pupils are expected to inform their Parents/Carers of any 'as required' medication (as consented and supplied by their Parents/Carers) taken during the School day.

All medications must be handed in at the medical room to be kept securely; the exception to this is adrenaline auto-injectors (AAI's) and reliever inhalers which the child should carry on their person for emergency use; however a spare inhaler and second AAI is also required to be kept in the medical room. Parents should be aware that the School will not be recording any doses of their child's inhaler which are self-administered. In the case the administration of an AAI, this constitutes a medical emergency and therefore the parents will be informed as a matter of urgency. **No other medicines are permitted to be carried on the child during the School day.** The child will be aware where their medicines are kept and understand that they are able to access them as necessary by requesting them at the Medical Room or Reception.

The necessary/applicable medical documentation for the school need to be completed in full and signed by a parent/carer; this may include a Health Care Plan (Form 1), Parental agreement for the school to administer medicine (Form 2), Request for child to carry his/her own medication (Form 3) and Parental consent for School to administer non-prescription medicines (Form 4).

Controlled Drugs

Some medicines prescribed for pupils, i.e. Methylphenidate (Ritalin, Concerta, Equasym) are controlled by the Misuse of Drugs Act 1971. Any prescribed controlled drugs should be handed in to a named member of School staff and will be kept locked securely in a non-portable container/cabinet in the medical room and only named staff should have access to it. A separate record for the medicine must be kept detailing the full name of the medicine (including dose) and the child to whom it is prescribed, the amount received by the School, the date received, the expiry date of the medicine and an administration record including a running total of the stock level of the medicine. School staff may administer a controlled drug to whom it is prescribed in accordance with the prescriber's instructions. Controlled drugs should be administered/signed out by two named members of staff. A controlled drug, as with all medicines, will be returned to the parent when no longer required for safe disposal. The parent must collect this in person and sign it out.

On a School trip or excursion, where the accommodation is secure, i.e. individual lockable rooms, the controlled drugs must be kept in a locked bag/container and then locked within the room used by a member of staff. Where the accommodation for the duration of the trip or excursion is not secure, i.e. camping, the controlled drug should be kept in a locked bag which must be carried on a member of staff at all times. This also applies during the journey to and from the School. The Specialist Support Assistant will ensure that this facility is available. Only sufficient quantity for the duration of the trip should be supplied by the Parent, in the original packaging complete with the dispensing label showing the pupil's full name and dosage instructions. This should be checked in prior to the trip by the Specialist Support Assistant who will discuss administration with the members of staff going on the trip. Two members of staff must sign out the controlled drug when administered to the pupil as a witness of the correct medicine/dose being administered to the correct pupil, as well as ingestion by the pupil.

Non-prescribed Medicines

The School will only administer non-prescription medicines with full parental consent in exceptional circumstances and where there is a compelling reason, i.e. anti-histamines during a School residential trip or short term analgesia during the school day due to an injury. A child under 16 years of age should never be given medicines containing aspirin unless prescribed by a doctor. Parents/Guardians must contact the School to discuss their request which be considered on an individual basis by the Specialist Support Assistant. In such cases, a Parental Non-Prescription Medicines Consent form (Form 4) must be completed in full and signed (see Appendix D).

The School advises parents to administer any medicines before sending their child to School should they be complaining of mild symptoms, such as hay fever, headache or dysmenorrhoea (period pain), preferably with those medicines with a longer lasting effect. Should their child request or in the School's opinion require further medication later during the School day, Parents will be contacted. In the case of persistent and severe pain, the child should not be sent to School and GP advice should be sought for long term management.

Safe Storage of Medicines

Medicines will be stored strictly in accordance with product instructions; paying particular note to temperature and in the original container in which dispensed. Pupils will know where their medication is stored and how to access it. Adrenaline auto-injectors (AAI's) are always readily available and not kept locked away. A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled and stored in the fridge in the medical room refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage. Any medicines no longer required will be returned to the parents for safe disposal at a pharmacy or with expressed permission by the parents, disposed of correctly by the Specialist Support Assistant.

The Child's Role in Managing their own Medical Needs

Following discussion with parents, children who are considered competent should be encouraged to take responsibility for managing their own medical needs and procedures. Wherever possible, children with long term medical conditions, i.e. asthma, type 1 diabetes, should be allowed to carry their own medicines (insulin via a pump or pen) and relevant devices, or should be able to access their medicines for self-administration quickly and easily. However children who can take their medicines themselves or manage procedures, may still require an appropriate level of supervision. If it is not appropriate or possible for a child to self-manage, then relevant staff who have agreed to take on this responsibility should help to administer medicines and manage procedures for them.

Refusal of Medicines

If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures; notably record it in the medicines record book and inform the child's parents. Should the refusal result in an emergency situation, emergency procedures will be followed.

Day Visits, Residential Visits and Sporting Activities

The School will actively support pupils with medical conditions to participate in School trips, visits and in sporting activities. The school will make reasonable adjustments for the inclusion of pupils in such activities. Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions and will consider the need for a risk assessment to be made. PE staff will inform the Specialist Support Assistant of the names of all pupils participating in sporting fixtures prior to the event so that medical details can be checked and if applicable, spare medicines be given to the PE staff to take to the sporting event (if off-site). One member of staff accompanying a School visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Health Care Plans, medicines, equipment and consent forms will be taken on residential school visits.

Parental Responsibility

Parents/Guardians have the prime responsibility for their child's health. It only requires one parent to request that medicines are administered. As a matter of practicality, this will usually be the parent with whom the School has day to day contact. Parents should provide the School with sufficient and up to date information about their child's medical needs. Parents should tell the school about any changes in prescription which should be supported by either new directions on the dispensed packaging or by a supporting letter from a medical professional. Parents are key partners and will be involved in the development and review of the Health Care Plan for their child. Parents should provide medicines and equipment as required by the Health Care Plan. Parents should:

- Supply their child's medication and any associated equipment at the beginning of the school year or as appropriate during the school year
- Replace medication **before** the expiry date and as requested by the School
- Dispose of expired items returned by the School to a pharmacy for safe disposal
- During periods of high pollen count, encourage their children who require anti-histamines, to take their medication before attending School so that their condition can be better controlled during the school day
- Keep their children at home when acutely unwell, i.e. an elevated temperature above 37.5c, keep their child at home for 48 hours following last episode of diarrhoea and/or vomiting
- **Ensure that they or another nominated adult are contactable at all times**
- Inform the school immediately if their child has been diagnosed or has a suspected infectious condition, i.e. chicken pox, slapped cheek, hand, foot and mouth disease

All medicines handed in for administration at School, by staff or self -administration (in the case of reliever inhalers), must be accompanied by a fully completed and signed Health Care Plan and medicine administration form/s by the child's Parent/Carer. Without this consent the school is unable to administer any medicines.

In exceptional circumstances where the medicine has been prescribed for the child without the knowledge of the Parents/Carers, confirmation will be sought from the prescriber. In such cases the school will encourage the child to involve their parents whilst respecting their right to confidentiality. **The School cannot be held accountable for incidents occurring due to pre-existing medical conditions which it has not been informed of.**

Auto-injector Management & Administration

Children diagnosed as being at risk of anaphylaxis (severe allergic reaction) are prescribed adrenaline in an auto injector which is commonly known as an Epi Pen, Jext Pen or Emerade. Adrenaline given through an auto-injector to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use preloaded automatic injection and is designed to be used as a first aid device by people without formal medical training. However if a child has been prescribed an auto-injector it is recommended to be good practice that training in its use is part of professional learning provided each year by a registered training organisation to key members of staff (generally registered first aid personnel) as a part of development of an individual's anaphylaxis management plan. Records of staff who have received this training are kept at in the Medical Room.

If a pupil has been prescribed an auto-injector, a minimum of two auto-injectors must be provided by the pupil's parents to the School. Those pupils are encouraged to securely carry one of the auto-injectors on their person at all times (Form 3 parental consent form to be completed by parents) and the other one is to be stored in the Medical Room.

- Auto-injectors should be stored correctly and be readily accessible
- Auto-injectors are stored in the Medical Room in an unlocked, easily accessible and labelled cupboard away from direct heat. They should not be stored in the refrigerator or freezer
- Auto-injectors should be clearly labelled with the pupil's name on the original dispensary label
- Each pupil's auto-injector should be distinguishable from those prescribed to other pupils
- All staff should know where the auto-injectors are located.
- The auto-injector should be signed in and out when taken from its usual place, such as for camps or excursions
- Depending upon the speed of past reactions it may be appropriate to have the auto-injector in class (carried on the individual pupil) or taken with them for outside use, i.e. PE.

- It is important that trainer auto-injectors (which do not contain adrenaline) are kept in a separate location from the pupils' auto-injectors. Training devices are available at any time in the Medical Room for any member of staff who wishes to update their skills.

Key information about auto-injectors




Auto-injectors should not be cloudy or out of date. They should last at least 12 months from time of issue from a pharmacy and have an expiry date printed on them. It is the Parent/Carer's responsibility to supply the pupil's auto-injector to the School and to replace it before it expires. It is recommended that a designated staff member, such as the Specialist Support Assistant, should regularly check the auto-injector at the beginning or end of each term. At least a month before its expiry date, the Specialist Support Assistant should send a written reminder to the parents/carers to replace the auto-injector.

Administration of an auto-injector is quite safe. If a pupil who has been diagnosed with a severe allergy is suspected of having an anaphylactic reaction, it may be more harmful not to give it, than to use it when it may not have been needed. The following guidance should be followed:

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

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

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** 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 dose** of adrenaline using another autoinjector device, if available.

Guidance on the use of adrenaline auto-injectors in schools, www.gov.uk, September 2017

Recent legislation introduced in September 2017 entitled 'Guidance on the use of adrenaline auto-injectors in schools' has been carefully considered and the School is currently looking in to the purchase of an emergency AAI kit (adrenaline auto-injector). This will be strictly for use in pupils in an emergency who are known to be at risk of anaphylaxis and where both medical authorisation and written parental consent for use of the spare AAI has been provided. In the

event of a possible severe allergic reaction in a pupil or member of staff/visitor who does not meet these criteria, emergency services (999) will be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate, as per guidance.

Management of Asthma

Asthma is the most common chronic condition, affecting one in eleven children. It is a respiratory condition marked by attacks of spasm in the bronchi, causing difficulty in breathing. It is usually connected to allergic reactions or other forms of hypersensitivity. On average there are two children with asthma in every classroom in the UK (Asthma UK).

The school will ensure that any pupil diagnosed with asthma will receive the following care:

- An individual health care plan detailing their individual symptoms, triggers, daily care requirements and emergency action
- Encouragement and support to be as independent as possible in managing their own condition and carrying their own reliever inhaler at all times
- Access to their spare medication/spacer as required
- Support from staff who have received training in the management of asthma (all first aid personnel)

The School is aware of the legislation introduced in March 2015 entitled 'Guidance on the use of emergency salbutamol inhalers in schools'. It clearly states that schools are not required to purchase, without prescription, salbutamol inhalers for use in emergencies. **It is a discretionary power enabling schools to do so if they wish.** The decision was taken not to purchase such inhalers for use in an emergency as they still cannot be administered to a pupil without written parental consent. Whilst seeking this parental consent the school requests that an individual spare reliever inhaler is issued to the School by the parents, to be kept in the medical room, for emergency use. Therefore a spare inhaler should be available to individuals diagnosed with asthma or other respiratory conditions, at all times. It is the parents' responsibility to ensure they supply a spare inhaler as requested by the School. This is in addition to the School's request that each pupil requiring such inhalers should carry one on their person at all times. Parents will be contacted by the School if they fail to supply a spare inhaler and the pupil concerned will not be permitted to engage in any off-site activities, such as excursions or sporting fixtures, during that time. This includes where parents have not replaced expired inhalers when requested by the School.

The above legislation also does not indicate, unlike the legislation covering the use of emergency adrenaline auto-injectors (AAI's), that spare inhalers purchased by the School can be administered to an individual with suspected breathing difficulties under guidance of the emergency services (999 call). They are purely for use with those who have a confirmed diagnosis and previous prescription for such medicine. Therefore they could not be used by anyone without consent in an emergency situation.

Management of Diabetes

Type 1 diabetes is an autoimmune condition; the immune system, which is meant to provide protection from foreign bodies, such as viruses and bacteria, mistakenly attacks and destroys the beta cells in the pancreas that produce insulin. Insulin is a hormone that allows glucose to move from the bloodstream into cells, which can then be used for energy. Someone with type 1 diabetes will not have enough insulin or any insulin at all, meaning that blood glucose will fall or rise outside of the normal levels.

The School will ensure that any pupil diagnosed with type 1 diabetes will receive the following care:

- An individual health care plan detailing management of both hypo and hyperglycaemia and emergency procedures, in liaison with both parents and health care professionals
- Support from specific members of staff who have received training and advice from the Diabetes Nursing team and have agreed to this responsibility
- All School staff will be aware of a pupil's condition and know how and when to ask for further advice
- A suitable private place will be provided for pupils to carry out blood tests and administer doses of insulin
- If a pupil is able to self-manage their testing and administration of insulin, adequate supervision will still be provided/available
- Pupils will always be allowed to access food, drinks and toilet breaks whenever they need to in order to effectively manage their condition
- If a pupil has a hypo, they will be supervised by a trained member of staff and procedures followed as per individual health care plan
- Hypo box containing fast acting sugars and complex carbohydrates will be kept within the school, i.e. Medical Room, however the pupil/s themselves are also encouraged to carry their own supply on them
- All members of staff will be aware of pupils with type 1 diabetes, what to look out for and how to access help
- Staff will also be informed of any recent changes in a pupil's condition in order that they can be extra vigilant
- Insulin will be kept securely in the medical room unless it is administered via a continuous infusion
- Records will be kept as necessary, individualised to each pupil, and this information will be shared with parents
- Pupils with type 1 diabetes will be fully included in all School activities, on and off site, under appropriate supervision

All necessary medical documentation for the School must be completed in full and signed/dated by a Parent/Carer. It is the responsibility of the Parent/Carer to keep these

records updated and inform the school of any changes in their child's health and/or care needs.

Management of Epilepsy and Seizures

Epilepsy is a condition that affects the brain and causes repeated seizures. Epilepsy is estimated to affect more than 500,000 people in the UK.

The cells in the brain, known as neurons, conduct electrical signals and communicate with each other in the brain using chemical messengers. During a seizure, there are abnormal bursts of neurons firing off electrical impulses, which can cause the brain and body to behave strangely. The severity of seizures can differ from person to person.

Some people simply experience an odd feeling with no loss of awareness, or may have a "trance-like" state for a few seconds or minutes, while others lose consciousness and have convulsions (uncontrollable shaking of the body).

Some people may only have a single seizure at some point during their life. If they do not have a high risk of having further seizures, they would not be regarded as having epilepsy.

The School will ensure that any pupil diagnosed with epilepsy or seizures of a non-specific cause will receive the following care:

- An individual health care plan detailing management of seizures (as experienced by the pupil) and emergency procedures, in liaison with both Parents/Carers and health care professionals
- All members of staff who hold a valid first aid certificate have received training in identifying the symptoms and triggers for epilepsy and emergency first aid management
- Specific members of staff who have agreed to the responsibility will be trained in the administration of emergency medication, if applicable, and will be available at all times
- Should a pupil be prescribed rectal medication for emergency management of seizures, two adults will be present for the administration of this and at least one member of staff being the same gender as the pupil (this is highly unlikely as the drug of choice currently is buccal Midazolam; administered into the gums and this would be strongly requested over rectal administration in school)
- The dignity of the pupil will be protected as far as is possible, even in an emergency situation
- A medical room with a bed will be kept available so that if needed, a pupil will be able to rest following a seizure in a safe and supervised place
- The School will enable the pupils to take part in all outings and activities where possible (if a risk assessment particularly identified an activity or area to be of too great a risk to an individual pupil, then alternative plans/activities will need to be considered)

- If appropriate, a record of the pupil's seizures will be kept, so that patterns and any changes can be identified; this information will be shared with the pupil's parents and associated health care professionals
- Unless specific instructions and guidelines, i.e. detailing the course of action dependent upon the length of the seizure, have been expressed in writing by the parents, the emergency services will always be called. The parents will always be informed immediately.

Management of head injuries, including concussion

Concussion is a brain injury caused by a blow to the head or body which leads to a shaking of the brain. It results in a disturbance in brain function that can affect a person's thinking, memory, behaviour, mood and level of consciousness. It can produce a wide range of physical symptoms and signs such as a headache, nausea, dizziness and unsteadiness. Concussion often occurs without loss of consciousness and most people generally recover with a period of physical and mental rest.

The School will ensure that any pupil who sustains a head injury or whom we suspect may be suffering from concussion, will receive the following care:

- Assessment by the Specialist Support Assistant or other trained First Aider, looking specifically for signs and symptoms of a head injury
- If considered appropriate, the pupil will not be moved from the area in which they fell/collapsed; First Aid will be administered at the site and 999 will be called, giving details of the pupil and suspected injury
- Management of any symptoms of a head injury, i.e. vomiting, headache
- A head injury advice letter will be completed which will be given to the pupil to take home and a copy given to the Specialist Support Assistant for review/to be kept on file (Appendix E)
- Parents will always be contacted by telephone to inform them of the injury, treatment and further advice. It is the Parent's/Carer's responsibility to collect their child when requested by the School, monitor them and if concerned to seek medical advice. Parents/Carers also need to inform the school in writing of the outcome and if the pupil is not allowed to participate in certain activities at school, i.e. sport, written confirmation will be required from the medical practitioner.
- Any pupil who has sustained a potential head injury will not be allowed to participate in any sporting activities on the day of the injury, even if they later feel that they have recovered
- In cases of severe head injury, it is recommended that pupils return to academic studies before they return to sport. Sport should be re-introduced by following a graduated return to play (GRTP) protocol ¹

¹ www.sportandrecreation.org.uk/concussion-guidelines



PLEASE COMPLETE BOTH SIDES OF THIS FORM AND ENSURE IT IS SIGNED AND DATED.

IF YOUR CHILD HAS MORE THAN ONE CONDITION, PLEASE COMPLETE A SEPARATE FORM FOR EACH.

FORM 1 - Health Care Plan

Child's name: _____

Year Group/Form: _____

Date of Birth: _____

Child's Address: _____

Medical Diagnosis or Condition: _____

Date of Diagnosis: _____

Review date with GP/Consultant: _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Alternative Emergency contact 1

Alternative emergency contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Describe medical needs and give details of child's symptoms/triggers:

Daily care requirements: (e.g. before sport/at lunchtime) including medication, equipment needed, access to facilities, dietary requirements, environmental issues:

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Signature of Parent: **Date:**

Signature of School Staff:..... **Date:**

Position:.....

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND ENSURE IT IS SIGNED AND DATED;
WITHOUT CONSENT WE WILL NOT BE ABLE TO ADMINISTER MEDICINE TO YOUR CHILD.**

**IF YOUR CHILD IS PRESCRIBED MORE THAN ONE MEDICINE, PLEASE COMPLETE A SEPARATE
FORM FOR EACH.**

FORM 2 – Parental agreement for school/setting to administer medicine

Name of Child: _____
Date of Birth: _____
Year Group/Form: _____
Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____
Date dispensed: _____
Expiry date: _____
Dosage and method: _____
Frequency of Administration/Timing: _____
Special Precautions: _____
Are there any side effects that the school/setting needs to know about? _____
Self- Administration (under staff supervision): _____ Yes/No (delete as appropriate)
Procedures to take in an Emergency: _____

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

I understand that I must deliver the medicine personally to Julie Smith, Specialist Support Assistant, and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date:

Signature:

Relationship to child:

THIS FORM MUST BE COMPLETED BY A PARENT/GUARDIAN, PLEASE ENSURE IT IS SIGNED AND DATED.

IF YOUR CHILD IS PRESCRIBED MORE THAN ONE MEDICINE, PLEASE COMPLETE A SEPARATE FORM FOR EACH.

FORM 3 - Request for child to carry his/her medicine (Inhalers and Adrenaline pens only)

Child's Name: _____

Date of Birth: _____

Year Group/Form: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Details

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

THIS FORM MUST BE COMPLETED BY A PARENT/GUARDIAN. PLEASE ENSURE IT IS SIGNED AND DATED.

IF YOU WISH YOUR CHILD TO TAKE MORE THAN ONE MEDICINE, PLEASE COMPLETE A SEPARATE FORM FOR EACH.

FORM 4 – Parental Consent for the school to administer non-prescription medicines

Name of Child: _____

Date of Birth: _____

Year Group/Form: _____

Medical condition/illness: _____

Medicine

Name of Medicine (as described on the container): _____

Expiry date: _____

Dosage and method: _____

Frequency of administration/timing: _____

Self-administration (under staff supervision) Yes/No (delete as appropriate)

I hereby consent that the above named medicine in the given dosage has been previously administered to my child with no adverse effects. The school is not held accountable for any side effects or adverse reactions that my child may experience due to the administration of the above medicine, as per my instructions.

Signature of Parent/Guardian..... Date:.....



SIR THOMAS FREMANTLE SCHOOL
A CO-EDUCATIONAL SCHOOL FOR STUDENTS AGED 11-19

BUCKINGHAM ROAD
WINSLOW
MK18 3GH
(01296) 711853

WEB: WWW.SIRTHOMASFREMANTLE.ORG

Date.....

Dear Parent/Carer,

..... sustained an injury to their head today at.....hours.

Details of
accident:.....

.....
.....

Location of
injury:.....

First Aid treatment
given:.....

.....

Staff
name:.....

Children often bump their heads with no further consequences however it is recommended that they are closely observed for at least twenty four hours post injury as it is possible for symptoms to present several hours later. Serious injury is highly unlikely from a simple bump to the head and therefore the following guidance is simply provided as it could prove vital in exceptional circumstances, rather than to alarm or worry you.

Symptoms of head injury may include (ranging from mild to serious):

- Mild headache
- Mild dizziness
- Mild blurred vision
- Nausea
- Unusually sleepy or difficult to rouse
- Altered level of consciousness
- Slurred speech
- Lack of co-ordination/balance
- Change in personality/behaviour, in particular irritability
- Persistent/severe headache
- Vomiting
- Double vision
- Seizure (fit)

If your child displays any of the above symptoms (they may not all be apparent), it is strongly recommended that you seek immediate advice from either NHS 111 Service, your GP or local A & E department.

Yours sincerely,