

Normanton House School



MEDICAL AND FIRST AID POLICY AND PROCEDURES



Al Akram Trust, as the governing body of Normanton House School, is committed to providing a safe place of work, with suitable arrangements, including welfare, as laid out in Section 2 of the *Health and Safety at Work Act 1974*. Provision for First Aid is a requirement under the *Health and Safety (First Aid) Regulations 1981*. As a part of the school's health and safety policy, this medical and first aid policy has been drawn up with reference to the DfE's guidance on supporting pupils at school with medical conditions and first aid for schools.

This policy is available to all staff and parents and includes:

- Roles and responsibilities of staff
- The procedures that must be followed once the school has been made aware of any medical conditions for a pupil
- The procedures for administering medication and storing medicines at school
- The policy for first aid arrangements
- First aid procedures and guidance
- General first aid advice
- Medical and first aid forms to be completed

This policy should be read in conjunction with the Safeguarding policy and the Allergy Safety policy.

Roles and Responsibilities

The current **Medical Officer** responsible for Medical and First Aid arrangements is Mr Dawud Zaman (hereon referred to as the Medical Officer)

The current **Appointed First Aiders** (hereon referred to as First Aiders) are:

Mrs Nazia Ahmed
Mr Saad Shah
Mrs Sauba Parveen
Mrs Hufsa Hamid
Mrs Atia Begum

The Medical Officer must have a valid Emergency Paediatric First Aid or equivalent qualification.

The Appointed First Aiders must have valid Emergency Paediatric First Aid qualifications.

Pupils with Medical Conditions

The school admissions application form must include questions about any medical conditions and requirements for medication for all applicants. Upon receiving notification that a pupil has a medical condition the following procedure will be followed.

The Medical Officer will have a meeting with the Head Teacher and the pupils' parents to discuss what needs the pupil has and what arrangements the school will make. In the case of the pupil needing support in school, the class teacher or a suitable staff member will be made responsible. The Medical Officer will carry out a risk assessment and all relevant staff will be made aware of any arrangements necessary.

Individual healthcare plans will be required in the case of medical conditions that are chronic and complex or which may require emergency intervention at any time. Therefore not all pupils will need an individual healthcare plan. However in the case of a student needing an IHCP, the following procedure should be followed.

The flow chart provided in Appendix 3 can be used to determine whether an individual healthcare plan is needed for a pupil. In the case of one being needed the Medical Officer will be responsible for developing the IHCP, in consultation with the pupil, the pupils' parents and healthcare professionals. The Head Teacher and responsible staff members should also be made aware of the IHCP and of any arrangements that will need to be made to provide support for the pupil.

When developing the IHCP, input from a healthcare professional must be provided. Any training needs for the responsible staff member to be able to provide support to the pupil must be met. Once the IHCP has been developed, it will be circulated to the relevant Staff and will be implemented. This will mostly include class teachers, lunchtime supervisors and P.E teachers. If the pupil is partaking in any school trips or other school activities, the Medical Officer will ensure a risk assessment is conducted for those trips/activities.

When developing the IHCP, the Medical Officer should consider recording the following:

- The medical condition, its triggers, symptoms and treatments.
- The pupils resulting needs including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues.
- Specific support for the pupils educational, social and emotional needs. For example how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons.
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and cover arrangements for when they are unavailable.

- Who in the school needs to be aware of the child's condition and the support required
- Where confidentiality issues are raised by the parent/child, who will be the designated individuals to be entrusted with information about the child's condition.
- Written permission from parents and the Medical Officer for medication to be administered by a member of staff or self-administered by the pupil.
- What to do in an emergency, including whom to contact and contingency arrangements. Some children may have an emergency plan prepared by their lead clinician that could be used to inform development of their IHCP.

Administering Medication

Administration of medicines by any member of the school personnel is undertaken purely on a voluntary basis and individual decisions will be respected. However, appropriate training will be provided before any member of the school personnel who has volunteered and accepted this role to be familiar with all administration of medication procedures.

Medicines will only be administered that have been prescribed by a doctor or some other authorised person and where it would be detrimental to a child's health if the medicine were not administered during the day.

No child should be given prescription medicine without their parents' written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of their parents.

Medicines should never be administered without first checking maximum dosages and when the previous dose was taken. Non-prescription medicines will not be administered by staff but parents/carers can make arrangements at lunch time to administer the medication to their child.

The nominated persons for administering medicine are the Appointed First Aiders or suitably trained responsible staff members.

The person administering the medicine must fully complete the Administering Medication Form for that child. Once completed, the form must be kept in the students file.

Medicines will be stored securely in classrooms or as directed by their prescription. Inhalers will be made available to pupils to be used when needed as directed on their prescription and during sports.

All medication stored at school must be checked every term to make sure it is in date and in good condition. This check must be completed by the Medical Officer responsible. For medication that is close to the expiry date and needs replacing, the parents must be informed to bring in the replacement before the expiry date.

When a pupil uses their inhaler, the staff member responsible must record it on their Administering Inhaler record. This will be kept with every inhaler.

Medicines will be made available to take on school trips/visits. The medicines will be the responsibility of the staff member responsible for first aid on the trip which should be a First Aider whenever possible. They must be aware of all medical conditions for the children on the trip and take the appropriate medication with them. If there are any children with medical needs on a school trip/visit, this should be included in the trip risk assessment. On their return the Medical Officer must ensure all medications are returned to their appropriate places.

When no longer required, medicines should be returned to the parent to arrange for safe disposal.

First Aid

It is School policy that:

- there is always a sufficient number of trained personnel, equipment and information available to ensure that someone competent in basic first aid techniques can rapidly attend an incident during normal school opening hours and on out of school activities
- a qualified First Aider is always available during normal hours to attend any incident, accident or injury
- appropriate first aid arrangements are made for staff and pupils on school trips or visits
- insurance arrangements provide full cover for claims arising out of actions of employees acting within the scope of their employment

The Head Teacher is responsible for

- ensuring appropriate first aid cover is available for trips and outside visits
- ensuring by means of handbooks, health and safety notices, INSET and oral communication, that in the event of an emergency, staff and pupils know how to seek or give appropriate help
- ensuring that members of staff know where First Aid boxes and medical rooms are located

The Medical Officer is responsible for

- assessing first aid needs of the school (see Appendix 2)
- ensuring sufficient numbers of suitably trained first aiders are available
- organising provision and replenishment of first aid supplies (see Appendix 1)
- ensuring information on where and how to obtain first aid is made clearly available throughout the school and is up-dated when necessary

First aiders are responsible for

- responding promptly to calls for assistance within their area
- providing support with their competence
- summoning further help without delay, if necessary
- recording details of treatment provided in accident and / or incident forms
- respecting the patient's confidentiality at all times, and not discussing the patient's condition with anyone other than the Head Teacher, Administrator or the Emergency Services.

First Aid Procedures and Guidance

It is generally accepted that members of staff will treat minor injuries that they feel competent to deal with. When this is not the case, an appointed First Aider should be involved in accordance with the following notes for general guidance. Contacting a First Aider on duty can be done by either sending another member of staff or a student to the Administration Office. In all cases where an accident has occurred, an Accident Record must be fully and accurately completed. The accident record forms are kept in the medical rooms. Once completed the Accident Record must be handed in to the office. The First Aider will decide what the next course of action should be.

It is expected that all staff make themselves familiar with the following procedures:

1. ACCIDENTS

Pupils who suffer an accident but who are well enough to walk should be seen initially by the supervising staff member who will also be responsible for filling out the Accident Form with details of what happened. If the injury is minor the pupil may be sent with a note to the First Aider on duty with the accident form for the injury to be looked at further. If deemed appropriate, they may be accompanied by another pupil. Pupils with more serious injuries (e.g. bleeding or bruising) should stay with the member of staff and a message sent to the First Aider and/or office.

First Aiders are responsible to attend to any pupil when required and ensure that appropriate care is administered from the first aid supplies. If necessary the pupil may be taken to the medical room to rest. If the First Aider deems the injury more serious he/she must inform the office immediately and if it is an emergency they may call an ambulance via 999 immediately themselves (see 6).

2. HEAD INJURIES

If a student suffers a head injury, no matter how minor (e.g. being hit by a ball or bumping their head into another student), this must be reported to the Office immediately and must be noted on the Accident Record. Office staff will follow the head injury procedure and give Head Injury advice letter to the parents. A first aider must also be informed immediately and they will monitor the pupil for any signs or symptoms of serious injury. If the pupil shows any of the symptoms mentioned on the Head Injury advice letter, they must be sent home with parents or, in the case of an emergency, an ambulance must be called.

3. ACCIDENTS AFTER SCHOOL

If an accident occurs during an after school activity, or school visit, the teacher in charge is responsible for arranging appropriate treatment for the student concerned, and complete the necessary forms.

4. LEAVING SCHOOL

Under no circumstances should any student who is unwell be permitted to go home unaccompanied. They must be collected by a parent or named next of kin. This should be co-ordinated through the First Aider and the office.

5. BODY FLUIDS

Please remember that when treating accidents which involve the spilling of blood or other body fluids, the following rules **must** be followed:

- i. If you are dealing with an accident or incident that involves blood, vomit, saliva, excrement or other bodily fluid, you **must** wear a pair of rubber or latex gloves wherever possible. There are gloves in all First Aid boxes. Any member of staff wishing to have gloves in the classroom, please see the First Aider. Anyone having an allergy to latex must inform the Medical Officer of this fact.
- ii. Spillages of blood or other body fluids must be cleaned up using the provided bodily fluid spillage clean up kits. These are kept in the Medical Rooms. The person cleaning the body fluids must dispose of their gloves appropriately and wash their hands thoroughly with soap and water.
- iii. It is a wise precaution to cover cuts or abrasions on the hands with waterproof plaster dressings before dealing with any situation involving body fluids. It is sensible to treat every accident with the same precautions.

6. EMERGENCY REQUEST FOR AN AMBULANCE

In the case of obvious emergency requiring immediate medical attention (e.g. extreme bleeding, loss of consciousness, fractures etc.), an ambulance must be called for immediately using the following procedure:

Dial 999, ask for an ambulance and be ready with the following information

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

- 1) Your telephone number (the number you are calling from or the school number)
- 2) Give your location as follows:
Normanton House School
Normanton House
Village Street
Derby
DE23 8DF
(Next door to Village Primary Academy)
- 3) Give exact location in the school (e.g. ground floor, playground etc.)
- 4) Give your name
- 5) Inform Ambulance Control that the crew will be met and taken to injured pupil
- 6) Take names of paramedics who come in to deal with the ambulance cases
- 7) Fill out Paramedics Report which is kept in the Office.

In other non-emergency cases requiring medical attention, this will be arranged through the office.

7. INFORMING PARENTS

Any accident or incident where a pupil has suffered injury or has become ill must be recorded in the accident record. This should be reported to the parents in writing.

Parents must always be informed of such instances. In the case of incidents serious enough that the child is no longer able to continue a normal day at the school the parents must be informed straight away. The office will contact parents in such cases and ask that the child be taken home.

In more serious cases which need immediate medical attention, the parents will be informed straight away and told about other action taken such as calling for an ambulance. If a child is to be taken to hospital, it is imperative that the parents accompany the child. If this is not possible then a member of staff, preferably the first aider, will accompany the child and stay with him/her until parents arrive.

8. MEDICAL ROOMS

For the primary school, the medical room is on the ground floor next to the library area, this is a designated medical rest area. It contains a bed and a screen. For the secondary school, the medical room is located on the Second Floor opposite the showers. If a pupil is in need of lying down or resting away from the classroom setting, he/she should be brought to this area. While resting, the child must be supervised and regularly checked upon. This will be done by office staff or in the case of no office staff member being present, a first aider or other member of staff. This area also contains the spare first aid supplies cabinet.

GENERAL FIRST AID ADVICE

There are a number of conditions which a teacher may encounter and the following notes are intended to act as guidance **only whilst the First Aider or other help is on its way.**

i) Unconsciousness:

A faint is a brief loss of consciousness of no more than momentary duration.

- If a student feels unsteady or faint lower them down to sitting position floor level, this will secure them from further injury if they do become faint or pass out
- If a student faints lay them down with their legs raised. Open the airway by lifting the chin using two fingers under the chin and tilting the head back with the other hand on the forehead. Loosen any tight clothing such as headscarves.
- If the casualty does not regain consciousness rapidly, turn them onto their side and maintain an open airway then call 999 for an ambulance immediately and inform the admin office.

ii) Bleeding

Minor bleeding can be stopped by putting pressure either on the wound or around the wound, elevate if possible, and rest. Encourage the casualty to do this for him/herself wherever possible and send for the First Aider. Also see above guidance on dealing with bodily fluids.

If bleeding is major (more than a mug full) call 999 for an ambulance and inform the admin office.

iii) Choking

Difficulty in speaking and breathing, coughing and distress, inability to speak, are all signs of possible choking.

Encourage the casualty to cough, bend casualty forward, and give up to five sharp slaps between the shoulder blades with one hand. Check mouth to see if obstruction has been removed.

If choking persists, arrange for an ambulance to be called immediately and take the following action only if you are confident that you can carry it out properly. Stand behind the casualty and put one fist between his navel and the bottom of his breastbone. Grasp your fist with your other hand, and pull sharply inwards and upwards up to five times. If the obstruction is still not cleared recheck the mouth for any object and remove it if possible. You can repeat this cycle up to three times. If the obstruction has still not been cleared, call for an ambulance immediately. Continue the sequence until help arrives.

iv) Burns

All burns from whatever cause should be cooled in cold water for at least ten minutes and at least twenty minutes for chemical burns. **DO NOT APPLY ANY LOTIONS OR CREAMS.** All burns should be seen by the First Aider.

v) Fractures

Suspected or actual fractures must be immobilised. This is particularly important in the case of neck, back or skull fractures. Do not move the casualty unless it is imperative to their safety. Support the suspected fracture and send for help.

vi) Asthma

Asthma is a condition in which the muscles of the air passages go into spasm making it difficult to breathe (particularly breathing out). Asthma attacks can be triggered by an allergy, or nervous tension. Often there is no obvious cause. Regular asthma sufferers generally know how best to cope with an attack. They generally carry medication in the form of an inhaler. The majority of these drugs act to dilate the air passages.

What to look for:

There will be:-

- Difficulty in breathing, with a markedly prolonged breathing-out phase

There may be:-

- Wheezing as the casualty breathes out.
- Distress and anxiety; the casualty may speak only with difficulty and in whispers.
- Blueness of the skin.
- If an attack lasts for more than 5-10 minutes, call 999 for an ambulance
- In a severe attack, the effort of breathing will exhaust the casualty. If the casualty goes unconscious open the airway and check for breathing. Call 999 for an ambulance and be prepared to give rescue breaths and chest compressions.

Treatment:

- Reassure and calm the casualty
- Encourage the child to use an inhaler if available; if not send immediately for the First Aider.
- Sit the student upright inclining forward, supported on a desk to put the chest in the best position to relieve breathing difficulties.
- Two puffs of an inhaler should relieve the attack. If this does not relieve the breathing difficulty send for the First Aider or Medical Officer.
- It may be necessary to move the rest of the class so that other students are not distressed. In this case, send for a senior member of staff.
- Students may use their own asthma inhalers where necessary and as advised by parents. These will be kept in their classrooms.

vi) Anaphylaxis

Pupils and Staff with allergies with a risk of anaphylactic reaction will be made known to all relevant staff.

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

The above symptoms are treated with antihistamines.

More serious symptoms are often referred to as **the ABC symptoms** and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this **more serious reaction is anaphylaxis**. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- LIE individual FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAI's should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999 and state ANAPHYLAXIS** (ana-fil-axis).
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up or sit them in a chair, even if they are feeling better.

This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

See the Allergy Safety policy for further details and procedures.

APPENDIX 1

First Aid Equipment

First Aid boxes are provided by the school. The policing and up-keep is the responsibility of the Medical Officer. All First Aid boxes must be checked regularly and restocked as necessary. Items in the First Aid supplies must not be allowed to run out.

If a person requires the use of any provisions held within a first aid box, then they should contact their nearest first aider.

All boxes will contain the following supplies in a quantity appropriate to requirement;

- medium dressings
- large dressings
- extra-large dressings
- eye pads
- triangular bandages
- plasters
- alcohol free wipes
- pair of disposable gloves

Only specified first aid supplies will be kept; no creams, lotions or drugs, however seemingly mild, will be kept in these boxes.

Portable travel first aid kits will also be maintained for use on school trips and visits.

Extra first aid supplies will be kept in the first aid cabinet in the medical rest areas.

APPENDIX 2

Planning first aid provision

The Medical Officer must carry out an assessment of the first aid needs of the school.

Assessments should take in to account:

- number of occupants
- workplace & task hazards
- building layout
- other occupants
- hours of work
- foreseeable absences of first aiders

Number of occupants. Student, staff & visitor numbers should be taken into account when assessing needs.

Hazards. In areas where activities with significant accident risks take place, specific risk assessments should be done and equipment provided.

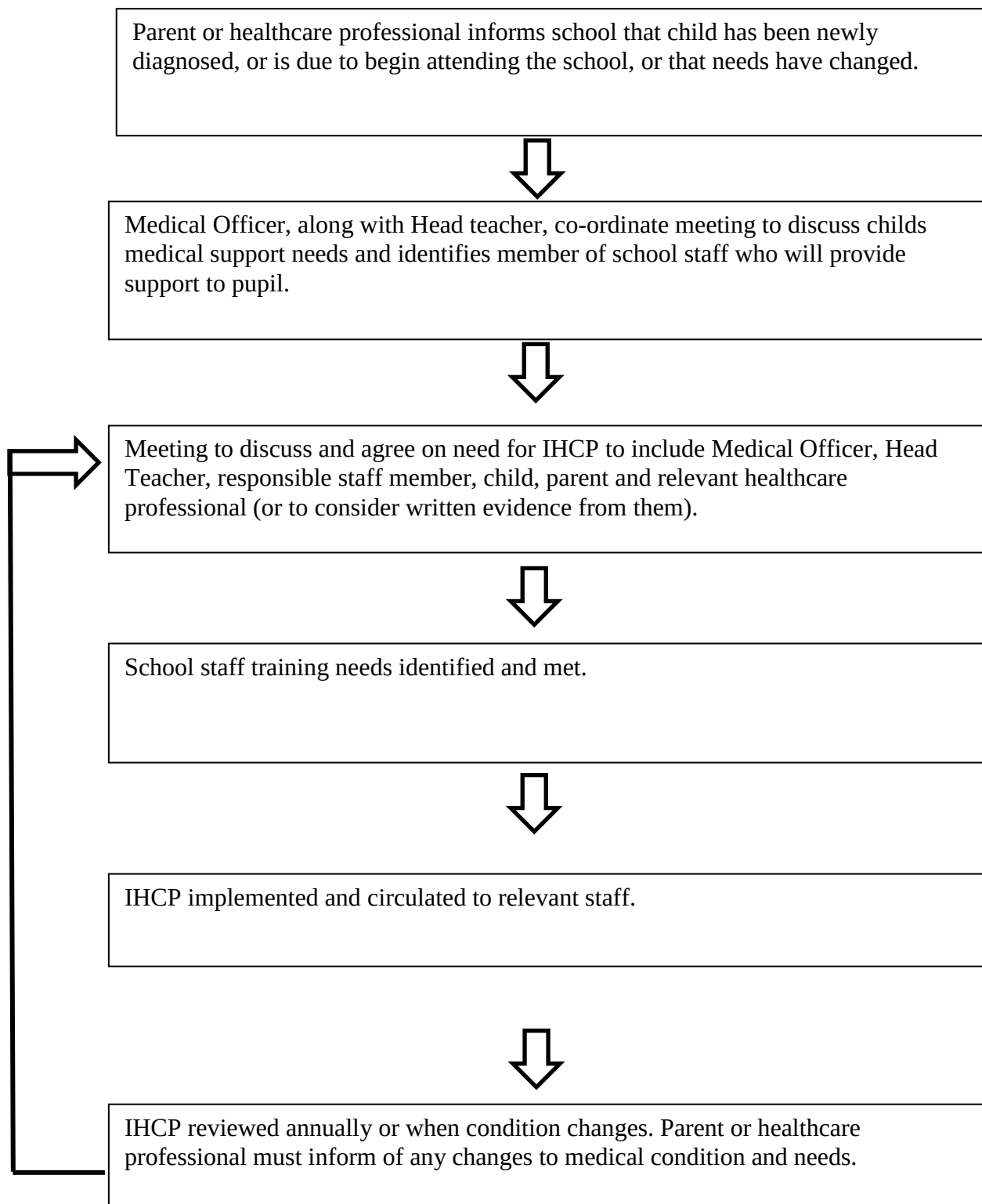
Foreseeable absences of first aiders: holidays, sick leave, work commitments away from the person's usual location have to be taken into account when calculating levels of provision

Numbers of first aiders. The numbers of appointed first aiders should be no less than necessary to meet the objectives of the school policy, taking into account the factors above.

Review. Periodic review of the adequacy and effectiveness of first aid arrangements is an integral part of an effective health & safety management process. Review should be part of the school's annual health & safety inspection or conducted separately. Significant changes in the school's structure e.g. a move into a new building, should provoke at least a partial review of first aid arrangements.

APPENDIX 3

Model process for developing individual healthcare plans



ADMINISTERING MEDICINE AUTHORISATION

I hereby give consent to the staff at Normanton House School to administer medication to my child according to the following instructions:

Childs Name: _____

ID

No: _____

Year: _____

Medicine and any storage instructions (location, refrigeration, return home each day, etc)	Dose to be given each time (measure to be included with medicine)	When to be given (times or frequency each day)	Duration medication is to be given (date – date)

Name of Parent/Guardian: _____

Signed

Date _____

Normanton House School shall not be held responsible for any adverse effects on the child of any medication administered according to the above instructions.

Admin Use:

Staff member responsible for storing and administering the medicine: _____

Table on back of this form MUST be filled each time medicine is administered

This form must be saved to pupil's file and a copy in the current medications folder

Day of Medication	Date	Time(s) medicine administered	Name and signature of staff member
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			

Administering Inhaler Record

Pupil Name:

I.D number:

Date	Time	Dose taken	Any reaction	Staff name	Signed

This record must be kept with the inhaler and completed by the responsible member of staff every time the student takes their inhaler.

Paramedics Report

Details of the person involved in the accident		Pupil/Staff (circle one)
Name:		Class:
When it happened	Date:	Time:
Details of the injury:		
Paramedics' treatment and advice given:		
Was the person referred to hospital?		
Name of Hospital:		
Name of first Paramedic:		Signature
Name of second Paramedic:		Signature
Any additional notes:		

This report is to be filled in the case of emergency services being called.

Once filled in completely, make 2 copies:

1. To be given to parents / responsible adult on same day
2. To be put in pupil's / employee's file

Accident Record

Details of the person involved in the accident:		Pupil or Staff (circle one)
Full Name:		Class:
Details of Accident:	Date:	Time:
Detailed account of the accident (to include where it happened and how. Other side of sheet may be used)		
Details of any injuries sustained: (ALL head injuries, however slight, MUST be reported to office)		
Details of any first aid given and by whom:		
Details of any further action taken: eg sent home, ambulance called, given ice pack.....		
Name of person filling in this record:	Signed:	

This Accident record must be filled in **immediately** after the accident and by the staff member who was witness to it. This record sheet must be kept in Accidents record in office.

If the person is sent home for any serious injuries this must be noted in their communication file.

Once filled in completely, make 2 copies:

1. To be given to parents on same day
2. To be put in pupil's / employee's file

If reported to RIDDOR: Reported by:	Date reported:	Signed:
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Any additional details or notes:

ADVICE FOR PARENTS/CARERS AFTER HEAD INJURY IN SCHOOL

Your child has experienced a minor head injury in the school. Please read the following carefully and take note.

The symptoms of a minor head injury are usually mild and short lived. They may include:

- a mild headache
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

These can be managed by rest and use of pain relief (paracetamol or Ibuprofen) if necessary. In case of using pain relief medication always follow the instructions on the packet carefully or ask your GP. **DO NOT GIVE ASPIRIN TO UNDER 16s.**

Make sure an adult stays with you or your child for at least the first 24 hours. Look out for any unusual signs or behaviours. The following lists indicate the sort of signs that may indicate **more serious conditions which would require medical attention:**

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)

- Unconsciousness or lack of consciousness
- Difficulty staying awake
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in any part of the body
- Problems with balance or walking, general weakness
- Any changes in eyesight or hearing
- Any clear fluid or bleeding running from either or both of the ears or nose
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- Any convulsions or having a fit

SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A+E DEPARTMENT STRAIGHT AWAY

- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)

If you have any concerns about your child's health in the days after the head injury please contact your GP or NHS 111 service for advice.