



Through our strong Christian faith, partnership with home and community and our core values of Wisdom, Faith, Honesty, Trust & Courage, we are committed to helping every child achieve their full potential.

Article 24: You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 32: You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

Provision

First Aid can be given anywhere in the school.

First Aid equipment is stored in cupboards/drawers ready for use or distribution to class rooms and/or Lunch time controllers 'bum-bags'.

Travelling First Aid Kits are available for off-site activities, and 'bum-bag' kits are available for use outside. A larger kit is available to be taken out for events on the school field.

Routine checks are made to update or replace equipment as necessary by a Designated First Aider.

Training and Qualifications

The names and contact details of St Michael's Designated First Aiders are available from the school office. First Aid Training records are held by the School Business Manager.

Procedures

The Headteacher, or his designated representative, is the 'appointed person' responsible in the event for implementing any emergency procedure.

All accidents and injuries are treated according to current good practice. Each incident is recorded on a first aid log, a pupil accident form is completed for any injury that needs more than a clean/wipe or plaster. Near the end of the school day a designated member of staff scans the documents onto the H: Drive and sends the original home to parents. In the event of any concern parents are telephoned and advised.

The first aid log is kept in the First Aid Area, and archived when complete. The documents are archived for 3 years as advised by corporate health and safety at Bracknell Forest.

Accidents involving the child requiring further attention from a GP or hospital require form IRF 01/14 (Appendix 5) to be completed and sent to Bracknell Forest Borough Council (BFBC).

All accidents to employees and members of the public on site must be reported in the School Accident Book and on the appropriate form. Details must be sent to BFBC via the Accident Reporting website.

Serious injuries as defined by the Health and Safety Executive (HSE) must be notified to the Health and Safety Executive by telephone and on form F2508 (Contact School Office) within 10 days.

Accident Reporting

Pupils:

To include all young people on site.

Accidents to pupils which arise from collisions, slips and falls:

Fill in

- First Aid Log

Accidents caused by the condition of the premises, school equipment or lack of proper supervision:

- First Aid Log
- Incident Reporting to the LA

Pupils injured in connection with work activities and taken to hospital from the scene (including off-site activity):

- Notify HSE by phone 01256 404000
- Incident Call Centre 0845 3009923
- Incident Reporting to LA
- Copy to file and send to HSE

Accident Reporting

Adults:

To include all employees and members of the public on site.

Fill in

- School Accident Book
- Incident Reporting to the LA

All accidents however minor must be reported to BFBC.

All injuries noted down even if the person does not want a record made.

Forms sent to Environment Dept.

Copy to be filed in Accident File in Office.

Serious injuries:

- Notify HSE by phone 01256 404000
- Incident Call Centre 0845 3009923
- Incident reporting to the LA.

Or requiring 5 additional days off work

- Fill in HSE form F2508
- Copy to file and send to HSE

MEDICINES IN SCHOOLS

Overall Considerations

There will be many cases where the administration of medicines is routine and straightforward and where the child could be involved in self-administration. The school must be informed if a child brings any medication on to the premises. Headteachers are advised to consult their staff where they are considering taking responsibility for administration of medicines. It is essential that the practical and organisational implications are addressed before any decision is taken bearing in mind that:

- The job descriptions of certain categories of support staff provide for the administration of medicines to be undertaken;
- Teachers cannot be required to administer medicines.

General Principles

The administration of medicine is the responsibility of parents and carers. There is no requirement on teachers to administer medicines but where they volunteer to do so these guidelines will be helpful. Staff who are concerned about their position on this matter should be advised to contact their professional association or trade union.

Children suffering from short-term ailments who are clearly unwell should not be in school and Headteachers are within their rights to ask parents to keep them at home. Should a child fall ill whilst at school and a decision is made to send a child home, the child would be collected by an approved adult.

To help children with chronic illness or disability to lead as normal and happy a life at school as possible, it may be necessary for them to take prescribed medicines during school hours. Nowadays, most health advisers encourage children, even the very young, to take responsibility for their own medical care. This could cover self-administration of medicines, using an inhaler or giving their own injection. Schools are recommended to support this practice, where appropriate. (See below for guidance on good practice.)

There will be instances, particularly with young children and those with special needs, where adult support will be needed. Although responsibility for the medical care of children rests with parents and the medical profession, it may not be feasible for parents to come to schools to administer medicines.

The teaching profession had a general duty of care towards children in schools. Whilst, in law, this duty cannot require teachers to administer medicines, it does expect them to react promptly and reasonably if a child is suddenly taken ill. In these cases procedures must be followed, particularly in a potentially life-threatening situation. (See Conditions requiring emergency action, page 9).

Good Practice

Where medicines are to be administered in school, with or without involvement of staff, it is important that a written instruction should be received from the parent or doctor. This should specify the medication involved, circumstances under which it should be administered, frequency and level of dosage.

It is important that training and guidance is sought via the School Nursing Team for non-routine administrations.

Sometimes it may be helpful for schools to seek clarification of timing of administrations. Taking medicines 'three times a day' could mean 'before school, after school and at night', thus relieving the school of responsibility. Schools must not make their own interpretations and must confirm with parents the doctor's advice in respect of timing. When making enquiries of this nature it should be explained that the professional judgement of the doctor is not being questioned and the enquiry is related to practicalities from the school's point of view. In cases of difficulty, the School Nursing Team should be asked to act as an intermediary between the school and the child's general practitioner/consultant.

A standard practice should be followed when administering medicines:

- Refer to the written instructions received by the school;
- Checked the prescribed dose;
- Check expiry date;
- Measure out the prescribed dose and check the child's name again (for liquid medicines parents should provide measuring spoons);
- Complete and sign a record book when the child has taken/been given the medicine
- If uncertain, do not give but check with the child's parents or doctor.

Storing Medication

It is the responsibility of the head to ensure medicines are stored safely and securely. Medicines must be kept in the container supplied which must be clearly labelled with the name of the child and instructions for usage. Some medications (e.g: liquid antibiotics, insulin) may need to be kept in a refrigerator but must not be frozen. If the school locks away medication that a pupil might need in an emergency, all staff should know where to obtain keys to the medicine cabinet.

Disposal of medicines

School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each day. Parents are responsible for disposal of date-expired medicines.

Refusing medication

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

General Issues

Head Injuries and loss of consciousness

An ambulance MUST be called if a person suffers a head injury and loses consciousness, no matter how briefly.

Medi-alerts

Some children wear bracelets or necklaces which alert others to their medical condition in an emergency. As with jewellery, these items are a potential source of injury in games or certain practical activities. In appropriate circumstances they should be covered with sweatbands or removed temporarily, clearly labelled and made readily available.

Impaired mobility

Providing the approval of the GP or consultant has been given, there is no reason why children wearing plaster casts or using crutches should not attend school. However, the following arrangements should be discussed with the child's parents:

- Risk of further injury.
- The child's ability to go to the toilet by him/herself.
- The child's ability to feed him/herself.

Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

School Trips

Schools may need to take additional safety measures for outside visits and consider arrangements for taking any medication. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on the visit, they should seek advice from the School Nursing Team or the pupil's GP. For further information on school trips, see the Off-Site and Outdoor Advisory Service manual entitled *Regulations, Advice and Procedures Off-*

Site Activities and Hazardous Activities. (BFBC). A parental consent and medical form, will be required and advice should be sought from the Advisory Service whose address is:

Off-site and Outdoor Advisory Service
16 Abbots Road
Newbury
Berkshire
RG14 7QW

Sporting Activities

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Employees Medicines

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

Staff Protection

Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Practical and common sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable. Guidance on these precautions is available in Section 3(9) of the Bracknell Forest Borough Council's Health, Safety and Welfare Manual of Guidance.

Staff Indemnity

Bracknell Forest Borough Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Borough Council and not the employee will meet the costs of any damages if a claim for alleged negligence be made.

Emergency Procedures

Staff should be trained to use the telephone and know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Guidance on calling an ambulance is provided at Appendix 2. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives.

Generally staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child is taken direct to hospital in a member of staff's car, then checks must be made to ensure car insurance for business use is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.

Medicines Likely To Be Brought Into or Used At Schools

Information relating to certain Prescribed Medicines

Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the course of treatment is completed.

Inhalers – see Asthma Policy – Appendix 3

Enzyme Additives

A child with cystic fibrosis may not be able to digest food without added enzymes. It is important that the child has a pancreatic supplement (normally Creon) with food. This is not a drug and many children need several capsules at a time. These are entirely safe if taken, accidentally, by another child.

Stimulant Medication

A child severely affected with Hyperkinetic Disorder/Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) may be prescribed with stimulants. Methylphenidate (Ritalin) and Dexamphetamine are the most commonly used, safe and effective treatments. These drugs must be kept in a secure place (e.g.: locked drawer) see 'Storing Medication', page 5. ADD/ADHD is characterised by inattention, poor impulse control, and over-activity. Further guidance and information can be obtained from the Child and Adolescent Mental Health Services, Skimped Hill Health Centre, Skimped Hill Lane, Bracknell – Tel: 01344 452011.

Non-routine Administration

Some children require types of treatment which school staff may feel reluctant for professional or other reasons to provide. For example, this might be injections, administration of rectal diazepam/assistance with catheters or use of equipment for children with tracheostomies. Specially appointed staff may be available to carry out these tasks. In all cases professional training and guidance via the health service or appropriate medical team must be obtained before a school accepts the commitment.

Staff Training and Information

Some staff may volunteer to stand by to administer the medicine prescribed and if they do so they must receive professional training and guidance via the School Health Sister. The training must be updated annually. Both the School Nursing Team and the member of staff must sign to confirm that the training has taken place and that they are happy for the trainee to carry out the task. (See Appendix 4.) All staff must be aware of the likelihood of an emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.

Conditions Requiring Emergency Action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency. (See Appendix 2.) However, some life-threatening conditions may require immediate treatment. Medicines for these purposes should only be held after seeking advice from the School Health Service.

Another form of emergency can arise if the normal routine for administering treatment of an unusual nature breaks down, for example if the trained member of staff is absent. Immediate contact with the parent, School Nursing Team or GP needs to be made to agree alternative arrangements.

Examples of these conditions follow, but will be more fully explained during the training from the School Health Service. The full indemnity provisions referred to earlier apply in these emergency situations.

Acute Allergy to Bees Stings and Nuts, etc. (Anaphylaxis)

A small number of people are particularly sensitive to bee and wasp stings or certain food products - in particular nuts, fish, dairy products – and require an immediate injection of adrenaline or an immediate inhalation of adrenaline to save life (depending on individual medical prescription).

A child with an allergy mentioned above will have their own personalised Health Care Plan which can be found in school office and class room. These plans contain information regarding symptoms, treatment, parent/carer emergency contact details and doctors details.

Schools should bear in mind the risks from severe/chronic food allergies to pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. A

procedure for catering for children with food allergies or special dietary needs has been issued to all schools and the school catering contractor.

When a child is diagnosed with an acute allergy, a policy of the 'Management of Anaphylaxis in Schools' will be issued during the training arranged by the School Nursing Team for the school staff. If a child is given a dose of adrenaline, a further dose must be requested from the GP before the child can return to school. This is the responsibility of the parents.

Call an ambulance immediately, particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

The normal prescribed device for administering adrenaline is an Epipen/Anapen; stick needles should not be used in schools. If there is any doubt it is better to give the Epipen/Anapen than to hold back, then call an ambulance immediately.

Major Fits

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed diazepam for rectal administration. Teachers may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given.

Some school staff are understandably reluctant to volunteer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents and heads must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing.

The head or governing body should arrange appropriate training, with the School Nursing Team, for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

Diabetes

The diabetes of the majority of school-aged children who suffer from the condition is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will simply need a suitable place to do so.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar falls to a low level. If glucose concentrate is provided, it should be marked with the child's name and kept in a cool

place. Staff in charge of physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets, glucose concentrate or a sugary drink to hand.

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that _____ (Full name of child) of Year _____

Be given the following medication:

_____ (Name of medicine)

_____ (Dosage)

from _____ to _____

at the following times during the day _____

The above medicine has been prescribed by the family doctor.

I have delivered the medicine to: **SCHOOL OFFICE** (Please delete as appropriate)

Signed _____ (Parent/guardian)

Address _____

Date _____

NOTE: This is a service which the school is not obliged to undertake. Medication will not be accepted in school unless this form is complete and signed by the parent or legal guardian of the child (and administration of the medicine is agreed by the Headteacher).

The Headteacher reserves the right to withdraw this service.

Request for an ambulance

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows: St Michael's Easthampstead Primary School
Easthampstead
Bracknell
Berkshire
4. state what the postcode is [RG12 7EH] – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child/adult and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Inform the First Aider that the ambulance has been called with any estimated time of arrival.
9. Arrange for someone to meet the ambulance at the gate.

St Michael's Easthampstead
POLICY FOR ASTHMA

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils.

1. St Michael's recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

2. This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, the governing body and pupils. Supply teachers and new staff are also made aware of this policy. The school's designated First Aiders are provided with training on asthma and this is regularly updated.

3. Medication

Immediate access to reliever inhalers is vital. Children are encouraged to carry their reliever inhaler as soon as the parent, doctor or nurse and class teacher agree they are mature enough.

The reliever inhalers of younger children are kept in the classroom, in a clearly labelled box visible from the teacher's desk.

For frequent users, parents are asked to ensure that the school is provided with a labelled spare reliever inhaler. This will be held in the Medical Room in a designated cupboard, in case the child's own inhaler runs out or is lost or forgotten.

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. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. **All school staff will let children take their own medication when they need to.**

4. Record Keeping

A child with Asthma will have their own personalised Health Care Plan which can be found in the medical room, staff room and class room. These plans contain information regarding symptoms, treatment, parent/carer emergency contact details and doctors details.

5. 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 to use their inhaler before the lesson if necessary.

Each child's inhaler 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.

6. The School Environment

The school does all it can to ensure the school environment is favourable to children with asthma. The school has a non-smoking policy.

7. Asthma Attacks

All staff who come into contact with children know what to do in the event of an asthma attack. The school follows the following procedures:

- a. Ensure that the reliever inhaler is taken immediately.
- b. Stay calm and reassure the child.

- c. Help the child to breathe by ensuring tight clothing is loosened.
- d. Send for a Designated School First Aider.

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

Call an ambulance urgently from the School Office 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.

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICAL TREATMENT

This is held centrally on a spreadsheet.