



HANDEL HOUSE SCHOOL

Northholme, Gainsborough, Lincolnshire. DN21 2JB

Telephone 01427 612426

Email: admin@handelhouseschool.com

This Policy, which applies to the whole school including the Early Years Foundation Stage (EYFS), is publically available on the School website and on request a copy may be obtained from the School Office.

FIRST AID AND MEDICATION POLICY

Legal Status:

- This policy is drawn up and implemented to comply with The Independent School Standards Regulations (2019), Part 3, Standard 14.
- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 1995 (RIDDOR).
- Complies with the Guidance on First Aid for Schools Best Practices Document published by the Department for Education (DfE).
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)

Handel House School has an Appointed Person (The Headteacher) for the health and safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

Applies to:

- the whole school including the Early Years Foundation Stage (EYFS), the out of school care and extra-curricular activities inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), the proprietors and volunteers working in the school

Related documents:

- Welfare, Health and Safety Policy; Medication (giving and storage); First Aid Treatment

Availability

This policy is made available to parents, staff and pupils in the following ways: on request a copy may be obtained from the school office.

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Headteacher.

- The Headteacher/Proprietor undertakes an annual review of this policy and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.

Signed:

Date: October 2025

Mark Raisborough
Headteacher/Proprietor

Introduction

This policy is designed to ensure that all children can attend school regularly and participate in activities.

This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE. In order to comply with this best practices document the school has a requirement for a minimum of two trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do.

All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors.

The school will provide:

- Practical arrangements at the point of need;
- The names of those qualified in first aid and the requirement for updated training every three years;
- Having at least two qualified persons on site when children are present;
- Showing how accidents are to be recorded and parents informed;
- Access to first aid kits;
- Arrangements for pupils with particular medical conditions (for example asthma, epilepsy, diabetes).
- Hygiene procedures for dealing with the spillage of body fluids;
- Guidance on when to call an ambulance;
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)

Aims

- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff)
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements

Definitions

• First Aid

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving any tablets or medicine to treat illness.

• Full First Aider

A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

• Appointed Person

A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

Policy Statement

The School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for students, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with Handel House's Health and Safety policy and policy on Safeguarding children on school visits. It will be reviewed annually.

Training

The Headteacher/Proprietor must ensure that the appropriate number of first-aid containers are available according to the risk assessment of the site. See Health and Safety Executive (HSE) guidelines on recommended and mandatory contents.

- All first-aid containers must be marked with a white cross on a green background;
- Each school bus must carry a first-aid container;
- First aid containers must accompany Physical Education (PE) teachers off-site;
- First aid containers should be kept near to hand washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of the Health and Safety Officer (Headteacher/Proprietor)

Should a pupil feel unwell or be injured at school he/she will see a First Aid trained teacher who will respond in accordance with the standard procedure.

Both a *full first aider* and at least one *paediatric first aider* will always be on the premises and a *paediatric first aider* will always accompany the EYFS children when using any specialist facilities and during any offsite activity/education visit. First aid kits are available on the premises, in vehicles and for educational visits and offsite activities.

Hygiene/Infection control/HIV Protection

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).

Advice on seasonal flu:

- We do not currently envisage any situation where the Government would be advising large numbers of schools or Early Years and childcare settings to close.
- Parents should keep children at home if they have flu symptoms. Schools and settings spotting such symptoms should ask parents to collect the child and take them home as soon as practicable.
- We would expect schools and settings to stay open even if some pupils are diagnosed with flu. Schools may wish to contact their local Health Protection Unit for advice if they are concerned by a large number of cases, or if their pupils may be particularly vulnerable – for example, special schools dealing with children with medical conditions. In some cases, the advice may be to close for a short period.
- Early Years and childcare settings may also wish to contact their local Health Protection Unit for advice if they have concerns.
- The greatest contribution that a school or setting can make is to promote and put in place good hygiene practices: basic common sense ideas like using tissues and washing hands. Such practices can help to prevent the spread of a range of viruses, not just flu.
- Those in vulnerable groups – people with certain medical conditions or pregnant women – should contact their GP for flu vaccination.

Medication/Medical Treatment:

Policy on the Administration of Medicines during School Hours

Parents are responsible for the administration of medicine to their children. For casual ailments it is often possible for doses of medication to be given outside school hours. In principle if a child needs a dose of medicine at lunchtime, the child should return home for this or the parent should come to the school to administer the medicine. In reality this is not realistic and the administration of medicine in School falls within our remit for the Duty of Care for the children.

Generally, members of staff will administer medicine to children only at the request of individual parents and with precise instructions as to dosage. Medication may be administered at school provided a consent form has been completed by a person with parental or medical responsibility for the child and handed to the School Office. All medicines must be clearly labelled with the child's name and dosage required and handed to the office by the parent/carer. If it is unavoidable that a child has to take medicine in school for treatment for a long-term illness to be effective, then each individual case will be considered. Please note that teachers are not required to dispense medicines and any involvements would be purely on a voluntary basis. Therefore, no member of staff is required to administer medication unless willing to do so.

The normal procedure is for any necessary medication to be given by designated persons. However, sometimes arrangements are made (by agreement with the Headteacher) for special circumstances to prevail - as in the administering of "Ritalin" for example. Staff giving medication need to be aware of any schedule requiring completion in the School Office. Where staff have indicated that they are willing to give a child Ritalin they need to be aware that there is a related schedule for completion in the School Office. Where it is agreed that medication is kept at school, there are appropriate facilities (including a fridge) for the safe storage of medicines. Medicines

must be clearly named. In the case of life saving treatment/medication a letter from the child's doctor (GP or Consultant) must be required stating the child's condition and details of treatment/medication that the school may be required to administer.

For the school to agree to assist in long term medication:

- Parents must write to the school giving authorisation for medicines to be administered to their children. This needs to include instructions regarding the quantity and frequency of administration.
- The medicines must be brought into school in a properly labelled container which states: (a) The name of the medicine, (b) The dosage and (c) The time of administration.
- Where possible the medicine should be self-administered under the supervision of an adult. Medicines will be kept in a secure place by staff in accordance with safety requirements.

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance. Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

The teacher (who is qualified in first aid) will administer prescribed medicines in accordance with parental wishes. They will also administer proprietary medicines as required and in accordance with a signed prior agreement. School First Aiders are present at the school whenever pupils are in attendance.

Prescribed or preferred medicine should be brought to the School Office in the original container with the child's name and dosage instructions. If the medicine needs to be refrigerated the bottle should be placed in a plastic container labelled with the child's name.

With the exception of the First Aiders, staff will not administer medicine of any sort. The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Parents will always be informed immediately about any errors in administering medication. Fully stocked First Aid kits are available in the First Aid room as well as the Office. Any action taken should be recorded. Accidents of a more serious nature should be recorded on an accident report form and if serious, parents should be informed by telephone. If an injury or illness involves spillage of body fluids gloves should be worn.

Children who use asthma inhalers, EpiPens and diabetic pens may keep these in their classroom and store a spare in the medical room. Children are not permitted to carry medicines other than the above. All medicines brought to school must be handed to the School Office.

Medicines held by the School Office First Aid Officer, other than those refrigerated, will be held in a locked cabinet. The designated First Aid Officer will hold the key to the cabinet but administration staff will be aware of the location of the spare key. Asthma inhalers, not held by the children, will not be locked away but labelled and available to the children concerned through consultation with the First Aid Officers.

Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

The First Aid Officer is First Aid trained and has had specific instruction regarding some other health conditions. There are other staff in the school with current First Aid Certificates whose names are listed in the First Aid room and in the staff room. All First Aid qualifications are updated every three years in accordance with regulations.

Confidentiality

Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

Policy on First Aid in School

All staff, both teaching and non-teaching, are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by the class teacher or one of the First Aid Officers. If an accident occurs in the playground and first aid is required, then one of the staff on duty in the playground, who is qualified can assist, or if they are not qualified, they should come to the staff room and request the assistance of the child's class teacher or designated first aider.

If there is any concern about the first aid which should be administered then the qualified first aiders must be consulted. All accidents must be recorded on an Accident Report form. A copy of this is kept in the Accident Report box, in the School Office. All details need to be filled in, including any treatment given.

The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Headteacher/Proprietor is responsible for ensuring that a sufficient back-up stock is held on site. Notices will be displayed in a prominent place of all trained first-aiders. All first aid-signs and containers must be identified by a white cross on a green background. A written record will be kept of all first-aid administered either on the school premises or as a part of a school related activity.

The First Aiders' procedure for dealing with sick or injured pupils:

1. Ascertain by inspection and discussion with a child or staff member the nature of the child's injury or illness.
2. Comfort or advice as necessary. This may be sufficient and the child can return to class or break. Inform staff members of the nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists. If a child is in pain and four hours have elapsed since the last painkiller provided, another may be given. Parents will be informed if a painkiller is given after lunch.
4. Record action taken on accident report form.
5. If the child is then well enough he/she will return to class.
6. If a problem persists or there are doubts as to the seriousness of any injury then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their child appropriate arrangements are made. If he/she is unable to fetch the child then with permission of the parent(s) the First Aid Officer will make arrangements for the child to travel home by taxi. He/ she will always use the school's registered taxi company. Parents will be billed for any such taxi journey at the end of term.
7. If a severe illness or injury is suspected then the First Aid Officer will take the child to hospital or the emergency services will be called and administrative staff will contact the parents to inform them. No child will travel in an ambulance unaccompanied.

8. If any issue arises during treatment or discussion with the child that the First Aid Officer feels should be taken further, she will telephone or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff.
9. Parents of all children including those in the Early Years Foundation Stage (EYFS) must be informed immediately, or as soon as is practicable.

N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. At least two staff working specifically in the EYFS department have Paediatric First Aid Training Certificates. They are not, however, medically qualified and hence cannot give medical advice.

Monitoring

Accident report forms can be used to help the Headteacher to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Headteacher regularly reviews the accident records. This policy will be reviewed annually.

Reporting to HSE

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Headteacher/Proprietor must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence)
- accidents which prevent the injured person from doing their normal work for more than three days
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to:
 - any school activity, both on or off the premises;
 - the way the school activity has been organised and managed;
 - equipment, machinery or substances;
 - the design or condition of the premises.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Headteacher/Proprietor is responsible for ensuring this happens. The School Administrator will report the incident to HSE and also to our insurers.

Record keeping

Statutory accident records: The Headteacher must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Headteacher must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- the date, time and place of incident
- the name (and class) of the injured or ill person
- details of their injury/illness and what first aid was given
- what happened to the person immediately afterwards
- name and signature of the first aider or person dealing with the incident.

The Headteacher/Proprietor must have in place procedures for ensuring that parents are informed of significant incidents.

Training and Assessment

School staff will follow an agreed training programme, specifically addressing the Safe Administration of Children's Medication. Training must be provided either by the relevant local health agency or an accredited training agency. No member of staff may administer children's medication until they have joined the agreed training programme and successfully completed it. The first aid officer is to make spot checks during the administration process and of Files and Records.

Administration

This first aid information is a sub-section of the School's Health and Safety Policy. Responsibility for health and safety rests with the bursar, who controls the first aid budget and has authority to purchase supplies.

First Aiders' responsibilities

- To give first response treatment
- To summon an ambulance through the school office, when necessary.
- To inform the school office when pupils are too unwell to stay at school. The school office will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken.
- To keep a legible written record of attendances, with dates, times and treatment given.

Reporting

The First Aider should complete an Accident Report Form, as set out in Appendix 2. All injuries, accidents and illnesses, however minor, must be reported to the School Office and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary.

School Accident and Illness procedures: All injuries, accidents, illnesses and dangerous occurrences must be recorded in the School Accident file. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor. This will be kept in the School Office.

Incidents / Hazards / Near Miss Book: This should be used to record the unplanned or uncontrollable event. Assessment and review will be undertaken at regular intervals to consider further action.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headteacher if necessary. Parents always receive a copy of the Accident Report form which goes into the Accident Report File. Parents are always called if there is a head injury, no matter how apparently minor.

Accidents involving Staff: Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)

Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer).

Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving pupils or visitors: Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises)
- the way a School activity has been organised or managed (e.g. the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises.

Need to be reported without delay to HSE, followed by Form F2508.

For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

Treatment Guidance

Shock: Keep the child warm and quiet to minimise the shock. If the child feels faint and the injury is not to the upper torso, lay the child down and elevate her feet.

Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss the extent of the injury.

One person must take charge who will:

- Send for the first aider.
- Arrange for the Headteacher to be notified.
- Make arrangements for the care of the child's property.
- Arrange for the child's parent/s to be contacted and check that this has been done.

If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child.

If a child is ill or injured on an offsite activity

Remember that when a child is ill or injured this changes the day's arrangements. Always ensure there is enough supervision for the other children on the trip, so that the sick or injured member of the group can be properly looked after. A first aider with a first aid kit must be on all off-site activities. For further advice please contact a first aider.

Head Injuries

If a child sustains a head injury at school that gives cause for concern (ie the child feels dizzy/sick or has disturbed vision), it will be reported to the Headteacher and the parents will be informed. The incident will be logged on an accident report and will be completed if the child's injury requires further medical attention.

If a child appears to be badly injured or seriously ill (e.g. serious loss of blood, severe pain in abdomen, bone or joint, unconsciousness):

SEND FOR HELP AT ONCE. Do not move the child (except if heavy bleeding or shock see above).

If a child is ill and needs to go home

The child should be taken to the School Office where the member of staff on duty there will telephone home and ask a parent or responsible adult to collect the child. If children are not well enough to join in all school activities they should not be in school. Parents should know that it is important that the school knows if any children are off school with diarrhoea and vomiting and the recommendation is that pupils see their General Practitioner during the period of absence. It is important that they should not return to school until free of symptoms for 48 hours.

Wounds and Bleeding

Staff are requested NEVER to perform any First Aid Procedures that they have not been adequately trained to do. The following is an aide-memoire only. The aims of First Aid for bleeding and wounds are to:

- Prevent infection, by keeping germs out.
- Bleed: Stop bleeding by applying pressure and elevating the limb/area losing blood (ie hold up leg/arm or for head injury sit the patient up). Stop bleeding as quickly as possible, because severe loss of blood could have serious consequences

Treatment:

- Place the casualty in the appropriate position according to the injury (ie in the lying position unless the bleed is to the head or upper part of the body).
- If the casualty feels faint, raise their legs (unless the bleed is on the head or upper part of the body).
- Elevate the injured part, unless a fracture is suspected, and loosen tight clothing.
- Expose wound, removing as little clothing as possible.
- Control bleeding by pressing sides of wound firmly together or by applying direct pressure to the part that is bleeding, over a clean dressing preferably, a clean towel, handkerchief or any other item of clean linen.
- Apply sterile dressing into the depth of the wound until it projects above the wound, cover with padding and bandage firmly.
- If foreign bodies are present in the wound, or bone is projected, use the 'tent' method to raise the dressing with rolled bandages either side of the wound, and cover the wound with a sterile dressing to secure the rolled dressings in place, avoiding pressure on projecting foreign body or bone.
- If bleeding continues through dressing, put another dressing over the previous dressing and bandage it firmly. Never remove dressings that are already in place – this disturbs the blood clot and can easily make bleeding worse.
- At all times reassure the patient and keep him/her relaxed and lying as still as possible; any unnecessary movement will tend to make bleeding more severe.
- Keep the casualty warm with blankets.
- Except in cases of only slight injuries with small loss of blood, get the casualty as comfortably and quickly as possible.

Warning

Stab wounds and puncture wounds can cause injury and infection deep inside the body, even though the skin wound is only small. Therefore such wounds should always be regarded as serious and the casualty sent to hospital.

Burns and Scalds

- Cool immediately. If limb or extremity is affected, immerse in cold water or place under a gently running tap, for at least 10 minutes, until pain is reduced.

- Remove burnt clothing, only if absolutely necessary and is not stuck, after cooling has begun. Stuck clothing should be left alone.
- Do not break blisters; keep immersed in cold water if still painful.
- Remove anything of a constricted nature – e.g. rings, bangles, belts, boots – before swelling starts.
- Cover the burn with cling film. If this is not available use a non-fluffy dressing. Dressing should cover an area bigger than the burn. If necessary use several dressings.
- If the burn is larger than the palm of the hand, send the casualty to a hospital as quickly as possible and treat for shock.

Warning

DO NOT apply lotion, antiseptics or anything greasy to burns.

DO NOT use hairy or fluffy materials to cover a burn.

In the case of electrical burns, do not touch the casualty until you are certain that the electricity is switched off.

Specific Conditions - Asthma

First Aiders are aware of how to treat known conditions of pupils at Handel House School, for instance, asthma. Due to the number of children that suffer from this condition within the School, a brief outline of the condition and treatment has been included in this policy. Each year 2000 people die from asthma in the UK. It is thought that the majority of these deaths are preventable. Due to this fact it is essential that staff understand the causes that lead to an attack and how to deal with an attack when it happens.

All asthma sufferers have a health care plan and instances of medication administered are recorded in the Administering Medication Form in the medical room.

It is important that each teacher can respond positively to these questions:

- a) Do you know which, if any, children have asthma in the classes which you teach?
- b) Are you aware of the situations that can lead to an asthma attack?
- c) Would you know what to do if this happened in one of your lessons?

Causes of Asthma

Asthma causes narrowing of the airways, the bronchi, in the lungs, making it difficult to breathe. An asthma attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness and coughing and tightness in the chest, which can exacerbate the difficulty in breathing. People with asthma have airways which are almost continuously inflamed (red and sore) and are therefore very sensitive to a variety of common stimuli. It is not an infectious, nervous or psychological condition, although stress may sometimes lead to symptoms.

A child's inflamed airways are quick to react to certain triggers (irritants) that do not affect other children without asthma. The things that trigger asthma vary from child to child. The known triggers include:

- Viral infections (common cold)
- Allergies, e.g. grass pollen, animals (hamsters, rabbits, cats, birds, etc.)
- Exercise
- Cold weather or strong winds
- Excitement or prolonged laughing
- Sudden changes in temperature
- Numerous fumes such as glue, paint and tobacco smoke.

Effects on Child

- Breathlessness during exercise
- Coughing during which wheezing or whistling is heard coming from the child
- General difficulty in breathing
- Tightening of the chest
- Anxiety of the child.

When an Asthmatic joins the Class

- Ask parents about child's asthma and current treatment
- The child's medication will be stored in the medical room.
- If they require access to their medication to have with them during sport or off-site activities, this can be arranged through the office.

Sport and the Asthmatic Child

Exercise is a common trigger for an asthma attack but this should not be the reason for children not to participate in PE or Games. As far as possible, children should be encouraged to participate fully in all sporting events. Swimming is to be encouraged. Prolonged spells of exercise are more likely than short spells to induce asthma attacks. Teachers of Games should be particularly aware of children with asthma when working outside on cold, dry days or when there are strong winds.

Asthmatic children are commonly allergic to grass pollen so this should be considered, especially during the summer months. Teachers should beware of competitive situations when children with asthma may over exert themselves. Exercise triggered asthma will be helped if the teacher ensures that the child uses his/her inhaler before exercise begins and keeps it with them during the lesson. No child should be forced to continue games if they say they are too wheezy to continue.

Technology

Teachers should be particularly aware of asthma sufferers during activities producing dust and fumes, e.g. paint, glue and varnish.

Medication

There are two types of treatments:

Preventers - these medicines are taken daily to make the airways less sensitive to the triggers. Generally preventers come in brown and sometimes white containers.

Relievers - these medicines are bronchodilators which quickly open up the narrowed airways and help the child's breathing. Generally relievers come in blue containers.

	<i>Trade Name</i>	<i>General Name</i>	<i>A</i>	<i>B</i>
Preventers	Intal	sodium cromoglycate	*	
	Becotide	beclomethasone	*	
	Pulmicort	budesonide	*	
Relievers - Bronchodilators	Atraovent	ipratropium bromide	*	
	Bricanyl	terbutaline	*	*
	Ventolin	salbutamol	*	*

Longer Acting Relievers	Nuelin	theophylline		*
	Phyllocontin	aminophylline		*
	Serevent	salmeterol	*	

Key

A - Aerosol puffer of dry powder inhaler

B - Tablet and/or syrup

How you can help during an Attack

Children with asthma learn from their past experience of attacks; they usually know just what to do and should carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone.

However, the following guidelines may be helpful:

1. Ensure that the reliever medicine (such as Atrovent, Bricanyl or Ventolyn) is taken promptly and properly. A reliever inhaler (usually blue) should quickly open up narrowed air passages: try to make sure it is inhaled correctly. It should be administered via a Spacer (breather unit with rubber section to go over nose & mouth). Due to the high speed release of an inhaler, it is difficult for even an adult patient to inhale at the right time to benefit from the medication, so it is recommended it is given in this way for maximum impact.
2. *Stay calm and reassure the child.*
Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants: the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold but don't put your arm around the child's shoulder as this is very restrictive.
3. *Help the child to breathe.*
In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support the chest. Leaning forwards on a cushion can be restful, but make sure that the child's stomach is not squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps, loosen tight clothing around the neck and offer the child a drink of warm water because the mouth becomes very dry with rapid breathing.

Call a doctor urgently if:

- 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.

If a doctor is unobtainable, call an ambulance.

After the attack

Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue with normal school activities.

How teachers can help

- Ensure all asthmatic children take any necessary treatment before sport or activities.
- Ensure relievers are readily available for use by asthmatic children when required.
- Check with the child and parent that correct treatments and instructions are supplied for school outings.
- Be aware that materials brought into the classroom may trigger a child's asthma, and additional treatment may be necessary.
- Make a point of speaking to parents of children needing to use their inhaler for relief more often than usual.
- Act as an educator to children with asthma and their peers.
- Know what to do in an emergency.

Do's and Don'ts in Acute Asthma

- *Don't panic.*
- *Do be aware of procedures to follow if the child does not improve after medication.*
- *Don't lie the child down - keep her/him upright.*
- *Don't open a window - cold air might make the condition worse.*
- *Don't crowd the child - give space - not cuddles.*
- *Do give reliever medication - bronchodilators.*
- *Don't give inhaled steroids (e.g. Becotide, Pulmicort).*
- *Do reassure the child.*
- *Do reassure the other children and keep them away.*

What to do in an emergency

1. Keep calm.
2. Allow child space to breathe (no sudden change in temperature).
3. Use a reliever inhaler.
4. If no improvement after 5 minutes repeat inhaler giving a high dose. Dial 999 or take to hospital (two adults required).
5. Ask someone to warn the hospital you are on the way.
6. Demand immediate attention on arrival at the hospital.

SEEK MEDICAL HELP URGENTLY IF:

1. The reliever (medication) has no effect after five to ten minutes.
2. The child is either distressed or unable to talk.
3. The child is getting exhausted.
4. You have any doubts at all about the child's condition.

Call the parents and an Ambulance

Minor attacks should not interrupt a child's concentration or involvement in School. When the attack is over encourage them to continue with their lessons/activities. This information has been taken from the National Asthma Campaign booklet "Asthma at School".

Further information

The National Asthma Campaign publishes a useful booklet entitled "Asthma at School: a teachers' guide." Available from:

National Asthma Campaign,
Providence House, Providence Place, London, N1 0NT
Admin: 020 722 622 260

Helpline: 0345 00203

Further information from Asthma Training Centre: 01789 296944 and

BAALPE 01395 263247

Specific Conditions - Epilepsy

If a child joins the school with this condition, as with other specific conditions, specific instructions on immediate treatment or action will be gained from the parent(s) so that these can be followed in the event of an attack.

We have experienced pupils with Childhood Absence Epilepsy and the teachers and other staff have been made aware of the small periods of time the pupil(s) will be unable to respond to what is going on around them.

Staff will always send for a Primary First Aider if in doubt about a child showing unusual signs. However the following points outline how to recognise and act on a seizure:

Types of seizure:

Major fit ('grand mal' or 'convulsion'). This type of fit can be very frightening when seen for the first time. The child may make a strange cry, (a physical effect that does not indicate fear of pain), and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear round the mouth, occasionally blood-flecked, if tongue or cheeks have been bitten. The child may pass water.

This type of fit may last several minutes, after which the child will recover consciousness. He/she may be dazed or confused – a feeling that can last from a few minutes to several hours – and may want to sleep or rest quietly after the attack. Although alarming to the onlooker this type of fit is not harmful to the child and is not a medical emergency unless one fit follows another and consciousness is not regained. Should this happen, medical aid should be sought without delay. This condition is known as status epilepticus.

- **Minor fit ('absence' or 'petit mal')**. This type of seizure may easily pass unnoticed by parents or teachers. The child may appear merely to daydream or stare blankly. There may be frequent blinking of the eyes, but otherwise none of the outward signs associated with a major seizure. Though brief, these periods of clouded consciousness can be frequent. They can lead to a serious learning problem if not recognised and treated, because the child is totally unaware of his surroundings and receives neither visual nor aural messages during a seizure.
- **Psychomotor fit ('complex partial' or 'temporal lobe')** This occurs when only part of the brain is affected by the excessive energy discharge. There may be involuntary movements such as twitching, plucking at clothes or lip smacking. The child appears to be conscious and may be unable to speak or respond.
- **'Sub-clinical seizures'**. These are often not recognised because, as the name suggests, they cannot be seen. They may be indicated if a child's attainment level drops significantly, or the standard of oral or written work is below expectations for no accountable reason. Where sub-clinical seizures are suspected, the matter should immediately be brought to the attention of the Principal.

Calm observation of any seizure may well provide vital information for the doctors, who rarely see the child having a seizure. Cooperation between teachers, parents and the family doctor/paediatrician can prevent a child with epilepsy from becoming a handicapped adult.

The reaction and competence of the teacher is the most important factor in any classroom acceptance of a seizure. In a minor fit, understanding and a matter-of-fact approach are really all that are needed. A teacher

should be aware of the possibility of mockery when the fit has passed and deal with it, if it arises, according to the age group concerned. If the child has a major seizure, classmates will respond to the calm behaviour of the teacher. Ensure that the child is out of harm's way, but move him/her only if there is danger from sharp or hot objects, or electrical appliances. Observe these simple rules and LET THE FIT RUN ITS COURSE.

- Cushion the head with something soft (a folded jacket would do but DO NOT try to restrain convulsive movements).
- DO NOT try to put anything at all between the teeth.
- DO NOT give anything to drink.
- Loosen tight clothing around the neck, remembering that this might frighten a semi-conscious child and should be done with care.
- DO call an ambulance or doctor if you suspect status epilepticus.
- As soon as possible, turn the child to the side in the semi-prone position to aid breathing and general recovery. Wipe away saliva from around the mouth.
- If possible stay with the child to offer reassurance during the confused period which often follows this form of seizure.

Tonic-Clonic seizures

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

Do...

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- The person is injured during the seizure
- You believe the person needs urgent medical attention

Focal (partial) seizures

Sometimes the person is not aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

Do...

- Guide the person from danger
- Stay with the person until recovery is complete

- Be calmly reassuring
- Explain anything that they may have missed

Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

Specific Conditions - Diabetes

Diabetes is serious and will receive the proper treatment once diagnosed medically. People with diabetes should have access to good, regular healthcare and may also need to take diabetes medication or insulin, or a combination of the two. All diabetic adults and children are registered on the 'at risk' list and the teacher made aware of their condition. All diabetic children should be registered with the School Medical Service and the school office kept up to date with details of where parents can be contacted in an emergency, also telephone numbers of the child's doctor, hospital etc.

The child should always carry glucose or sugar in her pocket and may need to eat in class or before PE and games lessons. It is very important that diabetics eat meals at regular times and are allowed to eat small snacks at other times when they need extra food. The only major problem the diabetic child is likely to have in school will be an INSULIN REACTION (Hypoglycaemia). Some of the first signs may consist of confusion, poor work, poor handwriting. If any of these are noticed – sugar in any form is the correct treatment (sugar, sweets, sugary drinks). If reaction has not developed too far the child will return to normal, but **SHOULD NEVER BE SENT OUT OF THE ROOM WITHOUT SUPERVISION.**

Insulin reactions do not occur very frequently. They are usually brought on by more exercise than usual, delay in getting meals or inadequate meals or excessive Insulin dosage. If a reaction occurs at school, parents should be advised by telephone and in writing. If the child has developed an Insulin reaction or is unwilling to swallow sugar, this should be considered an **EMERGENCY - AND THE CHILD TAKEN TO HOSPITAL.** Every effort should be made to contact the parents as soon as possible.

Symptoms of Hypoglycaemic Reaction:

Trembling, numbness

Late symptoms – sweating, tingling of the mouth and fingers, poor orientation, weakness, loss of memory, drowsiness, blurring of vision, unconsciousness, headache, abnormal gait, convulsions, abnormal behaviour.

NOTE:

The child may be wearing a Medic-Alert or Necklet which would identify the condition, if the teacher has not already been made aware of the child's Diabetic condition.

Treatment with insulin

All people with Type 1 diabetes will require insulin.

Insulin cannot be taken in a tablet form because, being a protein, it would be digested in the stomach before it had any effect. Insulin can be given in different ways via an injection, using a syringe, pen device or via an insulin pump.

The patient will take control of their own insulin and be aware of the importance of eating at set intervals.

Allergies/long-term illness

A record is kept in the general office of any child's allergy to any form of medication (if notified by the parent) any long-term illness, for example, asthma, and details on any child whose health might give us cause for concern. Emergency supplies for children with nut allergies and diabetes are kept in the school office.

Accident

Procedure to follow for accidents which commonly occur in school

- Fill in an accident report form, copies of which are kept in the accident book in the school office. If the parent/guardian has to be sent for to take the child to the family doctor or to hospital for further treatment this should be recorded on the form. Copies will be taken for the school file.
- All accidents, however minor, must be reported to the Principal who will complete an accident report form (near misses, potential hazards and any damage must be reported immediately).
- All accidents (near misses, potential hazards and damage) will be investigated by the Health and Safety Officer, who will be responsible for ensuring that corrective action is taken where appropriate to prevent a recurrence.
- The Health and Safety Officer will notify the appropriate authorities when necessary. (See RIDDOR reporting)

Major Injuries

- Fracture of the skull, spine or pelvis.
- Fracture of any bone in the arm other than a bone in the wrist or hand.
- Fracture of any bone in the leg other than a bone in the ankle or foot.
- Amputation of a hand or foot.
- The loss of sight of an eye.
- Any other injury which results in the person injured being admitted to hospital as an inpatient for more than 24 hours, unless that person is detained only for observation.

It might be that the extent of the injury may not be apparent at the time of the accident or immediately afterwards, or the injured person may not be immediately admitted to hospital. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury.

Sick or Injured Persons

What to do if a child is ill or injured

The legal responsibility of all teachers and learning support assistants is considered to be "in loco parentis" which means that we are expected to act as all prudent parents would do. Thus, we would more easily be found negligent if we did nothing than if we attempted to act in the child's best interests. The basic principle is that a teacher or member of the support staff cannot claim that a sick or injured child is not his/her responsibility. The Health and Safety at Work Act requires all employees to share responsibility for the workplace of themselves and of others using it so far as is reasonable and practical.

Children should only be in school if they can take part in all school activities, with the exception of recovery from broken limbs or similar injuries. Children who are on antibiotics or have had sickness or diarrhoea must spend the first 48 hours away from school. Further information regarding administration of medicines etc can be found in the Health and Safety document. Parents of children who are taken ill in school should be informed through the school office. There is also a dustpan and brush, gloves and bags for disposal. Please inform the School Office so that cleaners can be informed. It is a requirement for all teaching and support staff to be trained in basic First Aid. However, NEVER perform any First Aid Procedures that you have not been adequately trained to do. The following is an aide-memoire only.

For a minor illness or slight injury:

Arrange for the child to be taken to a First Aider or bring the First Aider to the child. If no First Aider is on site the child must be taken to the School Office. Please do not send a sick or injured child all over the building looking for help. Use a phone or a runner or get help from a colleague.

If a child appears to be badly injured or seriously ill (e.g. serious loss of blood, severe pain in abdomen, bone or joint, unconsciousness):

DO NOT MOVE THE CHILD. SEND FOR HELP AT ONCE.

Calling an Ambulance

The First Aider on site must make a decision to call an ambulance. **It is always best to err on the side of caution**, bearing in mind that additional injuries may be caused if unqualified persons move a casualty. An ambulance should be called if there is **significant bleeding, shock, serious fractures which are disabling, cardiac arrest or breathing difficulties**.

- Dial 999
- State which service(s) you require: Ambulance (Call for Police /Fire/ Coastguard as necessary)
- Give the age and sex of the casualty and state whether breathing/not breathing, conscious or unconscious and a brief description of the injury. Any additional factors known e.g. asthmatic, anaphylactic, diabetic etc.
- Give the address of the school

Stop bleeding by pressure and keep the child warm and quiet to minimise the shock. Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss how bad it might be!

ONE person must take charge who will:

- Send for an ambulance if necessary, send for a First Aider.
- Notify the Head.
- Make arrangements for the care of the child's property.
- Arrange to contact the child's parent/s and check that this has been done.

N.B. Check the correct name of the parent.

If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child.

If a child is ill or injured on an offsite activity.

Remember that when a child is ill or injured this changes the day's arrangements. Always ensure there is enough supervision for the other children on the trip, so that the sick or injured member of the group can be properly

looked after. A first aider with a first aid kit must be on all off-site activities. For further advice please contact a first aider.

If a child is ill and needs to go home

The child should be taken to the School Office where the member of staff on duty there will telephone home and ask a parent or responsible adult to collect the child. A note should be made in the "Sick Children Sent Home" record book. If children are not well enough to join in all school activities they should not be in school. Parents should know that it is important that the school knows if any children are off school with diarrhoea and vomiting and the recommendation is that pupils see their General Practitioner during the period of absence. It is important that they should not return to school until they are free of symptoms for 48 hours.

Accidents to pupils or visitors

Major accidents which involve pupils or visitors who are killed or taken from the site of the accident to hospital need to be reported without delay to HSE, followed by Form F2508.

Minor accidents to pupils

All types of minor accidents are to be recorded in the accident book. Incidents that require medical attention outside school or a child being sent home are covered by the Accident Report Form. Parents are advised of the incident by telephone or in writing where deemed necessary. Please keep a note of all telephone notifications, including details of who contacted parents / responsible adult, time of call and details of event being notified. If a child is being sent home, there needs to be a record of this too.

Incidents / Hazards / Near Miss Book

This should be used to record the unplanned or uncontrollable event. Assessment and review will be undertaken at regular intervals to consider further action.

Reportable diseases need to be noted including:

- Date and diagnosis of the disease
- Who is affected
- The name of the disease

Please refer to the attached list from the HSE.

A copy of the list detailing incubation and exclusion periods of commoner communicable diseases is enclosed. Accident reports are being analysed and recorded in order to investigate causes of accident and learning from it, so as to avoid a recurrence.

ADMINISTRATION OF MEDICINES DURING SCHOOL HOURS

Medication/Medical Treatment:

From time to time, parents request that the school should dispense medicines which need to be administered at regular intervals to children. The School undertakes to maintain a responsible attitude to children's medication in the context of advice from medical practitioners and parents/carers and the current regulations and minimum standards.

Parents are responsible for the administration of medicine to their children. For casual ailments it is often possible for doses of medication to be given outside school hours. In principle if a child needs a dose of medicine at lunchtime, the child should return home for this or the parent should come to the school to administer the

medicine. In reality this is not realistic and the administration of medicine in School falls within our remit for the Duty of Care for the children.

Generally, members of staff will administer medicine to children only at the request of individual parents and with precise instructions as to dosage. Medication may be administered at school provided a consent form has been completed by a person with parental or medical responsibility for the child and handed to the School Office. All medicines must be clearly labelled with the child's name and dosage required and handed to the office by the parent/carer. If it is unavoidable that a child has to take medicine in school for treatment for a long-term illness to be effective, then each individual case will be considered. Please note that teachers are not required to dispense medicines and any involvements would be purely on a voluntary basis. Therefore, no member of staff is required to administer medication unless willing to do so.

The normal procedure is for any necessary medication to be given by designated persons. However, sometimes arrangements are made (by agreement with the Headteacher) for special circumstances to prevail - as in the administering of "Ritalin" for example. Staff giving medication need to be aware of any schedule requiring completion in the School Office. Where staff have indicated that they are willing to give a child Ritalin they need to be aware that there is a related schedule for completion in the School Office. Where it is agreed that medication is kept at school, there are appropriate facilities (including a fridge) for the safe storage of medicines. Medicines must be clearly named. In the case of life saving treatment/medication a letter from the child's doctor (GP or Consultant) must be required stating the child's condition and details of treatment/medication that the school may be required to administer.

For the school to agree to assist in long term medication:

- Parents must write to the school giving authorisation for medicines to be administered to their children. This needs to include instructions regarding the quantity and frequency of administration.
- The medicines must be brought into school in a properly labelled container which states: (a) The name of the medicine, (b) The dosage and (c) The time of administration.
- Where possible the medicine should be self-administered under the supervision of an adult. Medicines will be kept in a secure place by staff in accordance with safety requirements.

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance. Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

Receipt and Discharge of Medication

All medication brought into and taken out of the School should be recorded and documented on a Medication form. Children's medication will invariably come into the school either with the parent/carer or in a school bag.

If medication is to be taken out of the school then the following procedure should be followed:

- Date being received/discharged.
- The name of the child for whom the medication is prescribed.
- Name and strength of the medication.
- Quantity being received/discharged.
- Signature of the staff member signing it in/out of school.

All medication received by the School must be in the original container/packaging that it was dispensed in. The container/packaging should be labelled with the original, unaltered pharmacy label that clearly states:

- Name of child
- Name of medication and its strength
- Quantity and volume supplied
- Dosage and frequency
- Clear direction for administration
- Date that the medication was dispensed and its expiry date
- Contact telephone number of the dispensing pharmacy

Medication which comes in without a pharmacy label or one that has incorrect information cannot be accepted and the parents/carers should be informed immediately. Information must be available before medication can be given. This may mean the parent/carer contacting the GP or Out of Hours Service to obtain this. If parent/carer cannot provide correct pharmacy label and/or information, or are not contactable, advice must be sought from the Headteacher regarding appropriate medical advice. Wherever necessary the GP should be contacted to confirm correct administration/medication or dose before the medication can be given.

Staff must never make assumptions about children's medication and administer any drug without the relevant and specific information. If medication is expected and has not arrived with the child or appears to be missing, an initial search should be undertaken. Parents/carers, transport and/or other location the child has arrived from, must be contacted to ascertain where the medication might be. If medication is found to be missing, lost or has not been sent in, arrangements must be made to ensure the child has access to replacement supply and this is reported to the Headteacher. Parent/carer remains responsible for ensuring medication is correctly sent in from home and that there is adequate supply. Medication sent in is recorded on Administering Medication Consent form; which is then held on the child's file.

Safe Storage

All medication must be stored in the designated medication areas i.e. the secure medication cabinet. Those requiring refrigeration are kept in a secure fridge. These areas must be kept locked at all times. The headteacher will hold the key to the cabinet but administration staff will be aware of the location of the spare key. If the child is going out or away from the school (e.g. organised offsite activity) and medication needs to be given whilst they are out, then the medication should be taken out in a labelled container with a strictly measured dose and specific instructions. At all times it must remain secure under the supervision of a permanent member of staff.

Children who use asthma inhalers, EpiPens and diabetic pens may keep these in the classroom and may store a spare in the First Aid room. Children are not permitted to carry medicines other than the above. All medicines brought to school must be handed to the School Office.

Administering Medication

Administering of medication must always remain the responsibility of *named persons* who will be relieved of all other tasks whilst undertaking the medication duties. Medication must only be prepared in the designated areas which contain the secure medication cabinets. The administration of medicine must be carried out on an individual child basis. Where it is necessary to cut tablets in half, and only one half is administered, the remaining half should be retained in the original container/packaging and administered on the next opportunity when a tablet is needed or returned home with the child. Requests for a tablet to be crushed must be subject to medical/pharmacy advice. This must be sought before doing so. If tablets are to be crushed this must be recorded on the child's Administering Medication Consent form and the advice to do so held on the child's file.

At the prescribed time, the child's medication should be removed from the cabinet and the following steps taken: check the child's name on the Adminstrating Medication Consent form, against the name on the medication package/container. The date – is the prescription valid? (name of medicine, dose and frequency and route of administration). Ensure the dose has not already been administered. Select the required medicine and check the label for medication name, strength, form and expiry date. Verify that the name of the medication, the dosage, and the time that it is being given is the same on the Adminstrating Medication Consent form and the packaging. Identify the child.

Avoid handling/touching the medication. Medication pots should be used to give liquid medication and tablets where appropriate. Gloves should be used to apply creams or lotions. Give the prescribed medication as directed to the child in the agreed manner as detailed on the Adminstrating Medication Consent form. If medication needs to be given covertly, (i.e. hidden in their food) then the UKCC statement on the 'Covert administration of Medicine (2001)' should be followed. Parental/carers consent should be obtained and their preferred way in which the medication is to be administered should be stated (section 17). Make clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the child/young person.

Problems in Administering Medication and Errors

The following steps should be taken:

If a child refuses medication then this should be clearly recorded on the medication chart and in the child's notes. Every encouragement should be given to ensure the medication is taken, however a child must not be forced to take medication. If a child refuses medication, medical advice must be sought. If medication is spat out immediately and the tablet is recovered unspoiled, give the tablet again. If a liquid medication is spat out and it is unclear if some of the initial dose has been swallowed, medical advice must be sought. If a tablet is dropped, liquid spilled or spoiled prior to administration, then re-administer using a fresh dose.

Note that a second dose has been given on the medication chart and in the child's notes. When a dose is re-administered from medication sent from home a check must be made that there are sufficient doses for the remainder of the child's stay. If there are not enough doses to re-administer then the parents must be contacted to bring in more. If a child vomits within 30 minutes of taking their medication, medical advice should be sought as it may be appropriate to re-administer the medication. If the vomiting occurs after 30 minutes the medication should not be re-administered and advice should be sought at the earliest opportunity. Do not re-administer inhalers where they appear not to have worked properly. Some of the medication may have been administered.

The Headteacher must be informed immediately of any instances of a missed dose or error in the medication process and medical advice must be sought. An incident form should be completed by the person involved. Any variation to the administering procedure, error, or missed dose etc must be reported immediately to the Headteacher and be recorded on the child's file. The pharmacist should be notified within 48 hours of all administration and prescribing errors using the procedure agreed.

Non-Prescribed Medicines (Homely or Household Remedies) The circumstance, dosage and time of administration should be recorded on the child's Adminstrating Medication Consent form. In no circumstances can agreed doses exceed the recommended dosage stated for that medication.

Wherever possible instructions from parents regarding non-prescription medication should include GP advice as to the most appropriate dose i.e. consideration of age, body weight, etc in respect of child/adult doses. If a child is

prescribed or needs a non-prescription “as required” or “when necessary” or “p.r.n” medication, then clearly written instructions from the prescriber and or parent/carer must be recorded on the child’s Adminstrating Medication Consent form and details held on the child’s Medication file. This must include the reasons for the administration, the time interval between doses, maximum dosage and the time span over which the “when necessary” medication is given.

Many non-prescribed medications contain paracetamol. This must be taken into account before giving further paracetamol to ensure that no more that the prescribed dose is given – cumulative effect.

The child’s General Practitioner (GP) or Consultant should provide guidance and details of the dose and frequency of the medication and how it should be given. The instructions should be signed and dated. Parents/carers must take the responsibility of obtaining these details from the GP/Consultant and should provide a further letter from the GP/Consultant if the medication or dose is changed in any way. It would be advisable to ask the parents to sign the medication chart to confirm that the mediation is correct.

Any homely remedies administered must have signed consent from parents before medication can be given. A child can bring homely/non-prescribed medication in with them to the School as agreed with the parent/carer. Each item must be clearly marked with the child’s name. Staff must only give the medication following clear instructions on the box. Parental advice re symptoms, when to give etc. may be followed by only if this falls within the directions specified on the medication. All such medicines must be treated in the same way as prescription medication. Recorded into and out of the school and a record of any administration kept of the child’s Adminstrating Medication Consent Form. Advice should always be sought from a pharmacist about any potential interactions between the non-prescribed medicine and the child’s regular medication. If a parent/carer wished their child to have a non-prescribed over the counter medication (e.g. paracetamol) it should be sent in its original box and container, labelled for that child only and must not be used for general administration. Instructions must be recorded by the parent/carer on the Adminstrating Medication Consent Form.

Safe Transfer of Medication Sent to or from School

Any missing medication or inconsistent information must be checked immediately with those responsible at the location medication has been transferred from/sent in from and with anyone responsible for the transfer (i.e. taxi service etc.). We maintain a regular liaison with parents/carers and agency providers in order to ensure good information flow and swift resolution of any difficulties.

Disposal

All discontinued, expired or unused medication, creams etc. should be returned to the parent/carer for disposal at the earliest opportunity. Where this is not possible or the medication is non-prescription over the counter remedy that has been held at the school, any such items for disposal should be returned to the local pharmacy.

First Aid Kit Contents

An easily identifiable box, with a white cross on a green background that contains as a minimum supply of in-date equipment, is held in a number of locations around school.

First Aid Box Contents:

There is no mandatory list of items that should be included in a first aid container. The Headteacher should decide what to include in the first-aid containers from information gathered during their assessment of first-aid needs. As a guide, *where no special risk arises in the workplace*, the HSE recommend a **minimum** stock of first-aid items would normally be:

- A leaflet giving general guidance on first aid (for example HSE leaflet ‘Basic Advice on First Aid at Work’)

- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the type of work (dressings may need to be of a detectable type for food handlers);
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins
- Six medium sized individually wrapped sterile unmedicated wound dressings - approximately 12 cm x 12 cm
- Two large sterile individually wrapped unmedicated wound dressings - approximately 18 cm x 18 cm
- One pair of disposable gloves
- One pair blunt ended scissors
- Where mains tap water is not readily available for eye irrigation, at least a litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers should be provided. Once the seal has been broken, the containers should not be kept for reuse.
- Antiseptic cream
- Plasters, single and strip
- Antiseptic wipes
- Cotton wool
- Sterile gauze
- Eye washes
- Fever scan
- Face masks

This is only a suggested contents list. It is likely that greater quantities of the above will be required in a school environment to reduce the risk of not re-stocking quickly enough.

The assessment may conclude that there is a need for additional materials and equipment, for example a blanket, adhesive tape, disposable aprons, individually wrapped moist wipes. These should be kept in the first aid container if there is room, but may be stored separately (in the first aid room?) as long as they are available for use if required.

Locations: Staff working room & Sick Bay, Office, Kitchen

NAME	APPOINTMENT	COURSE	DATE	
			COMPLETED	RENEWAL

