



# **FIRST AID AND MEDICINES IN SCHOOL**

This policy applies to EYFS as well as whole school

Owner	Deputy Head, Head of Primary, Bursar and Senior First Aider
Authorised by	Head and Governors
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Derby High School understands the duties it holds under the Health and Safety (First-Aid) Regulations 1981, and we have made arrangements to ensure that the provision for first aid is in place.

We have undertaken an assessment of our first aid needs to determine the number of first aiders, the first aid equipment and first aid facilities that are required.

## **1. FIRST AID, ACCIDENTS AND EMERGENCIES**

See Appendix 1 for a list of First Aid Trained Staff, this list is updated yearly.

Office staff and other key first aiders attend regular training sessions in order to keep their first aid certificate up to date. Within the EYFS at least one member of staff will always have an up-to-date paediatric certificate. A list of first aiders is displayed in each staff room.

Detailed guidelines for staff in dealing with medicines and medical emergencies are kept in Reception and in the staff rooms of both the Junior and Infant Schools.

All staff should be aware of:

- location of First Aid Kits,
- location of telephones,
- locations of fire emergency signals,
- emergency exit routes and other possible exit routes.

All key personnel (members of the H&S Committee with responsibility for a specific risk area of the school – see H&S Policy) are to ensure that first aid facilities are readily available in their Departments and that these are checked and re-stocked when necessary. Advice about first aid equipment to be kept for such areas should be sought from the school office First Aid staff, who will seek further advice if necessary.

At least one qualified first aider will present on site during school hours and for other events such as concerts. A first aid trained member of the office staff will be on site from 8.00 – 5.30 pm. Pupils may only stay after this time if they are taking part in a school event for which a first aider has been identified, or with the Games staff for a late fixture (all Games staff are first aid trained). Before 8.00am, pupils are not expected on site. For senior school students, occasional exceptions to this are made if the parent signs to confirm they understand and accept that there is no guaranteed first aid provision (in practice there may be a trained staff member but this is not guaranteed).

We actively monitor the expiry dates of our first aider's qualifications in order to identify when further training is required and to ensure that we continue to meet, or exceed, the required number of trained first aiders, as identified in our first aid needs assessment.

If items in a first aid box are used, the Student Receptionist must be notified in order to allow for the box to be replenished. In addition, termly checks are completed by the Student Receptionist to ensure that all boxes remain fully stocked, and that the contents are in date. A spreadsheet is kept to monitor expiry dates on first aid items.

### **a) LOCATION OF FIRST AID KITS**

- Reception
- Medical room (for use on school trips)
- Design Technology (in workshop area)
- Art Room
- Sixth Form
- Sport (Sports Hall and PE Office – for away matches)
- Food & Nutrition (on filing cabinet)
- Senior school kitchen
- Junior School (staff room, reception desk and kitchen)
- Infant School (2 in staff room, 1 for playtime use outside reception classroom)

b) **LOCATION OF AED**

- Medical room

c) **LOCATION OF SHARPS AND BODILY FLUIDS DISPOSAL RECEPTACLES**

- Medical room in the senior school. (A yellow bag for bodily fluids contaminated waste is also kept in Primary and regularly transferred to the main senior school receptacle.

A defibrillator is located in the medical room. All first aiders receive defibrillator training as part of their first aid course. A function test of the defibrillator is completed on a weekly basis and the batteries and pads are replaced in line with the manufacturer's recommendations.

We have a medical room, located next to the Student Reception area in the senior school. The facilities include bed, sink, and a toilet. The Student Receptionist (main first aider) is based next door to the medical room. There is also a medical room on the first floor of the Infant building.

d) **ACCIDENTS TO PUPILS**

**If life is endangered:**

1. Dial 999 on nearest telephone
2. Summon assistance from one of first aid staff.
3. Return to the injured pupil, do not move the pupil other than under instruction of the first aid staff, attempt resuscitation/prevention of bleeding if necessary and if you can do so. Remain with the pupil or ensure that another member of staff remains with the pupil at all times.
4. Inform the School Office as soon as possible.
5. The School Office will inform the parents, ensure this has been done.

**If the pupil is badly hurt but an emergency call is not necessary:**

1. Ensure that the pupil is not moved.
2. Ensure that a member of staff stays with the pupil at all times.
3. Summon assistance from first aid staff.
4. Inform the School Office.
5. The School Office will usually inform parents of the situation.

**Minor Injuries:**

If the pupil cannot walk without pain, carry out the instructions above. If the pupil is able to walk, take them to the sick room and inform the first aid staff. The school has a wheelchair which may be used.

**Loss of consciousness:** If a pupil loses consciousness he/she should be taken to the nearest hospital by ambulance for observation.

e) **SPILLAGE OF BODILY FLUIDS - hygiene procedures:**

When dealing with the spillage of body fluids members of staff must follow the procedures laid down in the school's policy (Form RA2: ref no RA067 – available in full from the Bursar). The main points are:

1. Cordon off the area or lock doors to the affected area.
2. Exclude from the area anyone not involved in clearing the spillage. (It is especially important to exclude pupils who may not appreciate fully the risk of infection.
3. Collect together appropriate materials for clearing up, including disposable containers.
4. Wear protective disposable gloves, and cover exposed parts of the arms, mouth, nose and eyes.
5. Clear up the spillage, taking care not to miss any affected areas.
6. Disinfect all affected areas using an approved disinfectant.
7. Dispose of all contaminated materials, including the gloves, in accordance with the Safe Working Procedure.
8. Follow good personal hygiene practices when finished. Wash hands and forearms thoroughly.

## f) INFECTION CONTROL

When providing first aid, precautions should be taken to avoid infection. Single use disposable gloves are available in each medical room and, wherever possible, should be used if there is blood or other bodily fluids present. Hand washing facilities are also available throughout the School to be used as required.

## g) MANAGEMENT OF SHARPS INJURIES/CONTAMINATION

A sharp injury/contamination incident includes:

- Inoculation of blood by a needle or other 'sharp'
- Contamination of broken skin with blood
- Blood splashes to mucous membrane e.g. eyes or mouth
- Swallowing a person's blood e.g. after mouth-to-mouth resuscitation
- Contamination where the individual has an open wound, and clothes have been soaked by blood
- Bites (where the skin is broken).

**When a sharp injury/contamination incident occurs:**

1. Encourage bleeding from the wound
2. Wash the wound in soap and warm running water (do not scrub)
3. Cover the wound with a dressing
4. Skin, eyes or mouth, wash in plenty of water
5. Ensure the sharp is disposed of safely i.e. using a non-touch method into a sharps container
6. Report the incident to the line manager.
7. An incident form should be completed.
8. The incident should be reported to the GP
9. Attempt to identify source of the needle/sharp.

## 2. RECORDING AND REPORTING

**Contacting parents:** Parents will normally be contacted by the Student Receptionist. However, if staff need to contact parents:

1. Appraise parents of the facts.
2. Find out how long it will take them to arrive at school. If the time is too long, reserve the right to take the pupil to the Accident & Emergency Department of the Royal Derby Hospital if necessary.

All **fatal and major injuries** (defined below) to staff and pupils on School premises and occurring on school sponsored activities away from School (e.g. Field Trips, sporting events, Duke of Edinburgh's Award Scheme expeditions etc.) must be reported to the Health and Safety Executive (HSE) immediately. Accidents can be reported online or by telephone - **0345 3009923**.

If a pupil's accident does not result in a fatal or major injury as defined below, the accident is not reportable to the HSE but must be reported in school.

### i. ACCIDENT BOOK

**All other injuries** to pupils or staff, whatever the cause, **which require first aid or further treatment, must be recorded in the accident book.** If a pupil leaves a class or activity through injury or accident the teacher in charge must check up on the treatment received and make a full report in the accident book. The accident form must then be counter-signed by the pupil/member of the staff involved in the incident. For minor injuries where the immediate notification of the parents is not required, a copy of the accident/treatment form should be given to the pupil to take home. A note home for the parents may be necessary to explain the incident.

Accident reports are stored by the Student Receptionist. They are also given to the Head for review before each Health & Safety Committee Meeting (termly).

## ii. MAJOR INJURIES

Major injuries are defined as follows:

- a. Fracture of the skull, spine or pelvis.
- b. Fracture of any bone in the arm or wrist, leg or ankle (but not a bone in the hand or foot).
- c. Amputation of a hand or foot or a finger, thumb or toe or part thereof if the joint or bone is completely severed.
- d. The loss of sight of an eye, a penetrating injury to an eye or a chemical or hot metal burn to an eye.
- e. Any injury requiring immediate medical treatment or loss of consciousness resulting from electric shock or lack of oxygen.
- f. Decompression sickness requiring immediate medical attention.
- g. Acute illness requiring medical treatment or loss of consciousness resulting from absorption, ingestion or inhalation of any substance.
- h. Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a pathogen or infected material.
- i. Any other injury which results in immediate hospitalisation for more than 24 hours.

The RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) document has been used as reference to up date this policy.

## 3. ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS

**Arrangements for pupils with particular conditions** such as epilepsy and diabetes are considered individually and treatment and provision is made for them on a case by case basis.

**Asthma:** pupils who are able to use their inhalers themselves are expected to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, it is stored by the class teacher in a safe but readily accessible place, and clearly marked with the pupil's name.

Parents are asked to provide school with a **spare inhaler** for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers are labelled with the pupil's name and stored in the Senior office or child's classroom.

School holds emergency inhalers for use by pupils with asthma or who have been prescribed an inhaler as reliever medication. (See notes below in Medicines in School.) These are for times when a pupil has forgotten their inhaler or it is broken. Please refer to Appendix 2 for the emergency inhaler consent form.

**Diabetes:** From an early age children with diabetes are able to test their own blood sugar level and do their own injections. Should it be necessary for these activities to be undertaken at school, for younger children these are observed by a teacher or first-aider. In the Kindergarten the diabetes nurse from the Children's Hospital comes in on a regular basis for each child with diabetes, with a plan of the appropriate regime and action for that child.

At school it may be necessary to initiate treatment for a 'hypo', (when the blood sugar falls too low). Symptoms of hypoglycemia may vary and may be discussed with the parents and pupil when making plans for the individual. In the event of a 'hypo' some fast acting sugar such as glucose tablets, hypostop or chocolate should be given rapidly.

**Allergies:** personal **EpiPens** are held in the School offices for those pupils at risk of anaphylactic shock as a result of a serious allergy. The main first aider in each section of the school is responsible for arranging the safe keeping of clearly labelled EpiPens for individual pupils known to be at risk of such reactions. Persons administering the EpiPen dose in an emergency situation should have received prior training in the use of an EpiPen. They should be stored in a safe place that is also rapidly accessible during lunch breaks and PE lessons.

Treatment for **hay fever** is generally by once daily medication that should be administered before school, but for some children Piriton or eye drops may need to be given during the day. Medication must be sent with clear instructions as detailed in the Medicines in School section.

**Parent responsibility:** it is the **parents' responsibility** to ensure that school held medication such as an inhaler or EpiPen is within its expiry date.

#### **IN THE EVENT OF A FIRE ALARM/EVACUATION**

Emergency personal medicines will be taken outside in the event of a school evacuation.

**Trips:** The pupil's school held inhaler or EpiPen is taken when the pupil is on a school trip.

#### **4. MEDICINES IN SCHOOL POLICY**

- To ensure that everyone is clear about their respective roles regarding children with medical needs.
- To have effective management systems to help support individual children with medical needs.
- To ensure that within school medicines are handled responsibly.

##### **A. Responsibilities of parents**

**i Parents must inform the school in writing of any illness or medical condition which may have a detrimental impact on their child's performance at school or which may involve the school in helping to administer medicines.** It is not necessary for parents to inform the school about routine illnesses, except to confirm absence from school.

**ii Parents must inform the school if there is any change in their contact details,** especially for those needed in an emergency. The school will make every effort to contact parents in the case of a medical emergency involving their child.

##### **B. Medicines in school**

All medication brought into school by, or on behalf of, pupils must be given to the Senior First Aider at Senior/Primary Reception for safekeeping. This includes analgesics (pain relief medication) – such as paracetamol. They must fulfil the criteria listed below.

Any medication belonging to a member of staff should be stored out of reach of children.

**All medicines, including analgesics, that are given in to the School Office must be:**

- **in its original container,**
- **showing the dosage information (maximum dose and dose frequency )**
- **marked with the student's name**
- **the container should show the expiry date** (if relevant). No medicine that has passed its expiry date will be administered.

##### **C. Administering Medicines during the School Day**

**i** School staff have a professional and legal duty to safeguard the health and safety of pupils and wish to enable all children to gain the maximum benefit from their education and to participate as fully as possible in school life. However, this does not imply a duty on the Head or staff to administer medication. **Participation in the administration of medicines in schools by staff is on a voluntary basis.** Individual decisions by staff on involvement will be respected. The administration of medicine is ultimately the responsibility of parents/carers.

**ii** Many children will need to take medicines during the day for a short period at some time during their time in school. However, such medicines should only be taken to school where it would be detrimental to a child's health if they were not administered during the school day. As far as possible parents should try to arrange for their children to take medicines at home.

iii In the senior school there is a **limited supply of paracetamol for use in medical situations on student request**, but this will **only** be administered (by the designated first aiders) to senior school students who have previously taken paracetamol without any adverse reactions and for whom **written parental consent has been given**. Parents will be informed if paracetamol is requested and administered the First Aider will keep a record of use. Please refer to Appendix 3 for the administration of paracetamol consent form.

iv **Staff will only administer medicine** sent in to school for children **if the criteria listed in 'B' above are fulfilled**.

**Medicines will not be administered to children who do not wish to take them**. Parents will be informed if medicines are not administered for this reason.

This applies to both prescribed and non-prescribed medicines. Girls over the age of 16 may give consent with or without parental permission and parents will not routinely be advised of medicines administered or self-administered in school for girls of this age.

Staff will not administer aspirin or medicines containing aspirin unless prescribed by a doctor. For residential visits, parents will be asked to sign a general consent form authorising the staff to administer medicines as necessary.

A record of medicines administered is completed for each individual occasion medication is given. Please refer to Appendix 4 for a copy of the record used.

v **Children who are considered old enough, will be encouraged to administer their own medicines but this must be under adult supervision**. The school must be aware that a child has brought medicine in to school and it must still be handed in for safe keeping. Staff willing to do so, will administer medicine to children too young to do so themselves. A record will be kept of all medicines taken at school.

vi **Spare reliever inhalers are kept in school for emergency use when a pupil has forgotten their inhaler or it is broken**.

They will be stored in: the student reception in the Senior school, the Primary and Infant staffrooms.

It is the responsibility of the lead First Aider, to

- obtain and store relevant permissions from parents sanctioning their use
- check on a monthly basis that the inhalers and spacers are present and in working order and contain sufficient doses.
- obtain replacement inhalers when expiry dates approach
- ensure replacement spacers are available following use
- the plastic inhaler housing has been cleaned, dried and returned to storage after use

## 5. Long-Term Medical Needs

If a child has or is likely to have long-term medical needs which will have an impact on his/her ability to derive maximum benefit from the education offered at the school, parents must provide the school with the following information:

- details of a child's condition;
- special requirement e.g. dietary needs
- what constitutes an emergency;
- what action to take in an emergency;
- what not to do in the event of an emergency;
- who to contact in an emergency;
- the role the staff can play

Parents must also keep the school informed of any changes to their child's medical needs. If appropriate the school will draw up, working with parents and relevant health care professionals, an Individual Treatment Plan (ITP) for a child.

If a member of staff is on medication, they must confirm that this does not affect their ability to work with children; school reserves the right to seek medical advice with regard to this matter.

## **6. Emergency Medicines**

These are medicines which need to be readily available in an “emergency situation” and include medicines such as asthma inhalers and adrenaline pens. These will be kept readily available to pupils at risk for use as and when they need them. Pupils may carry an inhaler with them, if it has been prescribed, but must not use an inhaler belonging to another pupil.

## **7. Confidentiality**

Sensitive medical information, about a child or member of staff, will be treated confidentially and will only be passed on to those who need to be aware of it for first aid purposes.

# APPENDIX 1

FIRST AID TRAINED STAFF			
NAME	DEPT	EXPIRY DATE	NOTES
<b>SENIOR SCHOOL</b>			
E Sharp	Admin	March 19	Full First Aid at Work and Level 2 Cardiopulmonary Resuscitation and Automated External Defibrillation
J Forbes	Admin	Jan 21	Emergency First Aid, Epi Pen Training
S Jinks	Admin	Jan 21	Full First Aid at Work
S Holland	Late Waiting	March 20	Full First Aid at Work
A Bodycombe	Art/DT	June 21	Emergency First Aid at Work – 1 day
K Aydi	Biology	June 21	Emergency First Aid at Work – 1 day
S Peake	D of E	June 21	Emergency First Aid at Work – 1 day
E Smith	Drama	June 19	Emergency First Aid at Work – 1 day
F Garma-Supran	Drama	June 21	Emergency First Aid at Work – 1 day
L Hough	DT	June 21	Emergency First Aid at Work – 1 day
J Webster	English	June 21	Emergency First Aid at Work – 1 day
J Gallagher	Geography	Sept 20	Emergency First Aid at Work – 1 day
J Gallagher	Geography	Feb 21	Wilderness First Aid (16 hrs)
M Roe	Geography	May 19	Emergency First Aid at Work – 1 day
J Winter	Labs	June 19	Emergency First Aid at Work – 1 day
S Bussey	Library	June 19	Emergency First Aid at Work – 1 day
S Williams	Maths	June 19	Emergency First Aid at Work – 1 day
M Martinez Hernandez	MFL	June 19	Emergency First Aid at Work – 1 day
S Kelliher	MFL	June 21	Emergency First Aid at Work – 1 day
E Temple	Music	June 21	Emergency First Aid at Work – 1 day
A Allum	Physical Education	June 21	Emergency First Aid at Work – 1 day
J Hancock	Physical Education	June 21	Emergency First Aid at Work – 1 day
S Goodman	Physical Education/Sixth Form	June 21	Emergency First Aid at Work – 1 day
J Orr	Physics	June 21	Emergency First Aid at Work – 1 day
N Driver	RS	June 19	Emergency First Aid at Work – 1 day
<b>JUNIOR SCHOOL</b>			
K Tudor	Admin	May 20	Full First Aid at Work, Epi Pen Training
C Hitchcock	Junior School	March 21	Emergency First Aid at Work
C Horne	Junior School/Extra-Curricular	June 21	Emergency First Aid at Work – 1 day
L Baker	Junior School	June 21	Emergency First Aid at Work – 1 day
J Liddle	Junior School	June 21	Emergency First Aid at Work - 1 day, Epi Pen Training
R Gould	Junior School	Jan 19	Schools First Aid including Epi-pen administration
K Smith	Junior School/After School	Sept 20	Paediatric First Aid, Epi Pen Training
R Hill	Junior/Infants (Forest School)	Jan 2019	Outdoor First Aid – 2 days
<b>INFANTS</b>			
J Butterworth	Nursery & Infants	Feb 20	Paediatric First Aid
J Redpath	Nursery & Infants	March 20	Paediatric First Aid
S Holmes	Nursery & Infants	Jan 21	Paediatric First Aid
L Pitt	Nursery & Infants	Jan 21	Paediatric First Aid
L Robertson	Nursery & Infants	June 21	Paediatric First Aid, Epi Pen Training
K Leather	Nursery & Infants	June 21	Emergency First Aid at Work – 1 day
J Foster	Nursery & Infants	Sept 21	Paediatric First Aid – 2 days
D Hyland	Nursery & Infants	Oct 19	Paediatric First Aid
T Eleftheriou	Nursery & Infants	June 21	Paediatric First Aid
C Courtney-Hale	Nursery & Infants	Nov 18	Paediatric First Aid <b>Renewal Pending 27<sup>th</sup> &amp; 28<sup>th</sup> Nov</b>
L Hulse	Nursery & Infants	Oct 21	Paediatric First Aid – 2 days

<b>OTHER</b>			
D Taylor	Caretaker	Nov 19	Full First Aid at Work
D Richardson	Caretaker	Dec 19	Full First Aid at Work
K Hearne	L/time Supervisor/Afterschool	June 21	Emergency First Aid at Work – 1 day
B Bola	L/time Supervisor/Cleaning	Sept 18	Emergency First Aid at Work – 1 day <b>Renewal Pending</b>
L Pople	L/Time Supervisor/Cleaning	Sept 18	Emergency First Aid at Work – 1 day <b>Renewal Pending</b>
R Dutta	L/Time Supervisor/Cleaning	July 20	Emergency First Aid at Work – 1 day
H Cauldwell	Cleaning	Oct 20	Paediatric First Aid – 2 days

Updated Sept 2018

## APPENDIX 2



### CONSENT FORM FOR USE OF EMERGENCY SALBUTAMOL INHALER

I (name given below) confirm that my child (name given below) has been:

- diagnosed with asthma and prescribed an inhaler as reliever medication
- prescribed an inhaler as reliever medication for another reason

(please delete as appropriate).

I understand that I am responsible for supplying my child with a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and a spare which is stored in the School Office. I will also ensure my child has a working inhaler with them (or given to staff) when they are out of school on any sort of trip.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available, or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held in school for such emergencies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

**(Please return consent form to Student Reception)**

## APPENDIX 3



CONSENT FORM FOR THE ADMINISTRATION OF  
PARACETAMOL IN SCHOOL

I (name given below) confirm that my child (name given below) has previously taken paracetamol without any adverse reactions or allergic reaction.

In the event of my child displaying medical symptoms requiring mild pain relief, I consent for my child to receive one dose (500mgs) of paracetamol, to be administered by a qualified nurse or trained first aider.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Pupil name: \_\_\_\_\_

Class: \_\_\_\_\_

