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# SAINT NICHOLAS SCHOOL

## MEDICAL & FIRST AID POLICY

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*Note: This policy applies to all sections of the school including EYFS*

Reviewed June 2019

Review Date June 2021

Introduction

The Board of Governors, in consultation with the Headmaster and the Operations Manger, will ensure that the number of certified first aiders and the arrangements for training are sufficient to meet the needs of all foreseeable circumstances.

Any person needing first aid should be referred to the nearest first aider within each building or to the school office. A First Aid Room is situated on the Ground floor of Hillingdon House and first aid boxes are available in all areas of the school. Adequate and appropriate first aid provision must always form part of the preparation for all out of school activities.

### 1. MEDICAL

#### 1.1 Medical and Health Care

Pupils' medical care is primarily supervised by the reception staff, together with qualified first aiders in the school office.

Any pupil who feels unwell is referred to the nearest first aider within each building. Should further assistance be required, this is available by contacting the school office who will alert the First Aid Response Team (Peter Jackson, Kate Foxwell, Beverley Brooks). Parents are contacted whenever pupils are judged to need further medical attention and an ambulance will be called for a pupil suffering from any sudden or violent illness.

All records relating to medical matters are stored in reception. Details are recorded of all accidents, illnesses, medical complaints and the time, date and pupil's name for any medications dispensed. Every medical occurrence, however minor, is recorded. Parents are notified of any occurrence other than a minor complaint and a note made of the date and time of notification.

#### 1.2 Individually prescribed medications

- Parents must complete the medical record book kept in the office or pre-school to provide written permission stating that specific, named medications can be administered.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
- Saint Nicholas School cannot accept medicines that have been taken out of the container as originally dispensed, nor make any changes to the marked dosages on parental or guardians instructions.
- All prescribed medicines will be kept locked in the sick bay or pre-school.
- Before administration of the medicine, the office staff will check the identity of the patient against the photograph held on the Engage System and also check the medical record to confirm permission.
- Where possible, it is requested that medications be administered by parents either before or after school.
- In all cases, all dosages of drugs dispensed are recorded in the Medical Record Book kept in the reception or the Pre-School.

### **1.3 Other medications**

- Only Paracetamol or Calpol are dispensed to Year 6-11 pupils, provided that a Medical Consent Form has been completed and signed by the parent.
- Only pain or fever relief is dispensed to Year 1-6 pupils if we have prior consent from parents. Provided that a signature of authority has been given by a parent, sun tan lotion can be administered to Lower School pupils by appropriate staff.
- All dosages of the above medications are recorded in the Medical Record Book.
- No pupil should be in possession of any medication in school, except for an inhaler or Epipen.
- If a pupil has a particular medical need, arrangements can be made with parents so that the needs of the pupil are met without compromising the safety of others in the school.

## **2. PROCEDURE FOR CHILDREN WHO ARE SICK OR INFECTIOUS**

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach –parents will be contacted and asked to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top layer of clothing, sponging their heads with cool water, but kept away from draughts.
- Where there is any doubt concerning the seriousness of the illness the child should be taken to the nearest hospital and the parent informed.
- Parents are advised to take their child to the doctor before returning them to school; the school can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- After diarrhoea, or sickness parents are asked to keep children home for 24 hours or until a formed stool is passed.

## **3. ACCIDENTS & MEDICAL EMERGENCIES**

### **3.1 Trained first aiders**

First Aid cover is provided by staff who have been trained to the required level which is either

1. Three Day at Work
  2. Two day paediatric
  3. One day Emergency Aid
  4. Anaphylaxis add-on
- For a list of current First Aid trained staff and their qualifications, see Appendix 5

### **3.2 Accident and Emergency Medical procedure**

#### **Minor Injury**

- Incident should be dealt with on scene by the nearest First Aider within the relevant building.
- Reception First Aiders are the first response for Hillingdon House incidents only.
- The exception is for administration of medicines and dispensing of paracetamol etc. which are held in the First Aid Room/Reception

## Major Injury

- Defined as life-threatening or which, if not treated immediately will deteriorate into a life-threatening condition.
- Examples include unconsciousness, near/dry/secondary drowning, serious bleeding, heart attack, epileptic seizure, asthma not controlled by medication.
- Any significant head injuries.
- Where assistance is required.
- If in doubt, call the Response Team (Beverley Brooks, Kate Foxwell, Peter Jackson)

## Red Car Procedure

The school operates a Red Card 'help required' signal which is used as a simple and effective way of requesting further assistance for a teacher dealing with an emergency situation. The name of each classroom is clearly printed on each Red Card.

1. Send a pupil with a Red Card to nearest Teacher / Adult requesting assistance.
2. Teacher responds either by calling the Emergency Response Team directly or by sending two children with the Red Card to Reception.
3. Reception responds to the incident immediately by calling the Response Team (Peter Jackson, Beverley Brooks and Kate Foxwell) by mobile.
4. The Response Team make a decision about how best to deal with the incident where necessary by calling an ambulance.

## 3.3 Medication

Responsibility for administering medication and the issue of paracetamol or calpol remains with the office staff.

## 3.4 Miscellaneous

- Any accident, however minor, must be entered in the Accident/Incident Book kept securely in each building. This is a legal requirement.
- Parents should always be informed, before the end of the school day if possible, of any accident other than the most minor.
- The responsibility to attend the Accident and Emergency department of the hospital or the doctor lies with the parents, once they have been fully informed of the accident.
- No member of staff is obliged to deal with a medical emergency such as dealing with a diabetic or administering an Epipen – intervention must be voluntary.

## 4. PROCEDURES FOR DEALING BODY FLUID SPILLAGE

The responsibility for cleaning up blood and body fluids is divided between the housekeeping and maintenance staff, and the pastoral and teaching staff. During normal school hours and when the school is closed to pupils, the responsibility lies primarily with the housekeeping and maintenance staff.

See [Appendix 3](#)

## 5. PROCEDURES TO BE FOLLOWED IF CHILD SOILS THEMSELVES

- Teacher or child detects a problem.
- The LSA, if available, will take the child to the cloakrooms.
- The child will be instructed how to clean themselves and given clean underwear to put on.
- In the absence of an LSA the reception is informed.

- If the child appears unwell then they are taken by the LSA to the medical room and the reception will be informed and will ring home for collection.

## 6. ANAPHYLAXIS

Anaphylaxis (allergic reaction) is a condition, which appears to be on the increase. It is difficult to diagnose in advance and may be apparent only when a child is exposed to an allergen for the first time.

See [Appendix 2](#)

## 7. ASTHMA

The school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma. The school encourages children with asthma to achieve their potential in all aspects of school life.

See [Appendix 4](#)

## 8. RECORDS

A record should be made at the earliest opportunity on each occasion when any member of staff, pupil or other person receives first aid treatment, either on the school premises or as part of a school-related activity. Records are kept in the school's Accident and Incident Record Book, which is maintained by the Operations Manager. Parents of children becoming sick or injured during the school day are contacted according to need.

## 9. RECORDING ACCIDENTS, INFORMING PARENTS AND RIDDOR

An accident report must be fully completed by the staff member, pupil or visitor for all injuries incurred at work, on School premises or off site activities, however minor. An Accident Book is maintained by the Operations Manager; this book must be filled in as soon as possible after any injury. Accident reports will be kept securely, in accordance with current Data Protection requirements.

If, because of their injury, staff members, pupils or visitors are incapable of completing a report, then that report is to be completed by a person nominated by the injured person or those involved assisting or treating the injured person. Any injury to the head must always be reported to parents.

See also [Health & Safety Policy](#) on our website.

## 10. EARLY YEARS FOUNDATION STAGE AND PRE-SCHOOL– SPECIFIC REQUIREMENTS

Under Early Years Foundation Stage requirements, at least one person on the premises and at least one person on outings must have a paediatric first aid certificate. It must be clear from the certificate that the course followed has covered first aid for children (with the words 'children', 'child' or 'paediatric' somewhere on the certificate). The course must involve a minimum of twelve hours training. As a general principle, the first aid training should be appropriate to the age of the children in question.

Children taking prescribed medication must be well enough to attend the setting. We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition. Non-prescription medication, such as pain or fever relief (e.g. Calpol) **will not** be administered.

### Prescribed Medicines

- Parents must complete the medical record book kept in the office or the pre-school to provide written permission stating that specific, named medications can be administered.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

- Saint Nicholas School cannot accept medicines that have been taken out of the container as originally dispensed, nor make any changes to the marked dosages on parental or guardians instructions.
- All prescribed medicines will be kept locked in the sick bay or pre-school.
- Before administration of the medicine, staff will check the identity of the patient against the photograph held on the Engage System and also check the medical record to confirm permission.
- Where possible, it is requested that medications be administered by parents either before or after school.
- In all cases, all dosages of drugs dispensed are recorded in the Medical Record Books kept in the reception and Pre-school.

## Appendix 2

### ANAPHYLAXIS

Anaphylaxis is a condition which causes a massive allergic reaction to an allergen. Common allergens are nuts (particularly peanuts), bee stings, eggs, dairy products, shellfish and latex; it appears to be on the increase. It is difficult to diagnose in advance and is often discovered only when a reaction occurs for the first time. For this reason, we ask all parents to observe strictly the following rule:-

#### **NO NUTS OR NUT PRODUCTS OF ANY SORT ARE TO BE BROUGHT INTO THE SCHOOL**

Peanut butter is particularly hazardous, as even contact with a person who has eaten peanut butter can provoke a reaction. Please be vigilant about any food coming into school; snacks, lunch, birthday cake, cake sales etc.

#### **PROCEDURE IN THE EVENT OF AN ANAPHYLACTIC REACTION WHICH REQUIRES EPIPEN USE**

##### **Sequence changed to make epipen use before calling ambulance**

- While awaiting the medical assistance, trained staff will administer the Epipen (see below)
- **An Epipen for each child at risk is held in a named box in the First Aid Room**

Tell some to ask the office staff to:

- Dial 999 or 112 and call an ambulance
- Give the pupil's name and inform them that he/she is suffering an Anaphylactic reaction
- Call the pupil's parents and inform them
- A second dosage will be given after ten minutes if the ambulance has not arrived and his/her condition has not improved

#### **THE EPIPEN TREATMENT – INJECTABLE ADRENALINE**

Directions for use are:

- Pull the end off ie. the grey cap
- Hold onto the muscle at the top of the leg ie. thigh
- Aim the pen. It must be placed OUTSIDE THE THIGH AND LEFT
- Press down on the top of the pen: this will click which in turn will push the needle into the leg
- Count slowly to ten: this allows the adrenaline to be absorbed
- Withdraw needle ie. pull the Epipen away
- Look for a positive response. YOU CAN INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED
- Confirm that an ambulance has been called

## Appendix 3

### SPILLAGE OF BODILY FLUIDS

#### Background

All body fluids potentially carry transmittable disease, the biggest risk being Hepatitis B, which is difficult to destroy and is carried by up to 20% of the population, Hepatitis C, D and G can also be carried in the blood. HIV can be present in freshly spilt blood, but does not survive outside the body for more than a few seconds.

Employees are expected to fully comply with the controls set out in this procedure. As it is not possible to identify all circumstances where employees are not at risk from disease associated from body fluids, controls are based on the concept of 'Universal Precautions'. So ALL body fluids should be regarded as potentially infectious.

#### Procedures

##### ***Control of risks (Universal Precautions)***

- Wash hands before and after every potential contact and avoid hand to mouth/eye contact
- Wear gloves when contact with blood or body fluids is anticipated
- Protect skin lesions and existing wounds by means of waterproof dressings and/or gloves
- Avoid use of, or exposure to needles and sharp objects, where unavoidable take care in their disposal
- Avoid contamination of the person by waterproof or plastic apron
- Control surface contamination by blood and bodily fluids through containment and appropriate decontamination procedures
- Dispose of all contaminated waste and linen safely.

##### ***First Aid***

If body fluids come into contact with eyes, mouth, or open wounds, the following precautions should be taken:

- Wash affected part thoroughly
- Encourage wounds to bleed
- Affected persons should go to Accident and Emergency Department AS SOON AS POSSIBLE (within one hour if possible, and CERTAINLY within 24 hours).

## Appendix 4

### Asthma

#### Medication

Immediate access to reliever inhalers is vital. The reliever inhalers are kept in the classroom in the asthma box. Parents are asked to ensure that the school is provided with a labelled inhaler additional to the one kept at home. All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. All school staff will let children take their own medication when they need to.

#### Record keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given a National Asthma Campaign school card to give to their child's GP or asthma nurse to complete and return to the school. From this information the school keeps its asthma register which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school.

#### PE

Taking part in sports is an essential part of school life. PE teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson they will be encouraged to do so.

#### The school environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the secretary's office if particular fumes trigger their asthma.

#### Making the school asthma friendly

The school ensures that all children understand asthma. Asthma can be included in key stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum.

#### When a child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed nights sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nurse and special educational needs co-ordinator about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

#### Asthma attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms:

1. Ensure that the reliever inhaler is taken immediately
2. Stay calm and reassure the child
3. Help the child to breathe by ensuring tight clothing is loosened

#### After the attack

- Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.
- The child's parents must be told about the attack



### **Emergency procedure**

If:

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- you have any doubts at all about the child's condition

Call an ambulance

## Appendix 5

### List of First Aiders

#### Three day First Aid at Work Qualified

	Expiry date	Refresher
Peter Jackson	13 May 2018	
Kate Foxwell	13 May 2018	
Beverley Brooks	13 May 2018	

#### Paediatric First Aid (two day) qualified

	Expiry Date
Karen Jones	10 February 2019
Amanda Warrilow	10 February 2019
Lin Fitch	27 January 2019
Vicky Cutmore	27 January 2019
Sue Bormond	27 January 2019
Sophie Jackson	27 January 2019
Natalie Thompson	27 January 2019
Debbie Wright	10 February 2019
Gemma Burchell	24 <sup>th</sup> October 2018
Maxine Haley	12 August 2016
Kirsty Grant	29 November 2017
Coral Bright	21 March 2018
Crarla Scott	24 <sup>th</sup> August 2019

### **Anaphylaxis qualified**

	Expiry Date
Francis Brown	24 January 2019
Cathy Wheatley	24 January 2019
Terry Pinto	24 January 2019
Alexis Oakley	25 November 2018
Adam Crumpton	25 November 2018

### **Schools First Aid (one day) qualified**

	Expiry Date
Francis Brown	24 January 2019
Terry Pinto	24 January 2019
Cathy Wheatley	24 January 2019
Adam Crumpton	25 November 2018
Alexis Oakley	25 November 2018

**Updated February 2017**