



# Highclare School

## **FIRST AID POLICY (including Medicine and Managing Medical Conditions)**

The school is committed to the outcomes identified in EVERY CHILD MATTERS, and with this in mind provides sufficient numbers of First Aid personnel to deal with accidents and injuries that occur at school. The school will provide information and training on First Aid to employees to ensure that statutory requirements and the needs of the school are met.

Should employees have concerns about the provision of First Aid within school, they should inform the Health & Safety Officer so that the school can investigate and rectify the situation if necessary.

### **The purpose of this policy is:-**

- To provide effective, safe first aid cover for pupils, staff and visitors.
- To ensure that all staff and students are aware of the systems in place.
- To provide awareness of Health and Safety issues within school and on school trips, to prevent where possible, potential dangers or accidents

### **Contents**

1. First Aid and First Aiders
2. Administration of Medication
3. Medical Conditions
4. Asthma
5. Allergies
6. Appendices

### **1. First Aiders**

The term First Aider refers to members of the school community who are in possession of valid first aid certificate. A larger majority of First Aiders have a Paediatric First aid certificate. Principal First Aiders on all three sites hold a valid First Aid at work certificate and / or a Paediatric First Aid Certificate. Both qualifications also ensure that the First Aider is an appointed person. First Aiders will be provided with refresher training every three years to keep their skills up to date. (see list of First Aiders attached). In EYFS, first aiders in school and at least one first aider on outings, must have a paediatric First Aid certificate. TOPS adhere to the school policy.

### **First Aider responsibilities are:-**

1. Deal with the day to day administration of First Aid as required.
2. Support the Health & Safety Officer by ensuring that their qualifications are always up to date.
3. Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This using personal protective equipment (PPE) where any loss of blood or body fluid is evident, calling for help from other First Aiders or emergency services.
4. Help fellow First Aiders at an incident and provide support during the aftermath.
5. Ensure that first aid kits are restocked if contents have been used, (supplies from First Aid Coordinator at Highclare Senior School)
6. Keeping records of illness and accident/injuries (accident records kept by HSO)
7. Ensuring the Head teacher, parents/carers are informed of accident and illness when appropriate.

### **Medical room/First aid area**

The Medical room/First Aid area is provided to assist First Aiders when giving treatment. All staff, especially new recruits, must be made aware of the location of these areas. Their location is arranged so that corridors are large enough for a stretcher, wheelchair or carrying chair to be used safely and easily.

### **First aid provision**

The school is responsible for ensuring that there is adequate first aid provision for the school day and extended day facilities. There is always at least one qualified first aider on each school site when children are present. A record is kept by the school of staff members' first aid qualifications and renewal dates. Notices are displayed in school giving the names, identities and locations of First Aiders. First Aid boxes are provided within the school to ensure there are adequate supplies for the nature of the hazards involved.

### **First aid boxes are located as follows:**

#### **Highclare Senior School**

- School office,
- Medical room,
- 6<sup>th</sup> form centre
- Coordinators' Office,
- outside B1.3,
- Learning Centre,
- BG.9 and Art room
- Home Economics room,
- Chemistry lab,
- Physics lab N2
- Biology lab N3
- N2, by doorway to hard courts,
- by girls' changing rooms x 2
- Hanson Hall
- Science Prep room

#### **Highclare Woodfield**

- Cygnets
- Swans
- Reception class room
- Yr1
- Yr2
- School Hall
- Yr3 / 4 landing
- New school office
- Art Room
- KS2 Yr5 / 6 landing
- MFL landing (above Yr5/6)
- Gymnasium
- Gymnasium Changing Room
- Cygnets
- Swans

#### **Highclare St. Paul's**

- School office,
- Hall,
- Medical room,
- Pre-School 1 / 2 classroom,
- TOPS area,
- First Floor Landing Juniors
- Second Floor Landing Juniors,
- outside J1P,
- outside J2P leading to Playground
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### **Portable First Aid kits**

Portable First Aid kits are available for staff required to work away from the normal workplace, where access to facilities maybe restricted such as:

1. Staff travelling in vehicles on a regular basis.
2. Staff who take pupils out on school trips.
3. Staff participating in sports or social events arranged or supported by the school.

Note: All school mini buses carry first aid kits.

### **First Aid on School Trips Overseas Trips**

When students are on approved school trips, medical contact and information forms are sent to all parents to supply detailed information on students' medical conditions and medication together with consent forms necessary during the trip. The forms accompany the staff in charge of the visit and information can be made available to any medical authority in the country of visit.

### **Trip of less than 24 hours**

A designated member of staff should have a suitably equipped first-aid box, and a list of pupil medical conditions/medication together with contact details of parents in an emergency. This is supplied by the First Aider or principal first Aider.

### **Procedure for school trips**

Prior to the trip, a list of pupils involved is given to the School Office to enable personal information sheets to be provided. A data sheet will be supplied to the trip organiser with all the relevant medical details. Medical conditions are highlighted and the trip organiser is made aware of the condition and any equipment / medicine needed. These are returned to the School Office immediately after the trip

### **Day to Day Procedure for First Aid**

Minor First Aid will usually be dealt with by the First Aiders in the school offices or class teachers in EYFS and KS1. This includes the administration of medicines and dealing with bumps and grazes etc.

## Procedure in case of incident or severe accident at school

- Principal First Aider should be called. However, if the situation is deemed to be serious by the first person on the scene, an ambulance should be called immediately.
- The situation will be assessed
- The school office should be made aware of the problem and if required an ambulance will be called. Judgement on calling an ambulance is determined by the first aider following the guidelines of first aid training. Guidance for managing a medical emergency are on display in the school office (Appendix 3).
- The casualty will be accompanied to hospital by the parent/guardian, first aider or staff member
- In all cases parents/guardians should be contacted as soon as possible and be expected to relieve the first aider with the pupil.

## Recording Accidents / Near Miss

All accidents / near misses, however minor, must be recorded. The school will provide major or minor accident forms (see Appendix 1). Copies of all completed accident / near miss forms will be kept by the Health and Safety Officer.

Parents must be informed of any accident or injury sustained by a pupil on the same day, or as soon as is reasonably practicable, and any first-aid treatment given. Parents are provided with a copy of minor accident forms and are informed of more serious incidents by telephone.

Staff present at or First Aiders dealing with an incident, are expected to complete an accident form as soon as possible after an incident. When an injured person is unable to enter an account on an accident form, the First Aider or witness (where relevant) should do so. When an accident results in admittance to hospital during the school day, the line manager, First Aider and the health and safety officer must be informed immediately.

All major incidents will be investigated by the HSO, so that corrective and preventative measures are implemented to reduce the possibility of further occurrence.

## RIDDOR reporting

In cases of serious injury or days lost at school/work the health and safety officer is responsible for informing Riddor (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995).

## 2. Administration of Medication

### Policy statement

- We would ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day
- However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.
- We are prepared to take responsibility for these occasions in accordance with the Guidelines laid down in this policy. ie. we will only administer:
  - PRESCRIBED medication to EYFS pupils (with parental consent)
  - PRESCRIBED medication and PARACETAMOL or CETIRIZINE ONLY (with parental consent) to pupils from Reception to Yr11.
  - Children who have been prescribed antibiotics **must not attend** school for the first **24** hours of treatment

## **Children with Special Medical Needs**

Should a child be admitted to Highclare school with special medical needs we will, in partnership with the Parents/Carers, First Aider and our Medical Advisors, discuss individual needs.

Where appropriate an individual care plan will be developed in partnership with the Parents/Carers, First Aider and/or Medical Advisors.

Any resulting training needs will be met.

## **On Admission to Highclare School**

All Parents/Carers will be asked to complete an admissions form giving full details of child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital Consultants, allergies, special dietary requirements etc. This information is updated annually, or as necessary.

## **Administration & Storage of Medication in School**

Should a pupil need to receive prescribed medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to the First Aider or school office staff.

Any medication prescribed by the doctor and dispensed by the pharmacist should have the child's name, dosage and instructions for administration printed clearly on the label.

The form 'School Medication Consent Record' (see Appendix 2) should be completed by the parent/carer. This will be kept by principal First Aid staff.

If medication needs to be replenished this should be done in person by the parent/carer.

Should the child be required or able to administer their own medication, e.g. Reliever inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want the First Aider to check technique.

A record of administration of each dose will be kept on the school Record of Medication form (see appendix 2b) which will be signed by the member of staff who administered the medicine, and countersigned by a witness (for Pre-Prep to Yr6).

Should the prescribed medication need to be changed or discontinued before the completion of the course, or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible.

Medicines need to be stored in their original containers and clearly labelled with the child's name, dosage and instructions for administration printed clearly. Medicines that are administered on a daily basis are stored in a lockable / secure fridge.

Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Any ongoing medications such as inhalers, Epi-pens, or liquid drugs are clearly labelled and stored safely out of reach of children in the school office / first aid bay. In EYFS, inhalers are kept within the setting. NB: During school holidays all medication, except epi pens, are to be stored in the setting – Epi pens always to be stored in first aid bay to avoid any confusion about where they are located.

Where medicine is administered to a pupil, parents must be informed the same day or as soon as is reasonably practicable.

## **Administration of Paracetamol or Cetirizine to pupils (Rec – Yr11)**

Should a pupil in school require paracetamol or cetirizine during the school day, the First Aider will contact a parent by telephone to obtain consent. Information regarding any previous dosage that day, allergies, and other medication currently being taken which may be contraindicated with paracetamol or cetirizine will be clarified.

If consent is obtained, the details of dose, date and time will be documented and stored in school by the first aider.

Only one dose of paracetamol or cetirizine will be administered to a pupil within the course of the school day. Sixth form pupils will be allowed to self-consent for a dose of paracetamol,

### **Storage and disposal of Medication**

All medication with the exception of Emergency Medication will be stored securely on each site.

A regular half-termly check will be made of the medication cabinet, and parents will be asked to collect any medication which is out of date or not clearly labelled.

If parents/carers do not collect this medication it will be taken to the local pharmacy for disposal.

### **Residential trips**

Prior to any residential school trip, written parental consent will be obtained for administration of any specific medication, paracetamol, cetirizine and throat lozenges.

A qualified first aider will administer any such medication and document and sign for each dose administered on the 'school record of medication form'

### **Procedure for dealing with spillages of bodily fluids**

In the event of a spillage of bodily fluid, the matter should be reported to the school office who will alert the Site Supervisor.

The Site Supervisor will:

- Wear PPE provided
- Make the area safe and use body fluid absorbing powder, according to the instructions
- Once the bodily fluids have solidified, they should be placed in a yellow clinical waste bag. The bag will then be transported to the clinical waste facility at Woodfield.

## **3. Medical Conditions**

Highclare School is an inclusive community that aims to support and welcome pupils with medical conditions.

- This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- Highclare School aims to provide all children with all medical conditions the same opportunities as others at school.
- Pupils with medical conditions (when practical and age appropriate) are encouraged to take control of their condition. Pupils should feel confident in the support they receive from the school to help them do this

- This school aims to include all pupils with medical conditions in all school activities, if practical.
- It is the aim of the school to help parents of pupils with medical conditions feel secure in the care their children receive at this school. This is achieved by good communication within school and consultation with parents and health professionals/support agencies involved in pupils' health care.
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- Highclare School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- Staff at Highclare are aware of the common medical conditions that affect children at this school and are offered training on the impact this can have on pupils.
- Pupils with certain conditions will have Individual Care Plans, eg Diabetes, Epilepsy, severe allergies.

#### **4. ASTHMA**

This school:

- recognises the needs of pupils with asthma
- expects and encourages parents to give appropriate information to the school on their child's condition and spare reliever inhaler
- recognises that immediate access to the pupil's reliever inhaler is vital
- will encourage and help children with asthma to participate fully in all aspects of school life

In order to achieve the above, the following are recommended:

- all staff have basic awareness training about asthma and use of inhalers and this is updated on a regular basis
- all staff have a clear understanding of what procedures to follow if a child has an asthma attack
- the school maintains written details of pupils with asthma, which are updated annually by the school

#### **Procedure in the event of an Asthma Attack**

- stay calm and reassure the child
- do not move the child
- send for help – A first aider will bring child's spare inhaler and spacer device kept in office/medical room
- encourage the child to breathe slowly
- loosen tight clothing
- help the child to take their reliever (blue) inhaler – usually 2-4 puffs (through spacer device if available)
- call for ambulance if any of the following occur:
  - there is no significant improvement in 5-10 minutes
  - the child is distressed and gasping or struggling for breath
  - the child has difficulty in speaking more than a few words at a time
  - the child is pale, sweaty and may be blue around the lips
  - the child is showing signs of fatigue or exhaustion
  - the child is exhibiting a reduced level of consciousness
- whilst awaiting the arrival of the ambulance, the child should continue to take puffs of the blue reliever inhaler as needed until their symptoms resolve.

Every child diagnosed with Asthma should have a blue reliever inhaler available in school. If at home, a child uses a blue reliever inhaler together with a spacer device e.g volumatic, this system should also be available in school.

All inhaler devices should be clearly labelled with the child's name.

<b>Cygnets and Swans</b>	Inhalers will be kept safely out of reach, within the setting
<b>Rec, Key Stage 1</b>	Inhalers will be kept in the School Office or Medical Room.
	Parents/carers will be informed if the reliever inhaler has been used during the course of school day (unless taken routinely prior to sporting activity)
<b>Key Stage 2 and above</b>	Spare inhalers to be kept in School Office or Medical Room but from Year 3 and above pupils will be encouraged to become self-managing. When a pupil has a clear and sensible understanding of the use of their inhaler, they will be allowed to carry it with them and use it when necessary.

- Permission will be gained from the parents to check a child's inhaler technique if there is any concern about their ability to self-administer.
- If pupils leave the premises for any activity their reliever inhaler will need to go with them. This will be the joint responsibility of staff and parents/carers.
- All inhalers will be checked and sent home upon expiry date. It is the parent's/carer's responsibility to ensure a new and in date inhaler comes into school prior to the expiry date of existing inhalers.

### Training

All staff should access asthma awareness training which should be updated regularly.

### **Asthma Protocol**

#### **The asthma attack - what to do**

If an asthmatic pupil becomes breathless and wheezy or coughs continually:

1. Keep calm. It is treatable.
2. Let the pupil **SIT DOWN** in the position they find most comfortable, which is probably upright and leaning slightly forward over a desk. **DO NOT** let them lie down.
3. Let the pupil take their usual reliever treatment – normally a blue inhaler (preferably through a spacer device if available)
4. If the symptoms disappear the pupil can continue as normal.
5. Stay with child until attack has resolved – repeat reliever inhaler as required.
6. If in school and the symptoms do not disappear within 5 minutes, contact the First Aider or, in her absence, the School office.
7. Inform parents if a child has needed to use their reliever inhaler in school.
8. **IN THE EVENT OF A SEVERE ASTHMA ATTACK:**  
**ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR:**
  - There is no significant improvement in the child's condition 5-10 minutes after using their reliever (blue) inhaler.
  - The child is distressed and gasping or struggling for breath
  - The child cannot complete a sentence
  - The child is showing signs of fatigue or exhaustion
  - The child is pale, sweaty and may be blue around the lips □ The child is exhibiting a reduced level of consciousness
  - There are any doubts about the child's condition.

## **b. WHILST WAITING FOR THE AMBULANCE TO ARRIVE:**

- Stay calm and reassure the child
- The child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve
- If the child has a spacer device and a reliever inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
- If the child's condition is not improving and the ambulance service has not arrived this may be repeated
- Ensure the child's parent/carer is contacted

## **Asthma Attack Flow Chart**

In the event of an asthma attack:

- Stay calm and reassure the child
- Encourage the child to breathe slowly
- Loosen tight clothing
- Help the child to take their Reliever (blue) inhaler



Usually 2 - 4 puffs (ideally given individually through a spacer device if available) is enough to bring the symptoms of a mild attack under control.

HOWEVER, DO NOT BE AFRAID TO GIVE MORE IF NEEDED - RELIEVER MEDICATION IS VERY SAFE

### **ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR:**

- There is no significant improvement in the child's condition 5-10 minutes after using their reliever (blue) inhaler.
- The child is distressed and gasping or struggling for breath
- The child cannot complete a sentence
- The child is showing signs of fatigue or exhaustion
- The child is pale, sweaty and may be blue around the lips
- The child is exhibiting a reduced level of consciousness
- There are any doubts about the child's condition.

**IF IN DOUBT ABOUT WHETHER TO CALL AN AMBULANCE, DON'T HESITATE – IT IS BETTER TO BE SAFE – THEY WON'T MIND.**

## **WHILST WAITING FOR THE AMBULANCE TO ARRIVE:**

- Stay calm and reassure the child
- The child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve
- If the child has a spacer device and a reliever inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
- If the child's condition is not improving and the ambulance service has not arrived this may be repeated
- Ensure the child's parent/carer is contacted



## 5. ALLERGIES

### PUPILS AT RISK OF AN ALLERGIC REACTION

This school:

- recognises the needs of pupils with allergies, that reactions are unique for each child and these can be unpredictable.
- expects and encourages parents to give appropriate information to the school on their child's condition plus medication where prescribed
- recognises the need for the school community to be aware of pupils who have severe allergies and how to reduce risk and respond to an allergic reaction

In order to achieve the above, the following are recommended:

- all staff should be aware of the pupils with allergies
- staff allergy awareness and administration of Epi Pen training should be offered and updated on a regular basis
- the school maintains written details of pupils with severe allergies, which include a Care Plan for each child. These are updated annually by the school
- prescribed treatment for each child is clearly labelled and kept in the school office. Parents are asked to replace it when it expires, or after it has been used
- anaphylaxis flow charts are displayed in the staff room, school office and medical room to remind staff of the emergency procedure and included in risk assessments
- allergies and anaphylaxis are introduced and discussed as part of the PSHE curriculum.

#### Procedure in the event of an Allergic Reaction

- always take the treatment to the child / do not move the child
- never leave the child alone
- send for help – First Aid or office staff will bring the medication to the child
- if the reaction is minor: sit the child down, administer prescribed antihistamine medicine and contact parent/guardian to collect their child from school.
- if there are severe symptoms or child's condition becomes worse:
  - send someone to dial 999 for ambulance
  - administer Epi Pen (adrenaline injection)
  - keep child lying down
  - inform parents

#### Preventative Measures

- ensure the child avoids trigger foods
- ensure the child refuses the food offered to him/her by other children by reminding all pupils concerned
- school kitchen staff and lunchtime supervisors are made aware of/regularly updated on all children with food allergies
- all staff are trained and prepared to administer the treatment if necessary
- lists of pupils with allergies available to all staff
- allergy forms a part of all risk assessments

#### Diabetes / Epilepsy

- These conditions cannot be generalised and therefore there is not an individual Policy for these conditions. Any such pupil with either of these conditions will have their own Care Plan.
- The Care Plan is written in conjunction with the specialist nurse and is agreed with the respective parent(s) / guardian and the respective office staff / first aiders.
- Medication will be kept in the school office.
- Guidelines on hypoglycaemia are displayed in the school offices (Appendix 4)

#### Linked policies / documents:

- Infection Control Policy

Adopted by the Board:	Review Cycle:	Most recent review
November 2010	Annual	February 2024

## **6. Appendices**

### **Appendix 1**

- Accident Forms:                   1(a) Minor Incident Report Form  
  1(b) Accident Report Form  
  1(c) Near Miss Form

### **Appendix 2**

- Medical Consent Record:   2 (a) School Medicine Record  
  2 (b) Record of Medication

### **Appendix 3**

- Guidance for Managing a Medical Emergency

### **Appendix 4**

- Hypoglycaemia Guidelines

### **Appendix 5**

- Guidance on attendance at school when a child is unwell

### **Appendix 6**

- Qualified First Aiders (see separate document for list)

## HIGHCLARE SCHOOL MINOR INCIDENT REPORT FORM

Pupil's Name:		Class:	
Date:		Highclare Senior School	Tick as appropriate
Time of incident:		Highclare Preparatory School: Woodfield	
Time of treatment:		Highclare Preparatory School: St Paul's	

### 1. Person completing this form and or dealing with the incident

Name:				Signature:		
Position held (please tick):	Nurse		First Aider:		Other (please state):	

### 2. Details of the incident (tick as required, and add information as necessary)

Bump / bruise:		Headache / high temperature:	
Vomiting / Nausea:		Head injury:	
Nosebleed:		Cut / graze:	
Medical:			
Other (give details):			

### 3. First Aid Treatment (tick as required, and add information as necessary)

Dressing applied:		Cold compress / ice pack:	
Other (please give details):			

### 4. Further action (tick as required, and add information as necessary)

Parent contacted:		Child sent home:	
Child returned to class after treatment:		Incident reported on CPOMS:	
Other (give details):			
Names (and position) of any other members of staff involved:			

**Further details to be added for EYFS / KS1 / KS2 pupils (optional for senior school pupils)**

Incident location	
How did the incident happen?	

**For Head Injuries only**

Your child does not appear to be suffering any ill effects from the accident. However, please seek medical advice if the following occurs:

1. Drowsiness
2. Complains of headache
3. Vomiting
4. Unusual behaviour
5. Vision impairment
6. If you have any concerns

**Additional Comments**


Name of parent / carer (if applicable):			
Signature of parent / carer:		<b>Date:</b>	

**HIGHCLARE SCHOOL****Accident Report form****(This form can also be used to record incidents of a serious nature)**

Date of accident		Time of accident		Site	
Department				Form:	
<b>1. About the person who had the accident</b>					
Staff:		Student:		Visitor:	
Contractor:					
Name:			Date of Birth:		
Address:					
Telephone No:					
<b>2. Person filling in this form if different to above</b>					
Name:		Staff:		Student:	
		Visitor:			
<b>3. About the accident</b>					
Location of the accident					
Activity undertaken at time of accident					
Nature of the Accident					
How did the accident happen? (say where the injury is)					
Was first aid given				YES / NO	
If YES, who by:					
Treatment given					
Did the injured person:					
Go back to work /class after accident				YES / NO	
Go home after accident				YES / NO	
Go to hospital				YES / NO	
Have parents been contacted (if applicable)				YES / NO	
If YES, who by:					

### Details of the accident

State in your own words what happened at the time of the accident give as much information as possible. (For accident investigation purposes only)

#### Are you the:

Injured Person	YES / NO		Witness to the accident	YES / NO	
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Use separate sheet if required

Signature		Date	
Witness Name:		Witness contact no.	

**NEAR MISS / SAFETY NOTIFICATION**

This form should be submitted by any person where they have been involved in a near miss incident, which did not result in injury or property damage, or in conditions which could result in a possible accident / injury or property damage.

**THIS FORM MUST BE READILY AVAILABLE TO ALL MEMBERS OF STAFF AND VISITORS.**

<b>SECTION 1:</b>					
<b><u>TO BE COMPLETED BY ANY MEMBER OF STAFF, VISITOR OR ANY OTHER PARTY</u></b>					
Describe the hazard or unsafe condition / near miss					
What immediate action have you taken to make the hazard / unsafe condition safe?					
Have you advised your line manager / Senior Manager of this hazard?				YES / NO	
Your Name:		Signature:		Date:	
<b>NOW PASS TO YOUR LINE MANAGER / MANAGER OF THE DEPARTMENT</b>					

<b>SECTION 2:</b>					
<b><u>TO BE COMPLETED BY THE LINE MANAGER /MANAGER OF THE DEPARTMENT</u></b>					
What immediate action have you taken to eliminate or reduce the identified the hazard / unsafe condition safe?					
Is there need for further action				YES / NO	
If YES, what action do you think is necessary and what have you done to initiate this:					
Your Name:		Signature:		Date:	
<b>NOW PASS TO DEPUTY HEAD (PASTORAL) OF SENIOR SCHOOL / HEAD OF PREPARATORY SCHOOL</b>					

The Health and Safety officer will monitor all reported near misses / unsafe conditions and where necessary carry out further actions to eliminate or reduce the hazard so far as is reasonably practicable.

This form is not to be used where an injury or damage to property has occurred. All accidents resulting in injury should be recorded on the approved accident form and passed on to the Health and Safety Officer.

- Sections 3 is to be completed by the **Deputy Head (Pastoral) of Senior School / Head of Preparatory School /**
- Section 4 is to be completed by the **Health & Safety Officer.**

**SECTION 3:**  
**TO BE COMPLETED BY THE DEPUTY HEAD (PASTORAL) OF SENIOR SCHOOL / HEAD OF PREPARATORY SCHOOL**

Has the hazard / unsafe condition been satisfactorily dealt with?	YES / NO	
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Is there need for a further risk assessment to be carried out?	YES / NO	
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In your view, what further action is necessary to eliminate or reduce the hazard so far as reasonably practicable?	
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Has this report been discussed at an SLT or Health & Safety Committee meeting	YES / NO	
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Your Name:		Signature:		Date:	
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**NOW PASS TO DEPUTY HEAD (PASTORAL) OF SENIOR SCHOOL / HEAD OF PREPARATORY SCHOOL**

**SECTION 4:**  
**TO BE COMPLETED BY THE HEALTH & SAFETY OFFICER ONLY**

Date report received	YES / NO	
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Is there need for a further risk assessment to be carried out?	YES / NO	
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Actions taken by the H&S Officer:	
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I confirm that have investigated the reported hazard and that all reasonable measures have been carried out to reduce or eliminate the risk of injury

Your Name:		Signature:		Date:	
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# Highclare School

## SCHOOL MEDICINE RECORD

(For each and every medicine)

DATE		
CHILD'S NAME		
CLASS/TUTOR GROUP		
NAME AND STRENGTH OF MEDICINE		
HOW MUCH TO GIVE (ie dose to be given)		
WHEN TO BE GIVEN		
ANY OTHER INSTRUCTIONS		
NUMBER OF TABLETS/QUANTITY GIVEN TO SCHOOL <b>(NB medication must be in its original container, as dispensed by the pharmacy)</b>		
<b>FOR MEDICINE CONTAINING PARACETAMOL:</b>		
<i>I confirm that my child is able to take paracetamol without any adverse effect</i>	YES / NO	
<b>FOR MEDICINE CONTAINING CETIRIZINE:</b>		
<i>I confirm that my child is able to take cetirizine without any adverse effect</i>	YES / NO	
TELEPHONE NUMBER OF PARENT OR ADULT CONTACT		
NAME OF GP		
GP'S TELEPHONE NUMBER		
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the staff administering the medication in accordance with the school policy. I will inform the school immediately in writing, if there is any change in dosage or frequency of the medicine or if the medication is stopped.		
PARENT'S SIGNATURE		
PRINT NAME		

**If more than one medicine is to be given, a separate form should be completed for each one.**

## Record of Medication

Name of Pupil	
Date	
Class / Tutor	
Name & Strength of Medicine	
Dose & Frequency of Medicine	

Date					
Quantity Received					
Quantity Returned					
Staff Signature					

Date					
Time Given					
Dose Given					
Staff's Signature/ PRINT NAME					
Staff Witness/ PRINT NAME					

### FOR PRE-PREP AND TOPS (Extended Day) PUPILS ONLY\*:

Parent's Signature / PRINT NAME					
Date and Time of Last Dose Given at Home					

**\*PARENT'S SIGNATURE IS REQUIRED TO ACKNOWLEDGE THAT MEDICINE HAS BEEN ADMINISTERED**

## **GUIDANCE FOR MANAGING A MEDICAL EMERGENCY WITH THE SCHOOL ENVIRONMENT**

### **STAY CALM AND IN CONTROL**

- 1. STAY WITH THE CHILD AND SUMMON FURTHER ADULT HELP** (ie another child to fetch a teacher from the next class)
- 2. REASSURE AND COMFORT CHILD AT ALL TIMES.** (Whilst adult help is coming administer First Aid as necessary – note time emergency occurred).
- 3. ENSURE 999 CALL IS MADE (if necessary). DO NOT DELAY THIS.**  
An ambulance will be dispatched rapidly once call has been accepted. However, the caller may need to stay on the telephone to give further information or to receive advice.

#### **AMBULANCE CONTROL WILL NEED TO KNOW:**

- What the emergency is:
  - For example:     A child having a seizure  
                          A child having an Asthma attack  
                          A child fallen in the playground with an injured leg.
  - The school's telephone number
  - The School's name, address and ambulance access entry nearest to the casualty
  - The exact location of the casualty within the school
  - Confirm with staff who are with the casualty that the ambulance has been called for.
  - An adult needs to be at the access entry to meet the ambulance and to take the ambulance crew to where the casualty is within the school.
  - Ensure a copy of the child's personal contact details are made available for attending ambulance crew.
- 4.** Continue to administer First Aid whilst awaiting the arrival of the ambulance crew.
  - 5.** A further adult to notify parents / carers
  - 6.** After the emergency has resolved the staff involved should complete an accident / incident form as soon as possible whilst events are still fresh in the mind.
    - Ensure everyone is aware of the school's emergency policy, including teachers, lunchtime supervisors, support staff and supply staff.
    - Decide on the emergency telephones for your school, eg. In the Secretary's office / Head's Office / PE / Hall / Gym?
    - Emergency Aid information needs to be by all outside telephone lines

Other important factors to remember are the care of the pupils who have witnessed the emergency situation. Afterwards time will be needed to simply explain the situation and to ease their anxieties about their class mate.

Please remember that any information relating to a child's medical condition cannot be shared without prior permission from the child and the child's parents / carers.

#### **Medical Emergencies can occur anytime, anywhere, to anyone**

Therefore remember:

- Breakfast clubs
- Residential visits
- School Trips
- On playing fields
- Out of school building situations
- After school clubs

## HYPOGLYCAEMIA FLOW CHART

### **TREATING HYPOGLYCAEMIA IN DIABETES (HYPOGLYCAEMIA IS A LOW BLOOD GLUCOSE LEVEL)**

Signs and Symptoms can include:

- Sweating
- Trembling
- Weakness
- Confusion
- Slurred Speech
- Personality Change
- Pins and Needles
- Pallor
- Anxiety
- Headache
- Sleepiness
- Blurred Vision
- Hunger
- Nausea and Vomiting

### **TREAT AT ONCE WITH SUGAR eg.**

- 3 Dextrose tablets or 50 mls Lucozade or
- 2 teaspoons of sugar in a small drink or rub GlucoGel (formerly known as Hypostop Gel) on gums if unco-operative

### **IF NO BETTER AFTER 5-10 MINUTES, REPEAT AS ABOVE UNTIL OBVIOUSLY BETTER**

If conscious but unable to eat or drink rub GlucoGel onto the child's gums as tolerated up to one whole tube.

NG – GlucoGel should not be used if the child is unconscious. If the child is losing consciousness, call for an ambulance and place the child into the recovery position.

### **WHEN BETTER, GIVE EXTRA FOOD CONTAINING CARBOHYDRATE eg.**

- Biscuit
- Sandwich
- Crisps
- Fruit

### **IF IN DOUBT, ALWAYS TREAT AS A HYPOGLYCAEMIC ATTACK ('HYPO')**

### **DO NOT SEND CHILD OFF ALONE, TAKE THEIR EMERGENCY SUPPLIES BOX TO THEM**

Once better, the child can return to class / activities but inform the parent/s of the incident at the end of the day, if not before.

## Appendix 5

### **Parental Guidance re Attendance at School When a Child is Unwell**

- Any pupil commencing a course of prescribed antibiotics must not attend school for the first 24 hours of treatment. This is school policy.
- A pupil who suffers from vomiting or diarrhoea at home should be kept away from school at parents' own discretion and according to the following:
  - A child who has suffered an acute bout of vomiting / diarrhoea is assumed to be infectious and should be kept away from school for 48 hours after the last episode of vomiting or diarrhoea and until recovered. This is school policy. It is based on medical advice available to school via the NHS and the Government's own agency: Public Health England.
  - A child who suffers an episode of vomiting but is known to be non-infectious, such as that associated with travel sickness or migraine, should be kept away from school until recovered. This could be less than 48 hours. A child who suffers from loose stools and has been investigated and found to be non infectious eg. food intolerances will not be excluded from school as long as they are well.
- A pupil who vomits or suffers from diarrhoea whilst at school will always be sent home for the rest of the day. This is a precaution but no exceptions will be made. The pupil could return to school the following day provided that the guidance in the second bullet point above has been adhered to.
- The School reserve the right to send a pupil home if it judges that a pupil's presence in school poses a risk of infection to others.

RL/an/Dec 2015 (reviewed Sept 2016)

## Appendix 6

- See separate document for list of First Aiders