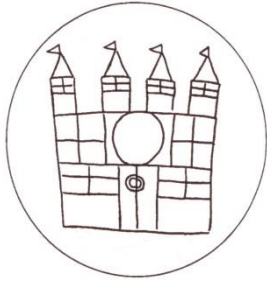


The Bridge Partnership



**"Bringing out the
best
in everyone"**



**"Everyone matters;
everyone is
important"**

**FIRST AID AND MANAGING
MEDICINES IN SCHOOL POLICY**

1. Aims

- To identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1999.
- To have regard to DFE statutory guidance for Supporting Pupils at School with Medical Conditions (2015).
- To ensure that the provision is available at all times while people are on school premises and off the premises whilst on school visits.
The Bridge Partnership is an inclusive community that supports and welcomes pupils with medical conditions.
We provide children with medical conditions the same opportunities and access to activities (both school based and out of school) as other pupils. No child will be denied admission or prevented from taking up a place at The Bridge Partnership because arrangements for their medical conditions have not been made.
- Pupils and parents feel confident in the appropriate medical care they receive from the Bridge Partnership and the level of care meets their needs.

The Bridge Partnership recognises that duties in the Children and Families Act 2014 and the Equality Act 2010 relating to children with disability or medical conditions is anticipatory. The Bridge Partnership understands that some children who have medical conditions may also have disabilities and/or special educational needs. This policy may be read in conjunction with the SEN Policy for both schools and the SEND Code of Practice. Due regard is also given to the Bridge Partnership Single Equality Policy.

2. Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school.
- To provide relevant training and ensure monitoring of training needs.
- To ensure staff understand the medical conditions of pupils at Ashbrook/Holmwood and that they may be serious, adversely affect a pupil's quality of life and impact on their ability to learn.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the School's First Aid arrangements.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- To ensure all staff understand their duty of care to pupils and know what to do in the event of an emergency.
- To ensure all pupils joining at normal transition times or mid-term will have arrangements in place to manage their medical condition as soon as possible..
- To ensure all staff understand that all children with the same medical condition will not have the same needs.

3. Duties and Responsibilities

The **Governing Body** is responsible for the health and safety of their employees and anyone else on the premises. This includes the Headteacher and teachers, non-teaching staff, pupils and visitors (including contractors).

The Health and Safety Co-ordinator must ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place. The Health and Safety Co-ordinator should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

The Headteacher is responsible for putting the policy into practice and for developing detailed procedures. They should ensure that the policy and information on the School's arrangements for first aid are communicated to all staff and parents. New staff are to be informed of procedures as part of their induction programme, a copy of this policy is kept on display in the medical room and staff training is given in response to need.

The Headteacher is responsible for ensuring that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment as well as social, sporting and educational activities. In addition, structured and unstructured school activities.

The Headteacher is responsible for ensuring that all staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge alongside the anti-bullying policy to help promote a positive environment.

The school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This may also include ensuring staff understand precautions that may need to be taken during an activity and the potential triggers relating to a pupil's medical condition. This includes school run clubs.

All staff are expected to do all they can to secure the welfare of the pupils.

4. **The Appointed Person** need not be a First Aider but should have undertaken emergency first aid training. They will:

- Take charge when someone is injured or becomes ill
- Look after the first aid equipment e.g. restocking the first aid bags in the allocated places
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

The First Aider must have completed a training course approved by the HSE, and will be updated every three years. He/She will:

- Be contacted to give immediate help to casualties if required. Class TA's are responsible for dealing with injury or illness during lesson times at Holmwood and when the Welfare Assistant is not available at Ashbrook and Holmwood.

In the event of a serious injury or illness the most senior first aider on site should be called to deal with them.

- During lunchtime any pupil complaining of illness or who has been injured is to be sent to the lunchtime assistants who will treat and inform
- At Ashbrook all incidents are to be recorded in the Accident Book and at Holmwood all incidents are to be recorded using online reporting via Microsoft forms.
- Where possible constant supervision will be provided for poorly or injured children.
- Where the injury or illness requires, or if there is any doubt over the health and welfare of a pupil, parents or carers (as stated on pupil medical record) should be contacted as soon as possible so that the pupil can be collected and taken home.
- For their own protection and the protection of the patient, staff that administer first aid will follow necessary precautions.

5. Parents

- Parents are expected to take responsibility for any injuries that take place outside the school.
- Parents will be requested to give written permission for their child to go out onto the playground if they have a significant injury e.g. an arm in a sling.
- Parents are requested to give written permission, by completing the relevant request to administer medication form, for their child to receive medication during the school day (Please refer to the medication in school section - appendix 3 - for more detail on when medicine can be administered during school hours).
- When necessary, parents are expected to supply additional clothing if their child needs to be changed during the school day.
- To inform staff of any medical problems their child is experiencing if he/she is likely to need any additional attention during the school day.
- To ensure that their child does not attend school if they have been advised by a doctor that their child should be cared for at home.
- Parents are expected to write to inform the school if their child has a disability.

6a. Reporting and Record Keeping

- The Headteacher or most senior teacher on site will be informed of any serious injury occurring in a day.
- More serious incidents or accidents resulting in injuries are required to be reported to the Health and Safety Executive. It is the responsibility of the Headteacher, or in their absence, the Deputy Head to complete the forms. The First Aider may remind the Headteacher of the need to complete the form and assist by supplying the details of the accident or incident and the subsequent treatment of the casualty.

6b.

- All incidents, injuries, head injuries and treatments are to be reported in the Accident Book
- Staff should also complete the accident reporting form for employees if they sustain an injury at work

The accident book contains details of:

- The date and time of the illness/injury

- Name of the casualty
- Class
- Details of the injury/illness-including specific details on the area of the body affected
- Treatment given
- Confirm if letter has been sent home
- Name of the First Aider who gave treatment

If a child receives a bump on the head, parents/guardians are always informed immediately (see bumped head information – Appendix 6 and 7) and any injuries are noted on an accident form which then goes home to parent/guardian with the child at the end of the school day.

More serious incidents or accidents resulting in injuries are required to be reported to the Health and Safety Executive. It is the responsibility of the Headteacher, or in her absence the Deputy Head to complete the forms. The First Aider may remind the Headteacher of the need to complete the form and assist by supplying the details of the accident or incident and the subsequent treatment of the casualty.

Accident and first aid treatment records can be used to help the Health and Safety Committee to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

Resources Governors Committee, who hold the Governor's responsibility for Health and Safety, are informed of all accidents reported to HSE.

7. First Aid on School Trips

It is school policy to ensure that one First Aider, with Asthma and Auto-injector training if required, accompanies every school outing. It is the responsibility of the First Aider to ensure that appropriate resources and a First Aid box are available. As far as possible the school also provides First Aid cover for sporting activities that take place off the school site.

For Foundation School trips, a Paediatric First Aider will accompany all trips.

8. Sickness

If a child is sick or unwell they can be taken to the Medical Room and are to be accompanied at all times. If they continue to feel unwell and parents have been called the child can return to a safe place to wait for collection. If a pupil is suffering with sickness and/or diarrhea they must not return to school until they have been clear from symptoms for 48 hours.

9. Medicines held in School

All prescribed medications must be held in their original packaging, with the name of the patient and dosage clearly marked. Prescribed medications held in School are to be sent home at the end of each academic year. Medication is checked for expiry dates at the end of every term and parents contacted if new supplies are needed.

Auto-injectors should be supplied in clear Tupperware boxes, labeled with name and picture of the child. The box should also contain the child's anti-histamine and most recent care plan. These will be kept in the medical room.

Please refer to the medication in school section - appendix 3 - for more detail on when medicine can be administered during school hours

10. First Aid Equipment and Facilities

The First Aid box is marked with a white cross on a green background. Its contents will follow most recent guidelines. The school provides suitable resuscitation aids to protect the First Aider from contamination when carrying out cardiopulmonary resuscitation.

11. Admissions to Hospital

If anyone at the school is taken ill or is injured and it is felt that the illness is sufficiently serious as to demand urgent medical treatment the ambulance service should be contacted without delay.

The Local authority recommends that a member of the school staff should accompany the child if a parent or other responsible adult is not available. This is essential in the case of a child with special needs.

If in very exceptional circumstances it is not possible for a child to be accompanied to hospital, a brief note giving details of the accident or injury should be given to the ambulance person. Precise details of the hospital to which the casualty is being taken should be noted and parents informed as soon as possible.

On no account should provision of urgently needed medical treatment be delayed pending contact with, or arrival at school, of parents.

Conclusion

It is expected that all staff will actively promote the care and wellbeing of children attending school.

INFORMATION REGARDING APPENDICES

- Appendix 1 Asthma
- Appendix 2 Asthma Card
- Appendix 3 Medication - Prescribed
- Appendix 4 Application of suncream form
- Appendix 5 Request to administer medication
- Appendix 6 Bumped head sticker
- Appendix 7 Bumped head script for phone call
- Appendix 8 Anaphylaxes & Allergies
- Appendix 9 Form for Staff to complete re administration of anaphylaxis medication

ASTHMA

Children with asthma are encouraged to take responsibility for the management of their condition and to join in all aspects of school life.

Medication and Inhalers:

Relievers (sometimes called bronchodilators) quickly open up narrowed airways and generally come in BLUE containers. This is the inhaler that children need to use immediately when asthma symptoms appear. In the event of a severe asthma attack relievers can be given in higher doses using a metered dose aerosol inhaler and larger volume spacer.

Preventers make the airway less sensitive to asthma triggers.

Spacers make metered dose inhalers (spray inhalers) easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs.

If we have been informed that a pupil suffers from Asthma we must have a reliever inhaler in school for them. It is unsafe for the pupil to be in school without their inhaler and parents may be contacted to collect the child if one is not supplied.

Ashbrook and Holmwood Schools DO NOT keep spare/free Inhalers in school. Parents with children at school who need an Inhaler MUST complete a 'Request For School to Administer Medication Form', an Asthma Card and supply a prescribed Inhaler from the Doctor with their child's name clearly marked on it. These Inhalers are checked for contents and expiry date. It is the parent's responsibility to ensure their child has enough Inhaler in School at all times. We cannot give an Inhaler to a child that has not been prescribed for them or without prior consent.

An up-to-date record of medication will be kept in the medical room. Parents are to make sure their child is on the appropriate dose of medication,

SCHOOL ARRANGEMENTS FOR PUPILS WITH ASTHMA

1.0 Inhaler storage

- Inhalers will be kept in the first aid room. Inhalers should be clearly marked with the child's name and class.
- Children will have access to their relief inhaler at all times, access must never be restricted.
- Staff must ensure that children's relief inhalers are taken on all school trips.

2.0 Asthma Awareness in School:

- School staff are well placed to make observations that may help in recognising asthma and in monitoring its severity. They should be aware that there are three principal symptoms or any combination of them, which are:

1. wheezing
2. breathlessness
3. coughing

2.1 If staff note symptoms that suggest that a child might have asthma they will inform the parents of what they have observed. *It is not the responsibility of school staff to diagnose.* If any difficulties arise the school nurse should be consulted.

2.2 If an asthmatic child is seen to have an increase in symptoms or use the blue inhaler more frequently parents will be informed. .

A record will be kept in school of all children with asthma.

Records will also be kept of:

- a) Staff trained in asthma care and the date of their last update.
- b) Any emergency treatment that is given in school.

When a child uses their relief inhaler in school parents will be notified either at the end of the day when the child is collected or via parentmail text.

Dealing with an Asthma Attack

Asthma varies from child to child so it is impossible to make rules that suit everyone, but the following guidelines should be helpful.

Mild-Moderate Attack:

A child feels breathless, you may be able to hear a wheeze or cough. They look quite well and can speak normally.

Response:

- a) Make sure that the usual dose of reliever inhaler (blue) is used. You can repeat this if necessary.
- b) You should stay calm and reassure the child. Listen carefully to what the child is saying. Do not put your arm around the child's shoulders, this is restrictive.
- c) Encourage the child to breathe slowly and deeply and to sit upright (lying flat is not recommended). Loosen tight clothing around the neck and offer the child a drink of water.
- d) This response should produce an improvement in about 15 minutes.
- e) Minor attacks should not interrupt a child's involvement in school activities as soon as they feel better.
- f) If a child has frequent attacks the information should be recorded and the parents informed.
- g) If you are unsure what to do phone either the parents or the child's GP for advice.
- h) DO NOT LEAVE THE CHILD ALONE

Severe Attack:

Some children become ill very quickly and action must not be delayed. Emergency treatment will be needed if:

- a) The reliever has no effect after 5 to 10 minutes
- b) The child is either distressed or unable to talk because of difficulty in breathing
- c) The child is getting exhausted
- d) The child has a blue tinge around their lips

If you have any doubts at all about the child's condition, you will need to take the following action:

- **Ask another member of staff for help;**
- **Dial 999 for an ambulance, state that the child is having a severe asthma attack requiring immediate attention.**

Whilst waiting for the ambulance:

- Make sure that a member of staff is with the child all the time
- Make sure that the child continues to take their reliever inhaler every few minutes until help arrives
- Contact the child's parents / carers to inform them of the situation and the action being taken.
- If you are concerned about your ability to help the child whilst waiting for the ambulance to arrive, you should contact the nearest GP and request immediate assistance or advice.

Please note: The child will not overdose on the reliever medication, it is extremely safe.

INFORMATION FOR STAFF

How to Use a Large Volume Inhaler Spacer in the Event of an Asthma Attack.

The spacer can only be used with children already prescribed a metered dose bronchodilator and the school holds the parent' agreement form for the use of such a device in the event of a severe asthma attack.

- a) Remove the cap of the bronchodilator, shake it and insert it into the device.
- b) Place the mouthpiece in the child's mouth.
- c) Press the canister once to release a dose of the reliever medication.
- d) Encourage the child to take a deep, slow breath in and to hold the breath for about

10 seconds, then breathe out slowly and gently. (This will make a "clicking" sound as the valve opens and closes.)

e) Ask the child to breathe in again (there is no need to release any more medication as sufficient will still be retained in the spacer).

f). Remove the device from the child's mouth.

g) Wait another 30 seconds before administering subsequent doses as needed.

h) The spacer is to be washed in warm, soapy water after use and dried naturally.

Should a child be diagnosed with asthma, parents are requested to complete an Asthma card (see below). Copies are kept in the red file in the Medical Room. This card is always kept with the child's medication for reference purposes.

SCHOOL ASTHMA CARD

Name:	
Address:	
Home tel:	
Parents work tel:	

**PLEASE REMEMBER TO UPDATE THIS INFORMATION IF THE TREATMENT
CHANGES**

SIGNED _____ **DATE** _____

(parent/carer)

USUAL PREVENTER TREATMENT

(Not normally taken at school)

PLEASE ENSURE ALL ITEMS ARE LABELLED

Name and how taken	Dose and when taken

Before exercise

--

RELIEF TREATMENT WHEN NEEDED

For sudden chest tightness, wheeze, breathlessness or cough, give or allow child to take:

Name and how taken	Dose and when taken

If no relief or bad again in 3 hours

- repeat above
- call parent

If child is fighting for breath, speechless or blue

- repeat above
- call parent
- dial 999 for an ambulance
- take to nearest hospital

Any other relevant information

MEDICATION – PRESCRIBED

Prescribed medicines or tablets for illnesses that are not ongoing will only be administered in school in exceptional circumstances (only when prescribed for 4 times per day). Medication at Holmwood will be administered at 12.00, if you require medication to be given at a time other than this please discuss your requirements with a member of staff.

Prescribed medication for ongoing medical conditions (i.e. asthma, eczema, diabetes) will be administered by a member of staff. For Foundation stage they will have a paediatric first aid qualification, for KS1 it must be a nominated, and agreed member of staff who holds a current first aid certificate. All medication that is to be given in a measured dose must only be given in the presence of a witness. For creams, eye drops and inhalers a second member of staff should witness that the child has attended the medical room for their medication.

If a pupil has an ongoing medical condition, which may require medication during the school day and when the lack of such medication is deemed to be a risk to health or life, the pupil may not be allowed to remain in school until such medication is provided (i.e Inhalers and Auto-injectors).

In the case of both short term and long term medication parents are required to complete the attached “request for medication to be administered” form which will then be kept in the prescribed medication file in the first aid room.

All medication should be clearly labelled with the child’s name and the recommended dosage to be given. This must be brought in person by an adult, to the staff in the office.

At least one person who has a current paediatric first aid certificate must be on the premises at all times when children are present. There must be at least one person on Foundation Stage outings who has a current paediatric first aid certificate.

MEDICATION – UNPRESCRIBED

We will only give unprescribed medication in exceptional circumstances which need to be agreed with the head of school. A care plan or medication form will need to be completed by the parent/carer before any medication is administered.

Sun cream – During the Summer Term parents should apply sun cream to their child at home before school.

Sun Cream may be kept in School, provided parents have completed a permission form (available from the school office). Sun cream should be labeled with the child’s name and class and handed into the Office. Children may then apply sun cream independently and the School takes no responsibility for ensuring this is done correctly.

APPLICATION OF SUNTAN CREAM

I have sent some suntan cream into school for my child:

I give permission for them to apply the cream during school time.

I understand that they will have to do this independently and that the school take no responsibility for ensuring this is done correctly.

I will still apply sun cream to my child BEFORE school to ensure adequate cover throughout the day.

Yours sincerely

Sign _____

Print _____

Request to Administer Medication

NAME OF CHILD _____ CLASS _____

Please give the above-named child the following medication:

Item(s)	Amount to be given	Time to be given	Date to start	Date to finish
		12.00		
		12.00		

If medication is required at a time other than 12.00 please discuss your requirements with a member of staff.

Signed _____ print _____

Date: Time:	Medicine Dosage:	Administered by: Witnessed by:
Date: Time:	Medicine Dosage:	Administered by: Witnessed by:
Date: Time:	Medicine Dosage:	Administered by: Witnessed by:

SAMPLE OF STICKER

I have bumped my head

Date Time

Seen by

In the first instance we send a text to notify of a bumped head:

“Your child has bumped their head. They appear to be fine. It is our school policy to notify parents. We will monitor your child for the rest of the day.”

If the bump is more serious or a prominent bump/graze is visible we always telephone parents to make them aware of what has happened and give them the opportunity to come and assess their child.

BUMPED HEAD PHONE CALL!

Please use the following when phoning parents:

“As part of our new procedures regarding bumped heads I am ringing to inform you that _____ has bumped his/her head.

- Give background information – where, on what, with what
- Describe what you can see (or what you have been told)
- Mention how the child appears, e.g. crying/distressed, smiling, etc.
- Give option to come and see the child
- Record actions taken and any requests from the parent
- If parent not attending confirm you will monitor the child and ring if you have any concerns
- Record on “accident letter” – copy to parents and copy for file (ensure the class teacher is aware)
- If the child is not being collected complete use bumped head sticker

ANAPHYLAXIS AND ALLERGIES

All pupils in school with a food based allergy are identified to the school nursing team, who will contact the families to arrange for the completion of a care plan. Sometimes this may just require antihistamine to be in school. In the case of a possible anaphylaxis a Auto-injector will be prescribed by their doctor. All pupils requiring an Auto-injector must provide school with two Auto-injectors and antihistamine, this should be in a sealed container with the child's name and picture on. A copy of the child's care plan and completed request to administer medication form should be kept in the box with the medication. If parents fail to provide medication or replace out of date medication then the child may not be allowed in school until the relevant medication is provided.

Some key members of staff are trained in the use of Auto-injectors and Anapens when a child on register has been prescribed.

SYMPTOMS

Children mention the following:

Tingling in the mouth, nasty taste
 Itching – mouth, throat, eyes, body
 Feeling – anxious, hot, funny
 Tummy pain
 Difficulty – breathing, speaking
 Dizziness
 Weakness
 Tiredness

SIGNS

General flushing of area
 Rash, hives
 Restlessness, sweating
 Vomiting, diarrhea
 Horse voice
 Wheezing
 Blue lips
 Pale/clammy
 Loss of consciousness

TREATMENT – SEVERE REACTION

ADMINISTER MEDICATION

STAY CALM

DO NOT LEAVE THE CHILD ALONE

CALL FOR HELP AND SEND SOMEONE TO GET THE EMERGENCY KIT AND TO CALL FOR AN AMBULANCE 999 AND ASK FOR A PARAMEDIC

CALL PARENTS

AUTO-INJECTOR ADMINISTRATION

Staff are required to complete the form below which will be kept on display in the medical room.

Name	I am willing to administer anaphylaxis medication	I am NOT willing to administer anaphylaxis medication