



LYNDHURST HOUSE SCHOOL

FIRST AID POLICY For the Whole School including EYFS

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LYNDHURST HOUSE SCHOOL

FIRST AID POLICY For the Whole School including EYFS

This policy is written with due regard to DfE documents :

Guidance on First Aid for Schools: A Good Practice Guide (DfE Feb 2014)

Managing medicines in schools and Early Years settings (DfE 2005)

INTRODUCTION

This policy outlines the School's responsibility to provide adequate and appropriate First Aid to pupils, staff, parents, and visitors and the procedures in place to meet that responsibility. At least one person on the premises, and one person on a school outing, will have an appropriate First Aid certificate. The School follows and meets the requirements of EYFS legislation namely that at least one person on the premises when EYFS pupils are on site, and at least one person on EYFS outings, must have a paediatric First Aid certificate.

AIMS

1. To provide adequate First Aid provision and medical care for pupils, visitors and school personnel.
2. To appoint the appropriate number of suitably trained people as appointed persons and First Aiders to meet the needs of the School.
3. To provide sufficient and appropriate First Aid resources and facilities.
4. To inform staff of the School's First Aid arrangements.
5. To provide information on the correct procedure to follow should First Aid be required.
6. To provide information on the correct reporting procedures.

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to prioritise the welfare of the pupils at the School in the same way that parents might be expected to act for their children (DfE Guidance on First Aid for Schools).

KEY PERSONNEL

The Headmaster

The Headmaster is responsible for putting the policy into practice and for developing detailed procedures. The Headmaster ensures that parents are aware of the School's Health and Safety Policy, including arrangements for First Aid (DfE Guidance on First Aid for Schools). The Headmaster regularly carries out a Risk Assessment of the School's First Aid policy and requirements, including the needs of individual children with specific medical needs. The Headmaster ensures that staff are adequately trained to deal with these.

Appointed Persons

The School has appointed Angela Byron, Maddison Bruhn, and Dawn Lewis to work in conjunction with the Headmaster to manage First Aid in the school. The appointed personnel are responsible for the ordering of First Aid resources in their section of the School and ensuring that First Aid kits are correctly stocked, assisting colleagues in the administration of First Aid, ensuring an ambulance or other professional medical help is summoned when appropriate and keeping staff aware of changes in the First Aid policy as necessary.

FIRST AID PROCEDURE AT POINT OF NEED

1. Follow the St. John's Ambulance First Aid Treatment recommendations available in First Aid boxes:
 - Keep calm
 - Assess the situation and either send or call for help
 - Ensure that nobody else is going to be hurt and that the casualty is in no further danger
 - Give first aid but only as far as knowledge and skill permit. The patient should be given all possible reassurances and if necessary removed from danger
 - Never give the casualty anything to eat or drink
 - Be prepared to give succinct and accurate information about the accident to a First Aider or other health professional.
2. Any injury should be dealt with promptly by either the teacher in charge at the time of the accident or by the nearest first-aider. An appointed person will be sent for when necessary and surgical gloves should be worn when appropriate.
3. All staff should know the location of the First Aid kits. These are maintained by the appointed personnel.

New staff members should familiarise themselves with members of staff who are trained in First Aid, Anaphylaxis and Paediatric First Aid (please see First Aid sign in Back Office). The Headmaster should always be consulted should an incident require more than basic First Aid.

FURTHER CARE

If a child needs to lie down they should be taken to the First Aid room (as defined by the Education [School Premises] Regulations 1996) in the front Reception area. Parents will be asked to collect the child. The First Aid Room contains:

- Sofa
- Sink with hot and cold water
- First Aid container
- Sick bags
- Paper towels
- Refuse bin
- Telephone
- Record keeping facilities
- The nearest WC is along the corridor.

The child should not be left unattended in the First Aid room.

FIRST AIDERS

First Aiders hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE, and their training will include resuscitation of children. Those working with EYFS pupils receive paediatric First Aid training. They receive updated training every three years.

The Headmaster assesses the number of personnel who need First Aid training in order that there is at least one person on the premises or on a school trip with appropriate First Aid qualifications; in the Early Years at least one person on the premises and one person on an outing has undergone paediatric First Aid training. A list of school First Aiders will be found at Appendix 2 of this Policy.

REPORTING ACCIDENTS

All accidents must be recorded as follows:

Children

- The Accident Book must be completed by the person attending the incident.
- The person should review the record following the incident to ensure that it has been completed accurately and fully and that they have signed it.

Minor incident

- Parents are to be informed of minor incidents at the end of the school day preferably by the class teacher, or by the person attending the incident.

Serious Accident

- In the event of a serious accident, the Headmaster is to be informed immediately.
- Parents will be contacted as soon as possible.

Bump to the Head

- In the event of a child suffering a bump to the head, a Bumped Head Letter (Appendix 4) must be completed, signed by the Headmaster or one of the Deputy Heads, and a copy given to the parent on the day of the incident. This should be recorded in the Accident Book.

Staff

- Staff who injure themselves at school are required to fill in the DPA Accident Book in the School Office.
- The Headmaster is to be informed of the injury and retains a copy of the DPA form.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013).

Visitors

- Visitors must use the Signing In Book and make themselves known to the School Secretary. Visitors with specific requirements are advised to notify the school so that an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the DPA Accident Book in the School Office.
- The Headmaster is to be informed of the injury.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013).

INFORMING PARENTS

Parents are immediately informed of head or other serious injuries and given advice accordingly. Parents should be informed of minor injuries, including scrapes and bumps, at the end of the School Day. Parents of children who are taken ill during the school day should be contacted and asked to collect their child from the First Aid room.

Should a serious accident or injury be sustained by a child, the parents will be informed immediately.

Should a child be absent from School on the day following an injury, the class teacher should inform the School Office. Either the School Secretary or the Headmaster will give the family a courtesy call to check on the child's wellbeing.

ACCESS TO FIRST AID KITS

The Headmaster ensures that the appropriate number of First-Aid containers are available according to the Risk Assessment of the site.

At Lyndhurst House School, each classroom has a First-Aid kit, and the Pre-Prep has extra kits for use on trips outside school and for taking to the “Secret Garden”. For Years 3 to 8, there are extra First-Aid boxes for use at Games and on trips outside school; there is also a First-Aid box available in the Science laboratory with an eyewash station. Larger First-Aid boxes are available in the School Office and in the First-Aid Room.

First Aid bags/containers and individual medications must be taken:

- To off-site lessons including PE and Games
- On all school trips

Individual medications (e.g. Adrenaline/Ventolin inhalers and Epipens) must be taken with the child when outside of the classroom. Please see also the Educational Visits Policy for further detail on dealing with medical emergencies on trips.

CONTENT OF FIRST AID KITS

Under HSE guidance, First Aid kits should contain a minimum of:

- a leaflet giving general advice on First Aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings
- 2 large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings
- 1 pair of disposable gloves

Equivalent or additional items are acceptable.

The appointed personnel are responsible for examining the contents of First-Aid containers every half term. These should be checked frequently and restocked as soon as possible after use. There should be extra stock in the School Office. Items should be discarded safely after the expiry date has passed.

ARRANGEMENTS FOR PUPILS WITH SPECIFIC MEDICAL NEEDS

Should a child have a specific medical condition (e.g. asthma, diabetes, severe allergy), the parents should provide a Care Plan with the assistance of the medical practitioner, and with discussions with the Headmaster if necessary. The Care Plan will be pinned on the Staff Room noticeboard, and in the kitchen. A copy will also be given to the Form Teacher, with another placed in the child’s file.

If necessary, staff working closely with the child should have specific training so that they can meet the specific needs.

Action to be taken in medical emergencies, for more common childhood medical conditions, and for any relating to children currently in the school, are to be found in Appendix 3

Communicable Diseases

Parents are asked to inform the School should their child have a communicable disease, e.g chicken pox. The School Office will then put this information in the entrance to the School. If necessary the school will contact RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013), (telephone 0345 300 99 23 for accidents to workers only), usually using the online report form.

Nits

If parents notify the school that a pupil has head lice or nits the Form Teacher will be given letters to issue to the whole class to advise other parents. If staff suspect or are told that a pupil has head lice or nits – frantic, continuous scratching of the head is the most obvious sign – they should arrange for a First Aider to inspect the pupil's hair. If nits are found then the child should be separated from other children, and the parents asked to collect the child. Kindness and discretion must be exercised towards both child and parent.

HYGIENE PROCEDURES

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel; they should also ensure that normal hand washing routines are followed.

HYGIENE PROCEDURES FOR THE SPILLAGE OF BODY FLUIDS

No child should be allowed to remain in the vicinity of a spillage of bodily fluids.

If possible all adults and children should be removed from the area; however, if a child is injured and it is unsafe to move him then an adult will need to stay with him.

The adult should ensure that both s/he and the child are protected from the body fluids. The adult, or another member of staff, should deal with the spillage appropriately, wearing protective clothing as necessary.

WHEN TO CALL AN AMBULANCE

The number to dial for an ambulance is 999, or the EU emergency number 112. The nearest hospital to the School is The Royal Free Hospital, Pond Street, London, NW3 2QG; Tel: 020 7794 0500

Call an ambulance;

- after administering First Aid if you feel there is a need for a hospital check up (although in this instance in practical terms it may be more efficient to accompany the pupil to the nearest hospital) (see Hospital admission below)
- after placing in the recovery position if the casualty is breathing, but unconscious
- after an EpiPen has been administered for anaphylactic shock
- after a severe asthmatic attack
- after a diabetic coma
- for an epileptic fit where the seizure lasts more than five minutes or if the victim is harmed in the seizure
- if the casualty is not breathing
- if you are in doubt as to the condition of the casualty

Hospital admission

If an injury requires hospital treatment the pupil will be accompanied to The Royal Free Hospital by an adult from the school or, if possible, a parent. The parents, if not already with the pupil, will be directed straight to the hospital.

ADMINISTERING MEDICATION DURING SCHOOL HOURS

For the whole school including EYFS

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have ongoing medical needs and may require medicines on a long-term basis to keep them well (e.g. children with well controlled epilepsy or cystic fibrosis).

Others may require medicines in particular circumstances, (e.g. children with severe allergies who may need an adrenaline injection). Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Although there is no legal duty that requires School staff to administer medicines, the school has a clear duty of care to the children and follows good practice by supporting children with health needs as part of their accessibility planning duties.

a) Parental responsibilities in respect of their child's medical needs

Parents have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents complete and sign a medical form when their children join the school. This states that parents must keep the School informed if the medical needs of their child changes over time.

They must also complete and sign medication consent forms (copies available from the First-Aid Room) if any medication needs to be administered during School hours (e.g. if it has to be given four times daily even when the pupil is well enough to attend school [see Appendix 1]).

b) Children with specific medical conditions

Children with specific medical conditions who regularly take medicine in order to keep themselves well (e.g. epileptics), or those who may need to take prescribed medicine urgently (e.g. asthmatics and those with allergies) will have a Care Plan. Details of their medication are on the Care Plan.

The Care Plan should include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

For children with food allergies or other dietary needs, special attention should be paid when treats are brought to School by parents. Children who are unable to eat cake or sweets should be given an alternative (previously arranged in consultation with child's parents).

Staff with specific medical conditions should be honest about this and will also have a Care Plan. It is in their own interests that their condition and what to do in an emergency is known by all their colleagues.

c) Roles and responsibilities of staff involved in the administration of medicines

No member of staff must administer any medicine to a child unless a medical consent form (see Appendix One) has been completed by the parent and has been signed by the Headmaster, or the Deputy in his absence.

In general, Form Teachers have the responsibility of administering medicine. Medicines should be stored safely away from children, in the First-Aid Room, the School Office, or in the Headmaster's Study.

For children in the EYFS, the Form Teacher will always give them reassurance and any necessary support and will ensure that the Medical Record is completed correctly.

School Office staff, PE staff, EYFS Form staff and other Form teachers, if necessary, are trained in administration of medicine by an appropriate Health Professional if this has not been covered in their first aid training.

Before administering any medicine, the member of staff must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

Whenever medicine is administered, this should be witnessed by another member of staff and the "Medication Log" should be completed. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and immediately telephone the parents. For a child with a Care Plan, the procedures to then follow should be recorded. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

If in doubt about any procedure staff should not administer the medicines but check with the parents or the prescribing doctor before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Headmaster who will then discuss it with the parent or medical professional.

d) Procedures for managing prescription medicines which need to be taken during the school day

The Medical Consent form should be handed into the School Office or Form Teacher together with the medicine. The parent should give written details of how the medicine is to be given and when. This should be checked against the prescriber's instructions on the medicine.

Medicines will only be accepted that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (for exceptions see non-prescription medicines below). Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

The School must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

All medicines will be administered away from other children (for example in the School Office or First-Aid Room) in order that the medicine dosage can be checked carefully and the child given reassurance and support, if necessary.

For those children with a Care Plan, the Form Teacher and the School Office will check the stored medicines at the start of each term and ensure that the medicine has not expired. They will request new medication from the parent when necessary.

e) Emergency inhalers

From the 1st October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to keep salbutamol inhalers for use in emergencies. The school has purchased 2 individual inhalers with spacers and holds an emergency asthma inhaler kit.

Storage of Emergency Kit

The kit will include:

- salbutamol metered dose inhalers
- single use plastic spacers
- instructions on using, cleaning and storing the inhaler
- a checklist of inhalers, batch no. expiry date
- a list of children permitted to use the emergency inhaler with parental consent.
- a record of when the inhaler has been used.

The emergency kit will be kept in the school office; Dawn Lewis and Angela Byron will be responsible for ensuring that:-

- On a monthly basis the inhaler and spacer are fit for purpose.
- Replacements are obtained when the expiry dates approach.
- The inhaler housing is kept clean and dried and returned to storage after use.
- The plastic spacer should not be reused it should be given to the child for future personal use. The inhaler can be reused provided it is cleaned after use.

Children who can use the inhaler

The emergency salbutamol inhaler should only be used by children:- who have been diagnosed with asthma, and prescribed a reliever inhaler or who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given. The school will seek written consent from parents of children on the medical/allergy list who use an inhaler. A record of parental consent will also be available in the emergency kit.

Training/Staff

- The Headmaster is responsible for arranging for training needs to be met.
- Staff must be trained to recognise the symptoms of an asthma attack
- Staff must be aware of how to check if a child is on the register
- Staff must be aware of how to access the inhaler
- Staff must be aware of who the first aiders are and able to access their help

f) Adrenaline auto-injectors

(See also section on MEDICAL EMERGENCIES, Appendix 3)

The School has its own spare AAI (Adrenaline suto-injector) which is located next to the emergency inhalers in the School Office. Dawn Lewis and Angela Byron will be responsible for ensuring that the school AAI is in date and in a good state.

Children who can use the AAI

The AAI should only be used by children who:-

- are on the register of pupils who have been prescribed an AAI (or where a codtor has provided a written plan recommending an AAI to be used in the event of anaphylaxis

- have written consent from the pupil's parent/legal guardian for use of the spare AAI as part of a pupil's individual healthcare plan

g) Safe storage of medicines

The School Office will store the medicine in an appropriate secure place and if this is a refrigerator, will ensure that it is kept in a secure container clearly marked: 'Medicines'.

It is a requirement that if a child has to bring an EpiPen to school, then two such pens **must** be provided for pupils in the Pre-Prep, and four for pupils in Years 3 to 8 (so that Games staff have access to them via the Games First Aid box).

h) Procedures for managing prescription medicines on educational visits and at off-site games

If a child is finishing a course of antibiotics following an illness, it is preferable that they do not join their peers on educational visits or at off-site games but stay at home, in order to recover fully from their ailment.

For children with specific medical conditions, the Care Plan and the specified medicines must be taken on educational visits and to off-site games. These are the responsibility of the Group Leader on Educational Visits and a nominated member of the Games staff for off-site games. They should always check that the medicine is in date.

A medical list accompanies all educational visits and goes with Games staff to off-site games. Children with medical conditions are listed with brief details of their medication. Staff should be alert to children with asthma or environmentally triggered allergies at certain times of the year.

Sometimes additional safety measures may need to be taken for outside visits. It is possible that a parent or other volunteer might be needed to accompany a particular child.

i) Non -prescription medicines

Parents may request that children are given non-prescription medicine, (e.g. Calpol if recovering from a cold). However, if a child is so unwell that he needs non-prescription medicine then he is not well enough to be in school and parents will be asked to keep him at home.

There are some possible exceptions, (e.g. painkillers for a child that has had an injury). In such cases, the Headmaster will make the decision after discussion with the parents and then the same procedure must be followed for obtaining a Medical Consent Form from the parent also signed by the Headmaster.

Some children are sensitive to the sun. Sun cream may be administered by Form staff for younger children until they are old enough to do this themselves, (see Slap, Wrap and Hat campaign). Although sun cream is not strictly a medicine, the Medical Consent Form should nevertheless be signed in order for it to be clear that the teacher has parental permission to administer the cream.

j) Children carrying and taking their own medicines

Children in Year 6 and below should not be allowed to carry or take their own medicine. However, it is important that older children, particularly those with specific medical conditions, should learn to manage their own medication.

Children with a Care Plan, on entering Year 7, will have a consultative session with their parent(s), the Headmaster, their Form Teacher and a representative from the School Office. If necessary, their prescribing Health Professional should also be present, or this meeting may take place at their surgery. At this meeting, the child's medical needs will be discussed, the best way of managing this in School

and the administration procedure for any medicine. The Headmaster will be responsible for the amendment of the Medical Consent Form allowing the child to carry and administer medicine, if this has been agreed by all parties.

This will not be an option for children on controlled drugs, e.g Ritalin.

k) Record keeping

Each time medicine is given, the School, (including the Early Years), **must** keep written records. Good records help demonstrate that Staff have exercised a duty of care. In all circumstances it is good practice to have the dosage and administration witnessed by a second adult and the record signed accordingly (see Appendix 1 – Medication Log).

- a) An official Register for Pupil Medications must be maintained and must contain a record of all occasions when medication is given to a pupil. The Medical Consent Form and the Medication Log comprise this register and the relevant sections must be completed:
 - i. the date the medication was given;
 - ii. the time the medication was given;
 - iii. the name of the pupil receiving medication;
 - iv. the name of the medication given;
 - v. the exact dosage of medication given;
 - vi. the name of the person on the School staff authorised to give medication to the student
 - vii. the signature of the person giving the medication
 - viii. the signature of the headmaster or delegated responsible person.
- b) The Medication Log must be completed by the authorised person administering the medication, immediately after the medication is given.
- c) The Medical Consent Form and the Medication Log must be held and kept in the file marked Medical Register.

In effect, the documentation referred to in (a) above represents an agreement among the parties as to the arrangements made in respect of the medication. In addition:

- Lists of children with allergies and other medical conditions will be issued at the beginning of each term. The medication that they have in School is noted on this list.
- All food allergies and intolerances are recorded on the board in the Kitchen.
- Photographs of children who require an EpiPen or have other severe allergies are displayed in the the Staff Room, and in the Kitchen.
- Staff with medical conditions or allergies must ensure that the School Office has a note of these and of any emergency procedures. Staff with a medical condition should discuss the need for their colleagues to be informed with the Headmaster, so as to ensure their own safety and the safety of the children in their care.

l) Management Procedures and Risk assessment

The School has Employer's Liability Insurance to provide cover for injury to staff acting within the scope of their employment; this provides full cover in respect of actions which could be taken by staff in the course of their employment.

The School, (i.e. the Proprietor and the Headmaster), will support staff in using their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headmaster is responsible for ensuring that this Policy is understood by all staff and that procedures and record keeping are carried out correctly.

The Headmaster, with the Senior Management Team, will regularly review this Policy and make amendments as necessary. A Risk Assessment will form part of this review.

REPORTING TO RIDDOR

Schools are required to report serious incidents to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013), (telephone 0345 300 99 23), www.hse.gov.uk/riddor/report. The headmaster is responsible for ensuring that a report is made to RIDDOR if appropriate.

Employers must report:

- accidents resulting in the death of any person
- accidents resulting in specified injuries to workers
- non-fatal accidents requiring hospital treatment to non-workers and
- dangerous occurrences

Headmaster

July 2019

This Policy is reviewed annually

To be reviewed: July 2020

Appendix 1 MEDICAL CONSENT FORM

LYNDHURST HOUSE SCHOOL

MEDICAL CONSENT FORM

Date		
Child's Name		
Class		
Name of Medication		
Prescribed Dose		
Time to be given		
Time last given		
Period of Authorisation	From	To
Comments		
Parent's/legal Guardian's Signature		

Headmaster's signature:.....Date:.....

APPENDIX 5 MEDICATION LOG

MEDICATION LOG

Child's Name:.....**D o B.**.....

Staff administering medicine must check the child's name, the medication and the dose against the prescribing doctor's instructions on the medicine, and the instructions with the medicine especially with regard to the age of the child. They must also check that the medicine has not expired.

Date:	Time	Medicine	Exact Dosage Administered	Administered by (name and signature).	Witnessed by (name and signature)
<u>Comments</u>					

Headmaster's signature:.....Date:.....

Appendix 2 LIST OF STAFF FIRST AIDERS

N.B. All those qualified in First Aid will have their training updated every three years.

Name And qualification	Location	Date of expiry of certificate
All staff – General first aid (First Aid for Life)	Throughout the school	January 2021
Mrs Angela Byron – Emergency First Aid at Work (First Aid for Life)	Year 2	April 2021
Mrs Dawn Lewis – Emergency First Aid at Work (First Aid for Life)	Front Office	March 2022
Miss Maddison Bruhn – Paediatric First Aid (First Aid for Life)	Reception Class	April 2021
Miss Amy Taylor – Emergency First Aid at Work (First Aid for Life)	Year 3	April 2021

List of Staff Paediatric First Aiders

Name And qualification	Location	Date of expiry of certificate
Miss Maddison Bruhn – Paediatric First Aid (First Aid for Life)	Reception Class	April 2021
Miss Emilia Galabova – Paediatric First Aid (St John's Ambulance)	Reception Class	March 2022

Appendix 3 MEDICAL EMERGENCIES

A member of staff who is present when a medical emergency takes place should always call for help from another adult and find the nearest First Aider. However, there are some emergencies where prompt action by the adult at the scene can save lives and all staff should be aware of these procedures.

ALLERGIES – Anaphylactic shock

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.

When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink; in the most cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication: this may include antihistamine, adrenaline inhaler or adrenaline injection, (EpiPen) depending on the severity of the reaction.

Signs and Symptoms – the following will normally occur within seconds or minutes of exposure to the allergen:

- swelling and redness of the skin, flushed complexion
- itchy raised rash
- swelling of the throat
- wheezing and/or coughing or difficulty breathing
- rapid irregular pulse
- nausea and vomiting
- dizziness or unconsciousness

Management

If these symptoms appear in an affected child the EpiPen must be used and an ambulance called immediately. (N.B. If a pupil's own epipen is unavailable for any reason, the school's own AAI may be used if parental permission has been given).

- The pen is pre-loaded and should be injected into the fleshy part of the thigh. Most staff have received training in use of the EpiPen. This is very simple application, but swift action is ESSENTIAL. Some children have two or more EpiPens. If after 5-10 minutes there is no improvement, or their condition worsens, then the second EpiPen should be administered.
- A second person must immediately summon an ambulance and then a First Aider. The School Office should be informed and they will then inform the Head/Deputy Head Pastoral. The Head/Deputy Head Pastoral will call and inform the pupil's parents.
- Do not forget to tell the School Office that an EpiPen has been administered, so that parents and paramedics can be informed. The Form Teacher will have details of expiry dates of EpiPens and ensure that they are replaced by the parents on or before their expiry date.
- The Headmaster/Deputy Head Pastoral, or other responsible person, will assess the situation and see if the person giving First Aid needs assistance. Any children should be ushered away from the scene or occupied in some way to divert their attention.

- If the child is conscious and having breathing difficulties, treat as you would an asthmatic by sitting the child upright and loosening any tight clothing.
- If the reaction advances and the child becomes unconscious but is breathing, treat as you would the unconscious patient by putting them in the recovery position and monitor them closely.
- If the child is unconscious and not breathing, a First Aider must commence cardio-pulmonary resuscitation.
- Give all relevant information to paramedics (i.e. sequence of events, known drug/food allergies and any medication/treatment given).

ASTHMA

If a pupil is having an asthma attack the person in charge should prompt him to use his reliever inhaler if he is not already doing so. It is also good practice to reassure and comfort him whilst, at the same time, encouraging him to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way. The School Office will then inform the Head/Deputy Head Pastoral who will inform the child's parents.

DIABETES

Signs and symptoms

High blood sugar (normally slow onset of symptoms)

- excessive thirst
- frequent need to urinate
- acetone smell on breath
- drowsiness
- hot dry skin

Low blood sugar (normally quick onset of symptoms)

- feeling dizzy, weak and hungry
- profuse sweating
- pale, with rapid pulse
- numb around lips and fingers
- aggressive behaviour

Action

For a person with low blood sugar, give sugar, glucose or a sweet drink (e.g. coke, squash).

For a person with high blood sugar, allow casualty to self administer insulin. Do NOT give this yourself but help if necessary.

If unsure whether the person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital.

EPILEPSY

Epileptic seizures are caused by a disturbance of the brain and these seizures can last from 1 to 3 minutes.

Signs and symptoms

- a 'cry' as air is forced through the vocal chords
- casualty falls to ground and lies rigid for some seconds
- congested, blue face and neck
- jerking, spasmodic muscle movement
- froth from mouth
- possible loss of bladder and bowel movement

Management:

During seizure

- do NOT try to restrain the person
- do NOT push anything in the mouth
- protect the person from obvious injury
- place something under the head and shoulders

After seizure

- place in recovery position
- manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation.

Phone an ambulance if seizure continues for more than 5 minutes.

USE OF AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

These arrangements relate to the use of the AED in the school should anyone suffer a sudden cardiac arrest, the emergency response procedure for using it and the maintenance of the equipment.

Sudden Cardiac Arrest is a condition that occurs when the electrical impulses of the human heart malfunction, causing a disturbance in the heart's electrical rhythm called ventricular fibrillation (VF). This is an erratic and ineffective electrical heart rhythm which causes complete cessation of the heart's normal function of pumping blood, resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short space of time of the onset of VF.

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims who are unconscious, without pulse and no signs of circulation or normal breathing. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator when to deliver a shock.

Training

Training on the use of an AED has been given to all First Aiders. However the type of AED held by the school has been chosen as a type that is suitable for any person to use. It will not apply an electric shock to a casualty unless it is appropriate. At every stage, the equipment talks to the user, instructing them in what to do. Whilst First Aiders have received additional training in the use of the AED this is not a pre-requisite and in the case of an emergency where no First Aider is available the AED may be used by untrained staff following the instructions given by the equipment. It is recommended First Aiders attend an annual refresher course.

Location

The AED will be located in the School office.

Emergency Response

- Standard first aider response.
- First Aider summons (or requests colleague) to summon an ambulance.
- First Aid and basic life support given by First Aider.
- First Aider attends and applies AED if waiting for ambulance to attend.
- Incident reported to the proper authorities.

Maintenance of AEDs

The equipment will be maintained in accordance with the manufacturer's instructions. Dawn Lewis will carry out monthly checks on the equipment.

The AED contains:

- Defibrillator with adult electrodes (pads)
- Paediatric electrodes (pads)
- 2 Rescue kits containing – scissors, razor, gloves

The AED requires charging every 2 years the same time as the electrodes.

Appendix 4: HEAD INJURY LETTER

LYNDHURST HOUSE SCHOOL

Date:.....

Dear

Your child bumped his head at school today. He was seen by a First Aider; however, it is essential to seek further medical advice if any of the following occur:-

1. Increasing drowsiness or loss of consciousness.
2. Persistent vomiting.
3. Difference in the size of the child's pupils.
4. Increasing headaches.
5. Blurring of vision or lights before the eyes.
6. Loss of movement of arm or leg.
7. Any other symptom you find worrying about your child.

Please keep us informed of his condition and do not hesitate to call if you have any concerns.

Yours sincerely,

Andrew Reid
Headmaster