



## First Aid Policy

### OBJECTIVE

First aid must be provided to any person that 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 Member of Staff: **Rene Houpe**

Premises Manager: **Doug Merritt (Winslow Centre – Bucks CC)**

### Operating Statement:

Sir Thomas Fremantle School will have:

- A number of suitably stocked first-aid containers
- An appointed 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 St John's Ambulance. This will be provided as part of our enrichment 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/appointed persons – 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. We also expect to be able to access trained staff through the Winslow Centre.

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.**

A database of pupils with pre-existing or known medical conditions is available for all staff to view on the 'Staff Share' area of the school network in the Medical Folder, which is regularly

updated as necessary by the Specialist Support Assistant, outlining their needs and what to do in an emergency. Hard copies can be printed as necessary.

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/appointed persons. 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/](http://www.cleapss.org.uk/)

### **The Lead First Aider –Specialist Support Assistant / Business Manager**

Our 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/appointed person. 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 to give their consent to the School's Lead First Aider / SENCO to administer drugs if necessary. Relevant forms can be found at the back of this policy.

### **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.
- 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, 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:

<b>Name</b>	<b>Julie Smith</b>
<b>Role &amp; Location</b>	<b>Specialist Support Assistant – Medical Room</b>
<b>Training completed on</b>	<b>8<sup>th</sup> October 2014 – First aid at work 3 days</b>
<b>Date of Expiry of Certificate</b>	<b>7<sup>th</sup> October 2017</b>

<b>Name</b>	<b>Rene Houpe</b>
<b>Role &amp; Location</b>	<b>Business Manager – Office</b>
<b>Training completed on</b>	<b>24<sup>th</sup> October 2013 – First aid at work 3 days</b>
<b>Date of Expiry of Certificate</b>	<b>23<sup>rd</sup> October 2016</b>

<b>Name</b>	<b>Eleanor Smith</b>
<b>Role &amp; Location</b>	<b>Maths Teacher – Ma1</b>
<b>Training completed on</b>	<b>29<sup>th</sup> November 2013 – Emergency first aid at work</b>
<b>Date of Expiry of Certificate</b>	<b>28<sup>th</sup> November 2016</b>

<b>Name</b>	<b>Kelly Cribbens</b>
<b>Role &amp; Location</b>	<b>Receptionist – Reception</b>
<b>Training completed on</b>	<b>3<sup>rd</sup> September 2013 – Emergency first aid at work</b>
<b>Date of Expiry of Certificate</b>	<b>2<sup>nd</sup> September 2016</b>

<b>Name</b>	<b>Louise Wetherall</b>
<b>Role &amp; Location</b>	<b>Receptionist – Reception</b>
<b>Training completed on</b>	<b>28<sup>th</sup> April 2014 – Schools First Aid</b>
<b>Date of Expiry of Certificate</b>	<b>27<sup>th</sup> April 2017</b>

<b>Name</b>	<b>Rebecca Willison</b>
<b>Role &amp; Location</b>	<b>Head of Girls' PE &amp; Games</b>
<b>Training completed on</b>	<b>18<sup>th</sup> March 2014 – Schools First Aid</b>
<b>Date of Expiry of Certificate</b>	<b>17<sup>th</sup> March 2017</b>

<b>Name</b>	<b>Patrick Temple</b>
<b>Role &amp; Location</b>	<b>Head of Boys' PE &amp; Games</b>
<b>Training completed on</b>	<b>31<sup>st</sup> March 2014 – Schools First Aid</b>
<b>Date of Expiry of Certificate</b>	<b>30<sup>th</sup> March 2017</b>

<b>Name</b>	<b>Zoe Coll</b>
<b>Role &amp; Location</b>	<b>Girls' PE &amp; Games</b>
<b>Training completed on</b>	<b>4<sup>th</sup> April 2014 – Level 2 Award in Pool Lifeguarding (incl. CPR and First Aid)</b>

## **Appointed Persons**

An appointed person is someone who:

- takes charge when someone is injured or becomes ill
- looks after the first aid equipment e.g. restocking the first aid container
- ensures that an ambulance or other professional medical help is summoned when appropriate.

Appointed persons are not necessarily first aiders. They should not give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate.

These courses do not require HSE approval. They normally last four hours and cover the following topics:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded or bleeding.

Emergency first-aid training should help an appointed person cope with an emergency and improve their competence and confidence.

## **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 boxes ~~and first aid record books~~ are kept in the following points in the School.

### **Reception**

#### **Medical Room**

**PE department** x 4 (to allow cover for off- site fixtures that run concurrently to the school day)

**Science 1** x 5 (including large eye wash)

**Science 2** (including large eye wash)

#### **Staff Room**

**Art room** (including large eye wash)

**MFL corridor** (next to EVAC chair)

**Spare mobile kits for school trips** x 2 large and x 4 mini **(kept in Medical Room)**

**School mini-buses**

**All first aid kits are BS8599-1 compliant (Science 1 kits have been slightly modified in order to reflect the potential needs of the area).**

A central first aid record folder is kept in reception.

### **Contacting First-Aid Personnel**

Posters detailing a list of current first aiders and their locations, locations of first aid kits and emergency procedures are displayed in the following locations around the school:

- Reception
- Medical Room
- PE corridor
- Staff Kitchen corridor
- Art/Rose Room corridor
- Staff Room
- MFL corridor

### **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 SENCo where appropriate in the preparation of risk assessments for students with physical disabilities.

### **Points to consider:**

The Governing Body/Headmaster should consider additional first aid provision if there is more than one building. They should consider how many first-aid personnel are needed to provide adequate cover on each floor on a spilt level site and outlying buildings, and on each site of a spilt-site building.

### **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**

You are 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/the School.

### **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 HSC 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 provisions.
- 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.

The Specialist Support Assistant or Trained First Aider deals with emergencies if it occurs in an isolated area e.g. on the playing field. He/She goes to the scene with her radio and radios reception if there is need for an ambulance etc.

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. This information is displayed on notices throughout the School.

## **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 does 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 is 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.

## **EpiPen Management & Administration**

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen 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.

If a child has been prescribed an EpiPen it is necessary that training in its use is a part of professional learning provided each year by a Registered Training Organisation, as a part of development of the Individual Anaphylaxis Management Plan. Records of staff who have received this training are kept at reception.

If a pupil has been prescribed an EpiPen, a minimum of two EpiPens must be provided by the pupil's parents to the school. Storage of EpiPens

- EpiPens should be stored correctly and accessed quickly.
- EpiPens are stored in the SEN/Medical Room in an unlocked, easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer.
- EpiPens should be clearly labelled with the pupil's name.
- Each pupil's EpiPen should be distinguishable from other students, EpiPens and medications.

- All staff should know where the EpiPen is located.
- The EpiPen 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 EpiPen in class or in a bag for outside use.
- It is important that trainer EpiPens (which do not contain adrenaline) are kept in a separate location from students' EpiPens.

### **Key information about EpiPens**

EpiPens should not be cloudy or out of date. They should last at least 12 months from time of purchase from a pharmacy and have an expiry date printed on them. It is the parent/carer's responsibility to supply the pupil's EpiPen to the school and to replace it before it expires. It is recommended that a designated staff member, such as the senior first aider, should regularly check the EpiPen at the beginning or end of each term. At least a month before its expiry date, the designated staff member should send a written reminder to the parents/carers to replace the EpiPen. Adopting the practice of returning the EpiPen to the family at the end of each term is suggested. Return or replacement of the EpiPen should take place when the pupil recommences school in the new term.

Administration of EpiPen is quite safe: if a person is suspected of having a severe allergic reaction, it may be more harmful not to give it than to use it when it may not have been needed. EpiPen should be administered if there is difficulty in breathing and an ambulance should be called.

If the ambulance has not arrived and the patient has not recovered a second dose should be administered within 10 minutes. "If in doubt, give the EpiPen": from the ASCIA Action Plan for Anaphylaxis For additional information about the use of EpiPens refer to the NSW Department of Education and Training Anaphylaxis Guidelines for Schools , or the Victorian Department of Education and Training Anaphylaxis Guidelines

### **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 spilt sites/levels, distant sports fields or playgrounds, any other high risk areas and offsite 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**

There is no mandatory list of items for a first-aid container, however the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- A leaflet giving general advice on first aid (see list of publications in Annex A)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings
- Two large (approx. 18cm x 18cm) sterile individually wrapped undedicated wound dressings
- One pair of disposable gloves.

*Equivalent or additional items are acceptable.*

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.

### **Travelling First-Aid Containers**

Before undertaking any off-site activities, the Headmaster should assess what of first-aid provision is needed. The HSE recommend that, where there is no special risk identified a minimum stock of first-aid items for travelling first-aid containers is:

- A leaflet giving general advice on first aid. See list of publications in Annex A
- Six individually wrapped sterile adhesive dressing
- One large sterile un-medicated wound dressing –approx. 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes

- One pair of disposable gloves

*Equivalent or additional items are acceptable.*

Additional items may be necessary for specialised activities for instance eye wash in Science labs.

### **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 with the following items:

- Ten antiseptic wipes, foil packaged
- One conforming disposable bandage (not less than 7.5cms wide)
- Two triangular bandages
- One packet of 24 assorted adhesive dressings
- Three large sterile un-medicated ambulance dressing (not less than 15cm x 20 cm)
- Two sterile eye pads, with attachments
- Two assorted safety pins
- One pair of rustles blunt ended scissors.

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 us; and
- 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 in the SEN Office.

Organisations such as HSE provide detailed advice on first-aid rooms.

### **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.

### **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.

- Accidents to employees the School needs to Report. 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 while 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 will be notified of ANY accident or injury that occurs to their child at school or whilst on a school led activity.

Where any pupil has sustained a head injury, the parents/guardians will be notified by telephone 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.

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](http://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.

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.

## Asthma Management and Inhaler Administration

All staff in post at the time received asthma training delivered by the Local Authority (February 2015).

Asthma is the most common chronic condition affecting one in eleven children. On average there are two children with asthma in every classroom in the UK and it accounts for over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. Asthma is a serious and potentially life threatening respiratory condition which must be treated promptly and appropriately. Students diagnosed with asthma will be prescribed a ‘reliever’ inhaler by their GP (commonly Salbutamol, trade name is Ventolin) for use during an asthma attack or exacerbation of their symptoms (occasionally they may be advised to take further doses of their ‘preventer’ inhaler in addition to the reliever if severe, however this is specific to individuals). If a student has been diagnosed with asthma and prescribed an inhaler their parents/carers must ensure that:

- The necessary medical documentation for the school is completed in full and signed by a parent/carer; this includes a Health Care Plan (Form 2), Parental agreement for the school to administer medicine (Form 3A) and Request for child to carry his/her own medication (Form 7).
- The student carries a reliever inhaler on their person at all times, including on the sports pitch.
- The school is supplied with a spare boxed reliever inhaler prescribed for that pupil (and a preventer inhaler should this be included in their asthma treatment plan). The box is important as it shows the expiry date of the inhaler.

- The spare inhaler/s will be stored securely in the Medical Room, in a clearly labelled box with their name, locked in a secure medical cabinet.
- A list of key holders to this medical cabinet is clearly displayed on the door of the cabinet.
- A record of expiry dates of all medications held in the Medical Room is kept by the school and parents will be reminded in advance of any medication that is due to expire and needs replacing.
- It is the responsibility of the parents/carers to ensure that the inhaler carried by the student is in date and has sufficient supply.

**An asthma attack can be recognised from one or more of the following symptoms:**

- Persistent cough (when at rest)
  - A wheezing sound coming from the chest (when at rest)
  - Difficulty in breathing (the pupil could be breathing fast and with effort, using all accessory muscles in the upper body)
  - Nasal flaring
  - Unable to talk or speak in complete sentences. Some children will become very quiet.
  - They may try to tell you that their chest ‘feels tight’ (younger children may express this as tummy ache).
- CALL 999 IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT :
    - Appears exhausted
    - Has a blue/white tinge around their lips
    - Is going blue
    - Has collapsed
  - IN THE EVENT OF AN ASTHMA ATTACK DURING SCHOOL HOURS THE FOLLOWING GUIDELINES SHOULD BE FOLLOWED:
    - Encourage the child to sit up and slightly forward.
    - Use the child’s inhaler that they carry on them – if it is not available, use their own named spare inhaler kept in the Medical Room.
    - Remain with the child at all times and send another person to fetch the inhaler from the Medical Room if necessary (ensure that the Medicine Administration Form is completed).
    - Ensure that the spacer device is used with the inhaler if one has been supplied by the parents/carers (not all children will use one).
    - Assist the child to take two separate puffs of their reliever inhaler (via the spacer if applicable).
    - If there is no immediate improvement/relief, continue to give two puffs at a time every two minutes, up to a maximum of ten puffs. 1

- Remain calm, reassure the child and stay with them until they feel better. Once better they can return to school activities.
- If the child does not feel better, symptoms have not eased or you are concerned at ANYTIME before you have administered ten puffs, ask another member of staff to CALL 999 FOR AN AMBULANCE, ensuring you give accurate details of the child's condition to the emergency services.
- If an ambulance does not arrive in ten minutes, give another ten puffs in the same way as detailed above. <sup>1</sup>
- Inform parents/carers.

<sup>1</sup> Guidance taken from Department of Health: Guidance on the use of emergency salbutamol inhalers in schools, September 2014

### **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 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.
- Who notified the parent and whether this was by letter, phone, email or in person.

The Business Manager keeps a central record, 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.

It is our practice to report all serious or significant incidents including head injuries to the parents/guardians by telephoning the parents and sending a head injury letter home with the child, which includes advice on signs and symptoms of a head injury (See appendices).

## **Prescribed Medicines**

Medicines should only be taken to the School when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the School day.

The School should only accept medicines that have prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in original container as dispensed by pharmacist and include prescribers instructions for administration.

The School should never accept medicines that have been taken out of the container as originally dispensed nor make any changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside School hours. Parents could be encouraged to ask the prescriber about this.

## **Non-prescribed medicines**

Staff should **NEVER** give non-prescribed medicine to a child unless there is a specific prior written permission from the parents.

A child under 16 should never be given aspirin or medicines contained ibuprofen unless prescribed by a doctor.

## **Controlled Drugs**

All controlled drugs are to be kept locked in a non-portable container and only named staff should have access

## **Children with Special Medical Conditions**

The School should be aware of children who have allergies or that require any special medical attention.

## **Refusing Medicine**

If a child refuses to take medicine, staff should not force them to do so but should note this in the records and follow agreed procedures.

## Monitoring, Evaluation and Review

This policy will be reviewed every two years or before this as appropriate.

Agreed

Signed by: Chris Brown - Chair of Buildings & Grounds

Date 13<sup>th</sup> January 2015

Signed by: ..... Chair of Governors

Date .....

Signed by: ..... Mr D J Lyon; Headmaster

Date .....



## APPENDIX A

**Parental agreement for School to administer medicine. The School will not give your child medicine unless you complete and sign this form, and the School has a policy that staff can administer medicine.**

Name of Child	
Date of Birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (As described on container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precaution	
Are there any side effects?	
Self-administration	
Procedures to take in an emergency	
Contact details	
Name	
Daytime telephone number	
Relationship to child	
Address	

**I understand that I must deliver the medicine personally to [agreed member of staff]**

--

**I accept that this is a service that the School is not obliged to undertake. I understand that I must notify the School of any changes in writing.**

Date:

Signature:

**APPENDIX B**

**SIR THOMAS FREMANTLE SCHOOL**

CO-EDUCATIONAL SCHOOL FOR STUDENTS AGED 11-19

PARK ROAD  
WINSLOW  
BUCKINGHAMSHIRE  
MK18 3DL  
(01296) 711970

EMAIL: [HEADMASTER@SIRTHOMASFREMANTLE.ORG](mailto:HEADMASTER@SIRTHOMASFREMANTLE.ORG)  
WEB: [WWW.SIRTHOMASFREMANTLE.ORG](http://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,