



REDRUTH SCHOOL

MEDICAL CONDITIONS POLICY

Incorporating:

First Aid Policy

Managing Medicines in School Policy

Asthma Policy

Diabetes Policy

Anaphylaxis Policy

Epilepsy Policy

Paracetamol Policy

This policy was approved by Governors 13th July 2016

The designated person responsible is Mrs A Kettlewell

Policy Statement

- Redruth School is an inclusive community that aims to support and welcome pupils with medical conditions.
- The school aims to provide all students with medical conditions the same opportunities as others at school.
- The school ensures all staff understand their duty of care to students in the event of an emergency.
- All staff should feel confident in knowing what to do in an emergency.
- The school understands that certain medical conditions are serious and can be potentially life-threatening.
- The school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children at this school.
- All staff are made aware of students with serious medical conditions and have access to Health Care Plans if required.
- Key staff receive training on the impact medical conditions can have on students.
- Staff should be vigilant in maintaining student confidentiality.

First Aid Policy

General

Redruth School is mindful of the need to safeguard the well-being of all students and management of first aid arrangements will be undertaken in such a way as to ensure there is adequate training of staff, provision of first aid equipment and recording of first aid treatments.

The school aims:

- To provide a prompt and appropriate response in cases of illness and injury
- To ensure compliance with relevant legislation
- To ensure there is a sufficient number of competent staff within the school environment
- To ensure there are suitable facilities to administer first aid
- To keep accident records and report to Cornwall County Council and the HSE as required

The Headteacher is responsible for first aid in school, the day to day responsibility lies with the First Aid Manager.

First Aid Availability

The school first aid provision is based in the First Aid Room, which is staffed for students between 8.30 am and 2:50 pm. First Aid Equipment, Supplies and Accommodation

First aid equipment and consumables are ordered by the First aid manager and are stored in the cabinets in the Medical Room.

First aid kits are sited at strategic positions around the school along with notices informing staff and students of their nearest trained first aiders:

The first aid manager should be informed if any items from these sources have been used in order that they may be replenished. There are several small first aid bags for off-site visits which are held and maintained by the First Aid manager.

The school has a medical room with a sink, hot and cold water, drinking water and cups and wheelchair if needed.

First Aiders

The school has a large number of staff who are trained and qualified as first aiders. All first aiders have a responsibility to help casualties with common injuries or illnesses and those arising from specific hazards in the school. When necessary they should ensure that an ambulance or professional medical help is called.

Cornwall County Council employees who hold a valid first aid qualification are indemnified by the county council's insurance against any claims for negligence or injury, provided they relate to first aid provided in the course of their employment and they acted in good faith and in accordance with their training. The indemnity is regardless of where and to whom the first aid was provided.

A list of current qualified first aiders is provided at Appendix 9.

General Provision of First Aid

If a student is injured or falls ill during the school day, he/she must inform a teacher immediately. The teacher will either send for a first aider or will send the student to the Medical room. The student will then be assessed, treated (where appropriate) and recorded.

The student will remain under the care of the First Aid manager until they are fit to resume normal lessons. In the event of there being no prospect of recovery the student will be kept by the medical area and a parent or carer will be contacted to collect them.

If the injury/illness does not warrant a student being sent home but is a cause of concern to the first aider involved, then the parent of that student will be informed by telephone.

Emergency First Aid

All staff should know what action to take in the event of a medical emergency. This includes

- How to summon a first aider
- How to contact emergency services and what information to give
- Who to contact within the school.

If a student needs to be taken to hospital a member of staff will always accompany them and stay with them until a parent arrives. The school tries to ensure that the member of staff is known to the student. Staff should not generally take a student to hospital in their own car.

Emergency Procedures

In a medical emergency first aid will be given, an ambulance is called and parents are notified. Should an emergency situation occur to a student who has a Health Care Plan, the emergency procedures detailed on the plan are followed where appropriate and a copy of the Health Care Plan should be made available to the ambulance crew.

Head Injuries

Parents must be informed if their child receives an injury to their face or head. A "head injury" letter must be sent to the parent informing them that the child has received an injury and asking them to observe the child for any of the signs of concussion.

Any injury above the neck must be treated with an ice pack and the student observed for concussion before either being sent back to class, or sent home as appropriate. If the student is being sent home, then ideally they should be accompanied and a parent should be informed.

Record Keeping

A daily First Aid Log is kept of any reported illness or injury. This includes the date, time, and nature of illness/injury, treatment given, outcome and name of the member of staff who dealt with it. Copy will be sent home for parents, a copy stored in student file and master copy kept with the First Aid manager.

Accident Reports

The school will keep a record of serious accidents using an accident report form and a copy will be given to the Business Manager for forwarding to Cornwall County Council and/or the HSE.

In the event of an accident to an employee or visitor, an accident report form should be completed by the individual concerned and forwarded to the Business Manager. H will then arrange for any further necessary investigations and reporting to be carried out.

Prevention of Contamination from Blood/Body Fluids

Occupational exposure to blood or other body fluids through spillage poses a potential risk of infection, particularly to those who may be exposed to these in the workplace setting. Safe, effective management of spillages is a precaution which should be applied as standard.

See Appendix 4 for further information.

Safe Disposal of Sharps

The school aims to protect all pupils, staff and visitors from the dangers of exposure to sharps and to ensure staff and pupils know how and where they can dispose of sharps correctly.

See Appendix 5 for further information.

A Sharps box is stored in the Medical room. These can also be provided by prescription from the student's parent, and should be used for the disposal of needles; these should be kept in a secure and safe environment.

Safe Disposal of Medical Waste

The school aims to protect all staff, pupils and the environment from exposure to pathogens which could cause disease and to prevent contamination from hazardous medical waste. Yellow medical waste bags are provided in the first aid bags.

See Appendix 6 for further information.

Health Care Plans

When completing a Student Data form as part of the application process parents are asked whether their child has any health conditions or issues. Information is also gathered from a student's previous school.

Students deemed to have a significant health condition will be the subject of a Health Care Plan which will record their individual medical needs at school (attached in Linked Documents in SIMS). Parents will be invited to meet with the First Aid Manager to formulate a suitable plan. This can be carried out in consultation with other health professionals as necessary.

Copies of the Health Care Plan will be made available confidentially to all staff in the school (as agreed with parents) and a central register of plans will be kept in the Medical Room, where they are available for inspection by school staff. Parents may also hold a copy if they wish. Confidentiality of plans should be respected.

Health care plans will be reviewed annually in consultation with parents and health care professionals to incorporate any changes which may have taken place.

The school will seek permission from the student and parents before sharing any medical information with a third party, such as when a student goes on work experience.

Health care plan Appendix 1.

Offsite and Residential Visits

The school has a responsibility to ensure the health and safety of anyone taking part in off-site activities. All staff, whether first aid trained or not, who are attending off-site visits should be aware of any students with medical conditions and the associated information about how to act in an emergency. This should be addressed in the risk assessment for off-site activities.

Students with medical needs should be included in educational visits as far as this is reasonably practicable. School staff should discuss any issues with parents and the First Aid Manager in suitable time so that extra measures can be put in place prior to the visit.

First Aid Training

Any training course must be supplied by an organisation approved by the HSE.

Training for First Aid at Work first aiders – 3 day course (renewable every 3 years)

Training for Emergency First Aid at Work first aiders – 1 day course (renewable every 3 years).

The school holds regular training on dealing with common medical conditions, ie asthma and use of EpiPen's on a regular basis, for which a training log is kept and "awareness training" certificates issued.

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Managing Medicines in School Policy

Parental Support

The parents of a student at the school have a responsibility to:

- Tell the school if their child has a medical condition
- Ensure the school has a complete and up-to-date information for the Health Care Plan where appropriate
- Inform the school about medication their child takes during school hours
- Inform the school of any medication their child requires while taking part in off-site visits
- Inform the school about any changes to their child's medication
- Inform the school of any change to their child's condition
- Ensure their child's medication and medical devices are labelled with their child's full name
- Provide the school with appropriate spare medication labelled with their child's name
- Ensure their child's medication is within expiry dates
-

Administering Medication

The school understands the importance of taking the medication as prescribed.

All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to students under the age of 16 with parental consent. The local authority provides full indemnity to staff who administer medicines.

All school staff are required, under common law duty of care, to act like any responsible prudent parent in an emergency situation. This may include taking action such as administering medication, preferably witnessed by a second adult.

Administration of medication which is defined as a controlled drug (even if the pupil can administer themselves) should be done under the supervision of a member of staff.

Administering Emergency Medication

All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and Epipens are held by the student who must take the responsibility to have it to hand at all times.

Students are encouraged to administer their own emergency medication (eg Epipen) where possible and should carry it with them at all times unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.

Students are encouraged to keep spare supplies of emergency medication in the medical cabinet in the First Aid Manager's room.

Students who do not carry and administer their own emergency medication should understand the arrangements for a member of staff to assist in helping them take their medication safely.

Logging Administration of Medication

The school keeps a record of each occasion a student is given, or is witnessed to having taken, medication. Details of date, time and dose are recorded. This should apply equally to daily or emergency medication.

Medication log See Appendix 3

Refusal

If a student refuses medication staff should record this on the log sheet for that student and parents should be informed as soon as possible. A student should not be forced to take medication.

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases doses can be arranged around the school day, thus avoiding the need for medicine in school, eg antibiotics.

Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into school and administer the medicine, or they may request that a member of school staff administers the medicine – see Consent to Administer Medicines below.

Non-Prescription Medicines

Non-prescription medicines (apart from travel sickness medication and Paracetamol) cannot be administered by staff and students should not carry them for self-administration. Hayfever remedies, etc, should therefore be provided, if necessary, on prescription. (See Paracetamol Policy.)

Travel sickness medication will be administered by staff, providing it is supplied in the original packaging and accompanied by a "Request for School to Administer Medication" form (Appendix 2).

Sunscreen is not a medicine and students should self-administer as required.

Consent to Administer Medicines

If a student requires regular prescribed or non-prescribed medication at school, parents are asked to complete a "Request for School to Administer Medication" form (Appendix 2). This applies equally to long term or short term courses of medication. The associated "Agreement of Headteacher to Administer Medicine" form (Appendix 4) should also be completed.

If a student requires assistance in administering their medication then this is outlined on the form (and also in the Health Care Plan if one is in place).

For other conditions, appropriate arrangements should be agreed and documented in the student's Health Care Plan and parents should complete a "Request for Student to Carry Own Medicine" form (Appendix 3).

Administer medication See Appendix 2

Changes to Medication

Parents and carers should be made to understand that if their child's medication changes or is discontinued that they should inform the school immediately.

Misuse

If a student misuses medication, their own or another student's, their parents should be informed as soon as possible and they will be subject to the school's usual disciplinary procedures.

Storage of Medication

The First Aid Manager should ensure that medication is stored correctly.

All medicines are kept in a lockable medical cabinet in the Medical Room to which access is restricted, even if students administer medication themselves. Students should know where their medication is stored and how to access it. Keys should be readily available and not held personally by members of staff.

All emergency and non-emergency medication should be clearly labelled with the student's name and should be stored wherever possible in its original container with the prescriber's instructions for dose and administration.

Some medication may need to be refrigerated and should also be clearly labelled with the student's name. This medication is stored in the refrigerator in the Medical room.

Expiry dates on medication are checked termly and parents informed if it has expired. Expiry dates may be noted on storage boxes for ease of reference. All medication should be sent home with students at the end of the school year and not be stored during the summer break.

It is the parent's responsibility to ensure new and in date medication is provided in school on the first day of the new academic year.

Disposal of Medication

Parents will be asked to collect out of date medication at the end of the school year. Any medication not collected should be taken to a pharmacy to be disposed of safely.

Off-Site and Residential Visits

Parents are sent a "Parent Consent Form/Medical Questionnaire" (e completed and returned before a residential trip which provides up to date information about the student's current condition, their overall health and any medication which would normally be taken outside school hours. These are taken by a member of staff taking part in the visit and should be accompanied by a copy of the student's Health CarePlan, if one is in place. Parents should ensure a sufficient supply of medication is available for the duration of the trip

Record Keeping

For legal reasons records of all medicines administered are kept at the school for a minimum of three years after the last date of administration.

Redruth School Medical Conditions Policy

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Asthma Policy

In developing this asthma policy the school acknowledges the advice and guidance of the National Asthma Campaign. The school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. The school welcomes all pupils with asthma and through the policy pupils will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on asthma management and will be expected to update this.

- The school will store spare inhalers for individual children in a labelled container in the Medical room as required.
- Staff will receive regular training and updates to ensure they have a clear understanding of asthma and what to do in the event of an asthma attack.
- Students will be encouraged to understand the condition so that they can support each other.
- A list of students with asthma is produced annually and made available to school staff confidentially.

Asthma

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Recognising an asthma attack

- The airways in the lungs become restricted
- The child will have difficulty speaking
- The child may wheeze, and have difficulty breathing out
- The child may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth

What to do if a child has asthma attack

- Ensure that the reliever (blue) inhaler is taken if prescribed
- Send for a first aider
- Stay calm and reassure the child
- Ensure the child sits upright and slightly forward with their hands on their knees
- Loosen any tight clothing
- Encourage slow deep breaths with an open chest
- Call 999 and request an ambulance urgently if:
 - The reliever (blue inhaler) has had no effect after 5 - 10 minutes
 - The child is unable to talk or increasingly distressed
 - The child is disorientated or collapses
 - The child looks blue around the mouth and lips
- If you have any doubts about the child's condition
- Inform the parents or carer as soon as possible about the attack

Minor attacks should not interrupt the student's involvement in the school day and they should return to activities when they are fully recovered.

Redruth School Medical Conditions Policy

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Diabetes Policy

In developing this diabetes policy the school acknowledges the advice and guidance of the British Diabetic Society. The school recognises that diabetes is a widespread condition affecting many children and welcomes all students with the condition and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management as part of their first aid training.

- All students with diabetes have a Health Care Plan.
- Parents are asked to provide spare supplies, eg glucose tablets, biscuits, Glycogel, etc, in a named box this is stored in the medical room.
- All first aid staff have a clear understanding of diabetes and are able to recognise common signs and symptoms associated with the condition.
- Staff are informed each year of those students who have diabetes to keep confidentially.

Diabetes

Diabetes is a condition in which the amount of sugar in the blood stream is too high. This comes about because the body fails to either produce insulin or enough insulin to deal with the sugar.

As a result the sugar builds up in the blood causing Hyperglycaemia. People with diabetes control their blood sugar levels with diet which provides a predictable amount of sugar and carbohydrate and insulin injections. Young people particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia:

- Inadequate amounts of food eaten, missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

Recognition of Hypoglycaemia:

- Onset is SUDDEN
- Weak, faintness or hunger
- Palpitation (fast pulse) tremor
- Strange behaviour or actions
- Sweating, cold, clammy skin
- Headache, blurred vision, slurred speech
- Confusion, deterioration levels of response leading to unconsciousness
- Seizures

Treatment of Hypoglycaemia:

- Call or send for a first aider
- REFER TO THE STUDENT'S HEALTH CARE PLAN
- If a blood sugar meter is available take a blood sugar reading
- Ensure the student eats a quick sugar source eg glucose tablet, gel or fruit juice
- Wait 10 minutes and test again if possible
- If the student feels better, follow with a carbohydrate type snack eg biscuit, cereal bar etc
- Once recovered allow to return to normal school activities
- Inform parents or guardian of the episode
- If the child becomes drowsy and unconscious the situation is LIFE THREATENING
- CALL 999 and request an ambulance and contact the parent/carer as soon as possible
- Administer glyco-gel from student's supply box if prescribed
- Place the child in recovery position and stay with the child

Causes of Hyperglycaemia:

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Recognition of Hyperglycaemia:

- Onset is over time – hours or days
- Warm dry skin, rapid breathing
- Fruity sweet smelling breath
- Excessive thirst and increasing hunger
- Frequent passing of urine
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia:

- Send for a first aider
- If blood sugar meter available take reading
- Encourage student to drink water or sugar free drinks
- Allow student to administer extra insulin
- Check blood sugar reading again after 10-15 minutes
- Permit student to rest before resuming activities if feeling well enough
- Contact parent or carer
- If blood sugar level does not come down or there is no improvement CALL 999 and request an ambulance.

Anaphylaxis Policy

In developing this policy the school acknowledges the advice and guidance of the Anaphylaxis Society. The school recognises that allergic shock (anaphylaxis) is a serious condition that may affect a number of students at the school and recognises the responsibility it has in dealing with student's allergies appropriately.

- All pupils with potential anaphylaxis will have an Health Care Plan.
- All first aiders will have an understanding of what it means to be allergic, whether it be a reaction of the skin, airborne, contact, ingestion, or injection. They will be able to recognise and respond to a student who may be having an anaphylactic reaction including the administering of emergency adrenaline (EpiPen).

- Staff will receive regular training and updates to ensure they have a clear understanding of what to do in the event of an allergic shock.
- The school will hold an EpiPen for those students who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- Spare medication will be labelled and stored appropriately in a container in the medical cabinet in the Student Services office. This container can be taken off-site on school excursions.
- All staff will be informed of those children who have this condition.

Allergic Reaction

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances), usually proteins which causes the formation of an antibody which specifically reacts with it. In susceptible individuals the reaction may develop within seconds or minutes of contact with a trigger factor. The exposure may result in a severe allergic reaction that can be life threatening.

In an anaphylactic reaction chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood)

Triggers

- Skin or airborne contact with particular materials
- Injection of a specific drug
- Insect bite
- Ingestion of certain foods, eg nuts, fish and dairy products.
- Recognition
- Anxiety
- Widespread blotchy skin
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing

Serious symptoms

- Cold, clammy skin
- Blue-grey tinge around lips
- Weakness/dizziness
- Rapid shallow breathing

Progress further

- Restlessness

- Aggressiveness
- Gasping for air
- Unconsciousness

Treatment

- Call for a first aider
- Use epipen from student's bag if available
- If not - ask member of staff to get student's emergency medication from Student Services office
- Administer antihistamine as appropriate ACCORDING TO HEALTH CARE PLAN – either syrup or tablet if prescribed
- Contact parents
- When a student recovers allow time to rest
- If serious symptoms appears CALL 999, request ambulance and administer:
- Adrenaline via the epipen immediately if prescribed
- Stay with student, note the time epipen was given and reassure student (keep this information and container for ambulance crew)
- Give as much detail to the ambulance crew on arrival regarding the allergic reaction and what medicine you have given.

Epilepsy Policy

The school recognises that epilepsy is condition which affects students at the school. The school welcomes all students with epilepsy and through the policy pupils will be able to achieve their full potential in all aspects of school life. All first aiders will be given training on epilepsy management.

- First aiders should have a clear understanding of what to do in the event of a seizure.

- The school works in partnership the School Nurse and parents to provide a continuation of care for those pupils who suffer from the condition.
- Staff are informed each year of the children at the school who have epilepsy. A copy of Health Care Plans (where provided) are available for staff to inspect.
- Advice and further information on individuals is available from the School Nurse.

Epilepsy

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but may be a symptom of some physical disorder. However, its cause, especially in the young, may have precise medical explanation.

Tonic Clonic Seizure (Grand Mal)

The student may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the student may be incontinent.

Complex and Partial Seizures (Temporal Lobe Seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The student may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the student and gently move them away from any dangers. Speak calmly to the student and stay with them until the seizure has passed.

Absence (Petit Mal)

This can easily pass unnoticed. The student may appear to daydream or stare blankly. There are very few signs that a student is in seizure. These types of episodes, if frequent, can lead to serious learning difficulties as the student will not be receiving any visual or aural messages during those few seconds. Therefore it is important to be understanding, note any probable episodes, check with the student that they have understood what has happened and inform parents.

Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Procedure for an Epileptic Seizure

- Total seizure (tonic clonic)
- KEEP CALM – Students will tend to follow your example! Let the seizure follow its own course; it cannot be stopped or altered.
- Ask the other students to leave the room where possible and ask a responsible student to fetch another adult. Then contact a first aider, and send another student to fetch the wheelchair from the medical room in case it is needed.
- Note the time of the seizure.
- Protect the student from harm. Only move them if in immediate danger. If possible move objects that may cause injury away from the immediate area.
- As soon as possible (normally post fit) place the student on his/her side – this does not have to be the recovery position but just so that the tongue can fall forward and excessive saliva can drain out of the mouth.
- Support the head and stay with the student until completely recovered.
- Talk quietly to the student and reassure but do not try to restrain any convulsive movements.
- Do not put anything into the mouth or offer drinks until fully recovered.
- Remove to the medical room when safe to do so.
- The first aider should then make a full assessment of the seizure and note any injuries that may have been sustained.
- Allow the student to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their sides.
- Inform the parents and arrange for collection.
- If the fit lasts any longer than 5 minutes, call an ambulance immediately. It is very important the child is assessed at the hospital and the sooner this happens, the better.
- If the ambulance is summoned then report the seizure in as much detail as you can, especially how long it has lasted.
- A member of staff should accompany the child to hospital and stay with them until the parent(s) arrive.

Paracetamol Policy

It is a legal requirement that we have your written permission in order to administer any pain relief medication.

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

It is not recommended to allow children to carry Paracetamol around the school with them.

If, on occasion, a student needs to take a Paracetamol for pain relief, the First Aid Manager will be happy to do this. Letters with a permission tear-off slip are sent out to parents before a student joins the school. If we do not have your written permission the school will not administer Paracetamol.

Cornwall County Council, in consultation with Health Practitioners, has carefully considered the benefits and dangers of administering this non-prescription drug in schools and settings. For older pupils, it is sometimes appropriate to give Paracetamol to control specific pain such as migraine or period pain. Schools administering Paracetamol to children over 10 should adhere to the following conditions:

- The member of staff responsible for giving medicines must be wary of routinely giving Paracetamol to children.
- If a student complains of pain as soon as they arrive at school and asks for painkillers, it is not advisable to give Paracetamol straight away. There should be at least four hours between any two doses of Paracetamol containing medicines. No more than four doses of any remedy containing Paracetamol should be taken in any 24 hours. Always consider whether the student may have been given a dose of Paracetamol before coming to school. Many non-prescription remedies such as Beecham's Powders, Boots pain relief syrup for children, Lemsip, Night Nurse, Vicks Cold Care, etc, contain Paracetamol. If Paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.
- The student is first encouraged to get some fresh air/have a drink/something to eat/take a walk/sit in the shade (as appropriate) and Paracetamol is only considered if these actions do not work.
- There must be prior written parental consent and verbal consent from the parent or carer on the day.
- Only standard Paracetamol tablets may be administered. Combination drugs, which contain other drugs besides Paracetamol must not be administered.
- Paracetamol must be stored securely as all other medicines are stored and should not be kept in first aid boxes.
- Students can only be given one dose during the school day: one 500mg tablet for children who are 12 or under; two 500mg tablets for children over 12. If this does not relieve the pain, contact the parent or the emergency contact.
- The member of staff responsible for giving medicines must witness the student taking the Paracetamol, and make a record of it.
- The student should be made aware that Paracetamol should only be taken when absolutely necessary, that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

Paracetamol on Residential Visits

If a pupil becomes unwell during a residential visit, it may be appropriate to administer Paracetamol. The general guidance on Paracetamol (above) should be followed but on a residential visit, it may be appropriate to administer more than one dose. Dosage must be strictly according to the instructions on the packaging. Should Paracetamol fail to alleviate symptoms and/or should staff have any concerns about a pupil's condition, they should not hesitate to get professional medical attention.

Keeping Supplies of Paracetamol

A small supply of Paracetamol or similar medication may be sent in with your child when he or she starts school. These should be clearly named and will be kept in the locked medical cabinet in Medical room.

If a student needs to take a course of prescribed medication you a "Request for School to Administer Medication" form must be completed by the parent or carer giving with the prescriber's instructions, for a member of staff to administer. Please refer to the Managing Medicines in School Policy.

Appendix 1: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 2: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

Name/type of medicine
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 4: protocol for Prevention of Contamination incidents

The aim of the protocol is to ensure the protection of all staff children and visitors where there is an accidental exposure to blood/body fluids when dealing with an incident. It aims:

- To ensure all members of staff are aware of what action to take
- To ensure all members of staff are protected through good working practices
- To prevent contamination.

School staff dealing with an incident must:

- Always wear suitable 'single use' disposable gloves when handling blood and body fluids during first aid procedures (these found in the first aid kits)
- Always cover any open wounds/cuts/sores/burns of the skin with a waterproof dressing
- Place any soiled dressings/gloves in a small yellow clinical waste bag (provided in the first aid kit)
- Ensure yellow clinical waste bags are disposed of safely in the medical room
- Wash hands thoroughly following removal of gloves
- Arrange for spillages to be cleaned up as quickly as possible.

In the event of accidental exposure to a contaminant:

- Broken skin – wash immediately with soap under running water and cover with waterproof dressing
- Eye – wash eye out thoroughly with water
- Mouth – do not swallow - spit out and rinse mouth out with water
- Attend Accident and Emergency if necessary for further advice/treatment
- Report any incidents of accidental contamination to First Aider or Health and Safety Representative.

Spillages of blood or body fluids:

A spillage is a leak or spill of blood or body fluid from a person, specimen container or equipment. This can present a risk of infection and must be dealt with immediately.

Staff should seek assistance from the Facilities staff who will deal with the spillage appropriately.

Appendix 5: protocol for safe disposal of sharps

Individual responsibility:

- It is the individual's responsibility to ensure that sharps are always handled safely
- It is the individual's responsibility to dispose of them safely
- It is a criminal offence to discard an item in such a manner as to cause injury to others
- Use of sharps is covered by the Health and Safety at work Act 1974 and should be risk assessed in accordance with COSHH 1999 regulations.

Sharp Boxes:

- Ensure the sharps boxes comply with British Standard 7320, yellow and clearly marked 'DANGER CONTAMINATED SHARPS' and 'DESTROY BY INCENERATION'
- The sharps boxes are located in the medical room
- Sharps boxes must not be filled above the designated fill line on the outside of the box.
- Once filled, boxes must be sealed immediately removed by a specialist collection service provided and a replacement arranged.

Disposal:

- Sharps should not be passed from hand to hand
- Keep all handling to a minimum
- All sharps must go directly into a sharps bin
- Do not re-sheath needles
- Always wear gloves and use litter picker tongues if available when picking up discarded needles on site
- Always hold sharps in the centre of shaft to prevent injury to fingers/hand
- Report any needlestick injury immediately and seek medical attention.

Appendix 6: protocol for safe disposal of medical waste

Definition of medical waste:

- Discarded waste human blood and blood components
- Discarded waste material that is contaminated with human excretions and exudates.

Therefore it is of great importance to contain medical waste correctly and use medical waste bins and medical waste bags.

Medical waste bins:

- There is a large capacity bins lined with a yellow clinical waste bag are situated in the Medical Room
- Waste is collected by a specialist company on a regular basis

What the bins should be used for:

- Blood soiled tissues, gloves, dressings.
- Wipes for clearing away vomit, urine and faeces
- Anything else that may have come into contact with bodily fluids
- Small yellow clinical waste bags can be found in the first aid kits and the cupboard in the medical room

What **NOT** to use the clinical waste bins for

- NEEDLES/SHARP OBJECTS
- Paper towels for hand washing
- Paper or general rubbish

Appendix 7: qualified First Aiders

First Aider Name	position	First Aid -Training
Shelley Haigh	Sims Office	Appointed Persons
Ben Blaber	Creative Arts	Appointed Persons
Eugene Clemence	SENCO <u>(Skill Dev)</u>	Appointed Persons
Kath Sweeney	Science	Appointed Persons
Mark Leah	Maths	Appointed Persons
Naomi Jackman	Science	Appointed Persons
Steve Hammond	Work Experience/Site	Appointed Persons
Dave Bartlett	PE	Appointed Persons
Donna McAdam	PE	Appointed Persons
Kirsty Treloar	PE	Appointed Persons
Richie Kennedy	PE	Appointed Persons
Alex Kettlewell	ASS HEAD	Appointed Persons
Chris Phillips	PE	Appointed Persons
Suzanne Doble	PE	Appointed Persons
David Cutcliffe	Science	Appointed Persons
Fiona Hosking	English	Appointed Persons
Sharon Eddison	First Aid Manager	First Aid at Work
Tony Dunne	Site Team	Appointed Persons
Tom Hosking	Music	Appointed Persons
Debbie Nicholas	ELC (Skill Dev)	Appointed Persons
Ben Tame	Pastoral	Appointed Persons
Debbie Roberts	Finance	Appointed Persons
Debbie Jones	Skills Development	Appointed Persons
Diana Smith	Sims Office	Appointed Persons
Kirsten Tanner	Cover Supervisor	Appointed Persons
Jacqueline Dyer	Finance	Appointed Persons
Debbie Nicholas	Skills Development	First Aid at Work
Richard Moyle	DT/Site	First Aid at Work
Karen Horner	Geography	First Aid at Work
Ian Oliver	English	First Aid at Work
Claire Richards	Maths	First Aid at Work
Fiona Williams	Maths	First Aid at Work
Layla Crabtree	English	First Aid at Work
Chris Davey	English	First Aid at Work
Keith Dove	Maths	First Aid at Work
Claire Knight	RS	First Aid at Work
Bev Vowell	Skills Development	Appointed Persons

Appendix 8: contacting emergency services

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

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

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone