

## SHERBORNE HOUSE SCHOOL



### **First Aid and Medication Policy**

This policy applies all pupils in the school, including in the EYFS

Created	<b>July 2016</b>
Revised	<b>September 2018</b>
Date for revision	<b>September 2019</b>
Bellevue Safeguarding Governor	Christopher Sanderson
Schools Director	Steven Wade
Reviewed by	Estelle Szasz and Heather Hopson-Hill

## Contents

First Aid and Medication Policy Statement of Commitment	3
Details of First Aid Practitioners at Sherborne House School	3
Practical Arrangements at Sherborne House School	5
Location of First Aid Facilities	5
What to do in the case of an accident, injury or illness	6
Contacting parents	6
Contacting the Emergency Services	7
Accident reporting	7
Pupils who are unwell in school	7
First Aid equipment and materials	7
First aid for school trips	8
Emergency care plans and treatment boxes	8
Dealing with bodily fluids	8
Broken Leg / Crutch Guidelines	9
Infectious diseases	9
Administration of Medication in School	10
(i) Non-Prescription Medication	10
(ii) Prescription-Only Medication	10
(iii) Administration of Medication	11
(iv) Emergency Medication	11
(v) Controlled Dugs	11
Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)	
Reportable Incidents from a Registered Setting	11
Storage of this policy	14
APPENDIX: Guidance to staff on particular medical conditions	14
(i) Allergic reactions	14
(ii) Anaphylaxis	14
Action to be taken	14
(iii) Asthma management	15
General considerations	15
Recognising an asthma attack	15
(iv) Diabetes management	16
(v) Epilepsy management	17
Annex 2: Accident and Injury Reporting Form	20

## First Aid and Medication Policy Statement of Commitment

Sherborne House School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors.

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.
- Off-site accidents - The trip leader is responsible for ensuring that any off site accidents are reported to the relevant parent.

### Details of First Aid Practitioners at Sherborne House School

#### **Paediatric qualification Certificate valid for 3 years from 13th November 2015 to 12th November 2018**

Estelle Szasz, Kerry Kenley

#### **Emergency Aid in Schools Certificate valid from 5<sup>th</sup> January 2016 until 4<sup>th</sup> January 2019**

Marc Bennet	Sharon Seager
Sarah Evans	Christine Pyle
Hannah James	

#### **Epipen Training Valid from 5<sup>th</sup> January 2016 until 4th January 2019**

Beren Cliffe-Roberts	Kerrie Treweek	Debbie Stupple
Sarah Evans	Shelagh Lee	Catherine Vincent
Pam Holmes	Sharon Seager	Sally Wheeler
Heather Hopson-Hill	Rebecca Parkinson	Janice Westbrook
Sally Hughes	Christine Pyle	Pat Whytehead
Hannah James		

#### **Paediatric qualification Certificate valid for 3 years from 12<sup>th</sup> January 2016 to 11<sup>th</sup> January 2019**

Rosie Woods

#### **Paediatric qualification Certificate valid for 3 years from 26<sup>th</sup> Feb 2016 to 25<sup>th</sup> Feb 2019**

Kerrie Treweek

**Paediatric qualification Certificate valid for 3 years from 10<sup>th</sup> July 2016 to 9<sup>th</sup> July 2019**

Lauren Kavanagh

**Basic First Aid Certificate valid for 3 years from 3<sup>rd</sup> January 2017 to 2<sup>nd</sup> January 2020**

Jacqui Carter	Shelagh Lee	Janice Westbrook
Beren Cliffe-Roberts	Clare Mathema	Sally Wheeler
Hillary Davitt	Nigel Roache	Pat Whytehead
Julie Domone	Debbie Stupple	Rosie Woods
Martine Hill	Catherine Vincent	
Pam Holmes		

**Paediatric qualification Certificate valid for 3 years from 19<sup>th</sup> January 2017 to 18<sup>th</sup> January 2020**

Holley Watson

**First Aid at Work valid for 3 years from 14<sup>th</sup> February 2017 to 13<sup>th</sup> February 2020**

Pat Whytehead

**Anaphylaxis Awareness Certificate valid for 3 years from 5<sup>th</sup> September 2017 until 4<sup>th</sup> September 2020**

Marc Bennet	Rachel Emmett	Heather Hopson-Hill
Beren Cliffe-Roberts	Martine Hill	Kerrie Treweek
Julie Domone	Hannah James	Shelagh Lee
Tim Grabham	Kerry Kenley	Tom Mathias
Pam Holmes	Clare Mathema	Christine Pyle
Lauren Kavanagh	Sharon Seager	Debbie Stupple
Caroline Lewis	Holley Watson	Janice Westbrook
Rebecca Parkinson	Pat Whytehead	Rebecca Williams
Nigel Roache	Jacqui Carter	
Catherine Vincent	Hillary Davitt	
Sally Wheeler	Sarah Evans	

**Basic Schools First Aid valid for 3 years from 5<sup>th</sup> September 2017 to 4<sup>th</sup> September 2020**

Rebecca Williams, Caroline Lewis

**Paediatric qualification Certificate valid for 3 years from 11<sup>th</sup> October 2017 to 10<sup>th</sup> October 2020**

Rachel Emmett

**First Aid at Work Certificate valid for 3 years from 19<sup>th</sup> October 2017 to 18<sup>th</sup> October 2020**

Estelle Szasz

**Paediatric qualification Certificate valid for 3 years from 23<sup>rd</sup> November 2017 to 22<sup>nd</sup> November 2020**

Sally Hughes

**Paediatric qualification Certificate valid for 3 years from 17<sup>th</sup> April 2018 to 16<sup>th</sup> April 2021**

Abigail Nixon Rebecca Wareham

## Practical Arrangements at Sherborne House School

### Location of First Aid Facilities

- The sick room is located in Wattles for first aid treatment and for pupils or staff to rest/recover if feeling unwell.
- This includes; a bed, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
- A portable first aid kit and emergency inhaler kit must be obtained from the medical room for school visits.

**Location of First Aid Kits**

Wise Hall	By external door (kitchen end)
Beeches 1	By external door to garden
Beeches 2	By entrance door
Beeches 3	By entrance door
Beeches 4	By entrance door
Peri Room	By external door
Pines 1	By external door
Pines 2	By external door
Bowes 1	By entrance door
Bowes 2	By entrance door
Studio	By entrance door
Cedar Building	In lobby of Cedar 1 & 2 In lobby of Cedar 3 & 4 In Cedar Hall In lobby of changing rooms
Oaks Pre-Reception	By external door to garden
Oaks 1	By entrance door
Oaks 2	By entrance door
Wattles 1	By external door
Wattles	Outside Butterfly Room

**Location of Emergency Inhalers**

Wise Hall
Medical Room
Cedar Hall

Emergency inhaler packs are available in the Medical Room for offsite activities.

Emergency foil blankets are available by the external doors of both Wise Hall and Cedar Hall.

**Responsibilities of the Trained First Aiders are**

- Provide appropriate care for pupils of staff who are ill or sustain an injury
- Record all accidents centrally on the accident sheet (to be found in the School Office or medical room). They are then passed to the school Admin Assistant who will make a copy for individual pupil files.
- In the event of any injury to the head, however minor, ensure that a note from the office is sent home to parents/guardians and a copy placed in the pupil's file. Head Bump note Annex 1.
- In the event of any accident or administration of first aid involving a pupil in EYFS, ensure that a written or electronic communication is signed by parents/guardian sent home and a copy placed in the pupil's file. Annex 2
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the Lead First Aider of all incidents where first aid has been administered.

### **Responsibilities of the Lead First Aider (Estelle Szasz)**

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee
- Fulfil the school's commitment to report to RIDDOR, as described below
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

### **What to do in the case of an accident, injury or illness**

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain.

A first aider, who will provide immediate first aid and summon additional help as needed, should see any pupil or member of staff sustaining an injury whilst at school.

An adult must accompany Early Years and KS1 children to the school office. (If no adult is available please call the School Office for assistance).

Other class member can accompany KS2 children to the school office.

The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to the sick room if possible and appropriate and to hospital in the case of an emergency.

Parents should be informed as necessary by telephone by the first aider or school secretary.

This will be followed up in writing and a record kept at school. A record of all accidents, injuries and the administration of first aid is maintained in the accident log.

### **Contacting parents**

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury) Available from the Lead First Aider - Annex 1
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing

- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher.

In EYFS, ALL incidents must be communicated to the parents in writing and a copy placed in the child's file. A parent should sign the school copy agreeing that they have been notified.

### **Contacting the Emergency Services**

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

### **Accident reporting**

An Accident Reporting sheet (Annex 2) must be completed and handed to the Admin Assistant who will then complete the accident log. This must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident log will be monitored by the Lead First Aider as certain injuries require reporting (RIDDOR requirements). Care should be taken that the accident log, whether hard copy or electronic, is stored securely so that it can be seen only by those who have authority to read it.

### **Pupils who are unwell in school**

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the Lead First Aider, the school secretary or the Head Teacher. In the event a parent is unavailable the school should attempt to contact the secondary contact.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

### **First Aid equipment and materials**

The Lead First Aider is responsible for stocking and checking the first aid kits. Staff are asked to notify the Lead First Aider when supplies have been used in order that they can be restocked. The first aid boxes contain (based on HSE guidance):

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves
- 1 resuscitator
- Yellow clinical waste bag

### **First aid for school trips**

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the main office along with an emergency inhaler kit. This must be returned to the main office for replenishing on return. Any accidents/injuries must be reported to the Lead First Aider and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed. The person responsible for completing a RIDDOR report is the School Business Manager.

### **Emergency care plans and treatment boxes**

The Lead First Aider ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the staff room. A copy is also kept in the sick room. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the Lead First Aider, parents and, where appropriate, the child's doctor. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the sick room.

Pupils using crutches or having limited mobility - Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

Pupils with medical conditions - A list is available in the staff room and the sick room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists, please inform the Lead First Aider.

### **Dealing with bodily fluids**

In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.
- Bodily fluids include:
- Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit

### **Process**

- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a yellow clinical waste bag (available in all first aid boxes) then placed in the waste bin in the sick room.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.



## Broken Leg / Crutch Guidelines

The Form Tutor should discuss following points with any pupil who requires crutches while at school:

- To have a 'buddy' assigned to them to help them move around the school site, by carrying their bag and the other crutch as necessary.
- To mobilize around the school using their crutches at all times.
- To wear a pair of shoes which have a good grip e.g. trainers.
- To hold the banister, on staircases, with one hand and use a crutch in the other hand for support. They are NOT to use both crutches on any stairs.
- To use all the staircases. Detail any staircases which might be an issue for them to use and think of alternative routes and adapt accordingly.
- To leave all classes at least 5 minutes before the end of the lesson.
- State areas of the school which made need special consideration.
- To take time moving between lessons and not to worry about being late.
- NOT to participate in sport until they are given medical permission. This includes NOT playing football or any other games at break time which potentially increases the risk of hurting themselves further.
- To make any member of staff aware when they are feeling tired from mobilizing with crutches.

## Other Guidelines

- In the event of a fire the teacher in charge of the lesson is to take responsibility for safely escorting the pupil out of the building.
- If a pupil is unable to access a class then an alternative arrangement may have to be made.
- The parents are to be available at short notice should the pupil require to go home earlier than planned.

## Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the Lead First Aider who will follow the Public Health England guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact

Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult Public Health England
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores, no sharing of water bottles
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms, trainers to worn during indoor PE lessons.
Glandular fever	None	
Tonsillitis	None	

## Administration of Medication in School

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.

However, it should be noted that:

- No child should be given any medication without their parent's written consent.
- No Aspirin products are to be given to any pupil at school, unless prescribed by a doctor.

Parents must give written confirmation of any medication to be administered at school, a copy of which will be kept on the pupil's file. Proformas (Annex 3) for this are available from the school office, however, wherever possible the timing and dosage should be arranged so that the medication can be administered at home. Any medication that is brought into school whether it is prescribed or not, should be in the original container with full instructions and, if prescribed, the prescription label. Pain relief, provided by the parent, will be given for no longer than 3 days unless written consent from a doctor is received by the school. The school does not hold generic pain relief in school.

### (i) Non-Prescription Medication

These are only to be administered by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained.

A teacher may administer non-prescription medication on a residential school trip provided that written consent has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for, witnessed and parents informed in writing.

### (ii) Prescription-Only Medication

Prescribed medicines may be given to a pupil by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent

or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, with the original dosage instructions. A form for the administration of medicines in school (Annex 3) is available from the School Office. For all children, including those in the EYFS, prescription medicines will not be administered unless they have been prescribed by a doctor, dentist, nurse, or pharmacist. Medicines containing will be given only if prescribed by a doctor. Where medicine is administered to a child, including in the EYFS, parents will be informed the same day or as soon as reasonably practical.

A form for the administration of medicines in school is available from the Lead First Aider, the school office and from the website.

### **(iii) Administration of Medication**

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epi-pens

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- In the absence of a school nurse, it is advisable that a second adult is present when administering medicine.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication.
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document any refusal of a pupil to take medication.
- Document, date and sign for what has been administered.
- Ensure the Lead First Aider is aware that the medicine has been administered so that a notification e-mail can be sent. If this is not possible, complete the form which goes back to parents. (Annex 4)
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the Medical room. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- At the end of the school year:
  - all medication should be returned to parents
  - any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in the sharps box kept in the medical room.

### **(iv) Emergency Medication**

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances, a health care plan may be required and this will be completed and agreed with parents and, where relevant, the child's GP.

### **(v) Emergency Asthma Inhalers and Emergency Adrenaline Auto-injectors (Epi-pens)**

For a number of years, it has been possible for schools to keep emergency asthma inhalers to cover the eventuality of a pupil's inhaler being lost or running out during school time. Since October 2017, this provision has been extended to enable schools also to keep emergency Epi-pens. This provision enables schools to purchase Epi-pens, without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. The school has decided at this point that such an option would not significantly enhance the school's provision. However, the situation will be kept under review and the school will consider the matter again should circumstances change.

Further information can be found on this website:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

### **(vi) Controlled Drugs**

Controlled drugs must be kept in a locked container within the locked medicine cabinet in the Medical Room. The key for both is kept with the Lead First Aider. Administration of controlled drugs must be witnessed by another staff member, following 'Administration of Medication' directions above and recorded in the 'Controlled Drugs Recording Book'.

### **Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)**

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Types of reportable incidents

The member of staff with responsibility for overseeing RIDDOR reporting is School Business Manager.

Major injuries from schedule 1 of the regulations:

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent)
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
8. Any other injury lasting over 3 days
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
  11. Acute illness requiring medical treatment; or
  12. Loss of consciousness
  13. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
14. Death
15. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Further information on RIDDOR reporting requirements can be found on the RIDDOR website;

<http://www.hse.gov.uk/riddor/>

### **Storage of this policy**

A copy of this policy is available on the school website and also in the staff room and school office.

## APPENDIX: Guidance to staff on particular medical conditions

### (i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

### (ii) Anaphylaxis

Children who require an epipen should have 2 epipens in school at all times. One carried on them at all times and one in the Medical Room. When epipens are in the classroom they must be kept in the designated locker. This locker must be kept shut but not locked.

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

#### Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

**REMEMBER** Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

### **(iii) Asthma management**

All children with asthmas should have one inhaler in school at all times. The school has emergency inhalers in the following locations:

#### **Medical Room**

#### **Wise Hall**

#### **Cedar Hall**

The emergency inhalers can only be used by children whose parents have given permission. This list can be found in with the emergency inhaler kit.

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

#### **Trigger factors**

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

#### **General considerations**

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required.

#### **Recognising an asthma attack**

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

#### **Action to be taken**

1. Ensure that prescribed reliever medication (usually blue) is taken promptly, 2 puffs taken separately.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved, but not completely disappeared, inform parents and give another dose of their inhaler and call the Lead First Aider or a first aider if she is not available.

6. Loosen any tight clothing.
7. If there is no improvement continue to make sure the pupil takes two puffs of their reliever inhaler every two minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

#### **(iv) Diabetes management**

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

##### **Signs and symptoms of low blood sugar (hypoglycaemic attack)**

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

##### **Action to be taken**

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

##### **Action to take if the pupil becomes unconscious:**

1. Place pupil in the recovery position and seek the help of the Lead First Aider or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

##### **Signs and symptoms of high blood sugar (hyperglycaemic attack)**

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting

- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

**Action to be taken**

1. Inform the Lead First Aider or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

**(v) Epilepsy management**

**How to recognise a seizure**

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan

**Action to be taken**

1. Send for an ambulance;
2. if this is a pupil's first seizure,
3. if a pupil known to have epilepsy has a seizure lasting for more than five minutes or
4. if an injury occurs.
5. 2. Seek the help of the Lead First Aider or a first aider.
6. 3. Help the pupil to the floor.
5. Do not try to stop seizure.
6. Do not put anything into the mouth of the pupil.
7. Move any other pupils away and maintain pupil's dignity.
8. Protect the pupil from any danger.
9. As the seizure subsides, gently place them in the recovery position to maintain the airway.
10. Allow patient to rest as necessary.
11. Inform parents.
12. Call 999 if you are concerned.
13. Describe the event and its duration to the paramedic team on arrival.
14. Reassure other pupils and staff.
15. Accompany pupil to hospital and await the arrival of a parent.



**Annex 1**



**SHERBORNE HOUSE SCHOOL**

Notification to parent – ‘Bumped Head’ form.

Child’s name ..... Date .....

Dear Parent

Your son/daughter sustained a bump on the head today at.....am/pm.

Brief description .....  
.....  
.....

Your child appears to be well now but please follow the guidance overleaf if you have any concerns. Thank you.

Signed Staff Member .....



**SHERBORNE HOUSE SCHOOL**

Notification to parent – ‘Bumped Head’ form.

Child’s name ..... Date .....

Dear Parent

Your son/daughter sustained a bump on the head today at.....am/pm.

Brief description .....  
.....  
.....

Your child appears to be well now but please follow the guidance overleaf if you have any concerns. Thank you.

Signed Staff Member .....

If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call NHS Direct on 111 / 0845 4647 or in an emergency ambulance (999 / 112)

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
- Having a seizure or fit.

If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call NHS Direct on 111 / 0845 4647 or, in an emergency ambulance (999 / 112)

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
- Having a seizure or fit.

**Annex 2: Accident and Injury Reporting Form**



**REPORT OF AN ACCIDENT**

**PART A – ABOUT THE INCIDENT**

Date of incident..... Time of incident ..... am/pm  
 Did the incident occur at school Yes/No  
 If Yes, which department/room/place/site did the incident occur .....  
 If No, where did the incident occur (include address and details) .....  
 .....  
 .....

**PART B - ABOUT YOU**

Your full name ..... Department.....

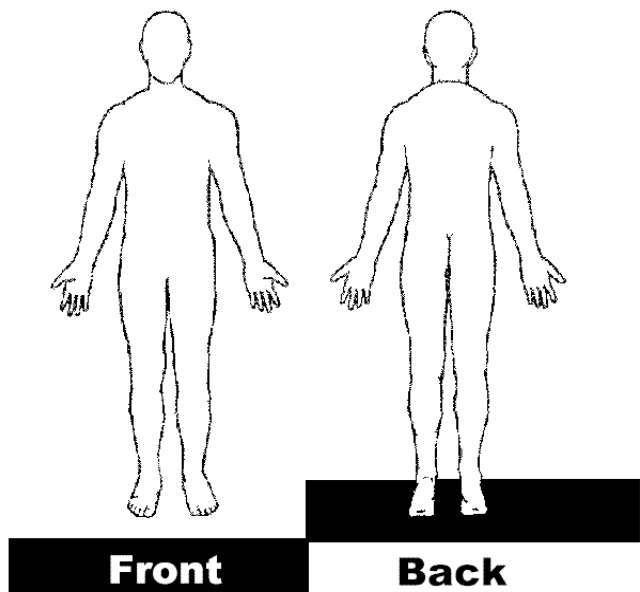
**PART C – ABOUT THE INJURED PERSON**

Full Name of injured person ..... Form ..... Male/Female  
 Is the injured person:  
 An employee  A member of public  
 A student  On training scheme  
 On work experience  Employed by someone else (attach details)  
 Was the injured person taken to hospital Yes/No  
 If Yes, please state which hospital.....  
 Immediately? At a later date? When? .....  
 Seen by a doctor Yes/No If Yes please state which doctor .....  
 Immediately? At a later date? When? .....

**PART D – ABOUT THE INJURY**

Description of the injury should be detailed. Include left/right, front/back, location, size; whether it is a graze, a bump or a cut, bruise etc. Take into account other factors such as pallor of skin, breathlessness, pulse, blurred vision, slurred speech, clammy skin, and temperature (hot/cold)

What part of the body was injured (see picture, clearly mark with an X)



IF THE INJURED PERSON GOES TO HOSPITAL FROM SCHOOL THE FOLLOWING INFORMATION MUST ACCOMPANY THEM: NAME, DOB, DR.'S NAME, MEDICAL INFO, AND PARENT CONTACT NUMBERS.

**PART E – ABOUT THE ACCIDENT**

Describe what happened – Give as much detail as you can for example, the events that led up to the incident, the part played by any other people, any substance or machinery involved. Please attach another sheet if necessary.

Please state names of any witnesses .....

**PART F – ABOUT THE TREATMENT GIVEN**

**Red Head bump note issued? Yes / No**

Signature if different from person in PART B ..... Date .....

**PART G – OUTCOME & FOLLOW UP**

Date .....

**PART H – SIGNATURE**

<b>Signature Person Part B</b>	
<b>Signature Parent</b>	
<b>Signature Headteacher</b>	

**PART I- REPORTABLE INSTANCES (RIDDOR)**

Was this a reportable instance Y N

Has the instance been reported to HSE with regard to RIDDOR? Y N

If Yes please insert the relevant incident report number,

Date .....

### Annex 3

#### Administration of medicine / treatment (Form of consent)

School: Sherborne House School

Child's name: ..... Year:..... D.O.B: .....

Contact No. Home / Work / Mobile: .....

G.P: ..... Surgery: ..... Tel. No: .....

I agree to members of staff administering prescribed medicines / providing treatment to my child as directed below or in the case of an emergency as staff consider necessary.

Parents will be informed by e-mail when their child has had any medication administered in school.

Condition or Illness: .....

Signed: .....(parent / guardian) Date: .....

Date	Name of medicine	Dose	Frequency / times

**Special instructions:**

If pain relief, what time was last does given.....

**Allergies:**

**Other prescribed medication your child takes at home:**



## Annex 4



### Notification of Administration of Medicine

Dear Parent

This is to notify you that ..... has had the following

medication administered in school on (date).....

Name of medicine.....

Dose .....

Time .....

Signed.....

Print.....

Record of First Aid Kit Replenishment

1 <sup>st</sup> Aid Kit number	Location	Date of check	Date of check	Date of check	Date of check	Date of check	Date of check	Date of check	Date of check
1	Pre Rec								
2	Oaks 1								
3	Oaks 2								
4	Beeches 1								
5	Beeches 2								
6	Beeches 3								
7	Beeches 4								
8	Pines 1								
9	Pines 2								
10	Bowes								
11	Studio								
12	Cedar 1 / 2								
13	Cedar 3 / 4								
14	Wattles upstairs								
15	Wattles 1								
16	Lakewood								
17	Cedar Changing rooms								
18	Cedar Hall								
19	Wise Hall								
20	Playground								

END