



## **First Aid & Administration of Medication Policy**

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### **Aims:**

The aim of this policy is to set out guidelines for all staff in school in the administering of First Aid to children, employees or visitors. This policy shall be shared with all employees during their induction to ensure they are familiar with the school's first aid procedures.

### **What is first aid?**

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

### **First aid and medication**

At least one member of staff with current first aid training is on the premises at any one time. The first aid qualification includes first aid training for infants and young children.

The school currently has 5 emergency first aiders with valid certificates. Posters displaying the names of first aiders are on display around the school.

### **Our First Aid Kits:**

- Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2011;
- Include assorted plasters, disposable sterile triangular bandages, eye pads, medium-sized dressings, large-sized dressings, sterile cleansing wipes, nitrile powder-free gloves, first aid in an emergency booklet, safety pins, resusci aide, Tuff-Kut scissors, Burnshield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape and disposable tweezers;
- Are regularly checked. Reception staff and the DoS team are responsible for maintaining the kits in their individual rooms. The chef and kitchen staff are responsible to maintaining the kitchen kit. The school reception hosts one of three main first aid kits which is regularly checked and restocked by the first aid team on rotation. A second is kept in ADoS office in House B and is maintained by the named first aider in that room. The remaining kit is located in the kitchen. This are checked and restocked every three months. The kitchen kit also contains cling film (for burns), blue plasters (to be worn in the kitchen area);
- Are re-stocked as necessary;
- Are easily accessible to adults; and
- Are kept out of the reach of children.

### **Accident book:**

- Although there are 3 buildings on the school site, there is one main accident book on the school premises. This is kept safely in reception but accessible to first aiders.
- All serious accidents must be recorded in the book, on the same day, and then reported to a School Director in writing within 24 hours.
- All staff know where the accident book is kept and how to complete it.
- The accident book is reviewed every 3 months by a member of the first aid team to identify any potential or actual hazards. Our accident book keeps a record of any first-aid treatment given by first aiders and other members of staff. These accident books **MUST** be written in pen, completed on the same day of the incident, and include:
- The date, time and place of the incident.
- The name of the injured or ill person.
- Details of the injury or illness and first-aid given.
- What happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).

### **The information in the accident books can:**

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes. All completed accident books should be given to a School Director, who will store them for reference in future.

With consideration of the GDPR, parents of minors must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. The first-aider who treated the injury will inform a member of the marketing department or Accommodation Team who will contact the parent to inform them of what happened and recommended next steps. Staff must be aware of the General Data Protection Regulation and not allow parents to view personal information other than that relating to their child and must not allow parents to take photographs other than of their own child. It is not standard practice to give parents copies of the school's accident record. However, if a parent requests a copy of the accident form then this will need to be authorised by a member of the senior management team.

### **Administration of Medicines at Cavendish School**

#### **This applies to all pupils, including those who do not have an individual health care plan.**

Medicines will be safely stored at School Reception. A written record will be kept by the receptionist and stored on file in reception. This will include date, time, dosage and name of the member of staff who administers the medicine. One member of the administration team will take responsibility for this task on a daily on a rota basis to ensure that no pupil forgets to take their medication.

- Any parent can request that their child is given prescription medicine in school. Cavendish School will only accept medicine that has been prescribed by a GP or hospital doctor.
- If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which must be handed into a member of the office team before any medication can be administered.
- It is preferable that pupils take medicine at home, before or after the school day. Parents are encouraged to ask their GPs for medical prescriptions that fit around the school day.
- No pupil will be given medicine without the parental consent unless there is a clear and dire emergency and ambulance / emergency personnel are in attendance.
- Prescribed medicines must be in date, prescribed by a NHS doctor and provided in the original container with dosage instructions.
- At the end of the respective student's course the school will return all medicines in store to the parents via their child.
- The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs
- If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.

### **Arrangements for children who are competent to manage their own medicine in school**

A child who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing kit. The school will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with a School Director who has a duty to ensure the safety of all children and young people.

## Medical Emergencies at Cavendish School

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment. The child and the parents will be informed about the school's arrangements and there will be details in the plan if appropriate.

The school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans. The school will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

## Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

- HIV (Human Immunodeficiency Virus) may affect children or families attending the school. Staff may or may not be informed about it.
- Children or families are not excluded because of HIV status.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Health and Safety Coordinator and the First Aiders. Treatment of injuries Following an accident, a First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance. The First Aider should call an ambulance on the following occasions:
  - In the event of a significant injury or head injury
  - If bleeding cannot be controlled
  - In the event of a period of unconsciousness
  - Whenever a fracture or break is suspected
  - Whenever the first aider is unsure of the severity of the injuries

## Treatment of head injuries to children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book and parents informed of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to tell the DSL to inform the parent.

**Under no circumstances, should ICE PACKS be applied to head bumps.** It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment. Emergency First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. Parents should be contacted and the emergency services too. In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or school grounds) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

## Treatment of suspected breaks/fractures

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

- If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
- Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
- Once you've done this, call 999 or 111 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger.

Keep checking the casualty for signs of shock.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment.

### **Disposing of blood**

Blooded items should be disposed of in the sanitary bin in staff toilets.

### **Splinters**

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the main first aid box located in the school reception.

### **Ice Packs**

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach.

### **Guidance on the use of ice packs:**

Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 - 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack.

With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

### **Precautions when using ice and heat**

#### **DO NOT USE ICE OR HEAT**

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- Areas with known poor circulation
- In the presence of visible or known infection(s)

### **Asthma**

We have many children at Cavendish School with Asthma. All pumps are labelled and kept in the school office.

**In the event of an attack**, the child will use their inhaler.

All inhalers should accompany children when they are off the school grounds e.g. on a trip, excursion, etc.

**In the event of an asthma attack follow the T.I.M.E advice.**

**ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK**

## **Epi-Pens**

All Epi-Pens should be labelled and either kept in school office or with a group leader.

A member of staff will be identified as having had Anaphylaxis and Epi Pen training (Nathan Santangelo-Barber). These include group leaders, first aiders and the staff working with children who currently have an epi pen. Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered. From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

## **Minor Illness**

Cavendish School has a sickbay (top of House A) for up to two students with minor illness. In the case of ongoing minor illness or ailment, OLs or Group Leaders should call NHS Direct on 111.

## **Training**

A central record of all training related to first aid is held on staff file and reviewed annually to ensure that certificates are renewed within timescales. Refresher first aid training should be made yearly and pupils and staff must be made aware of who and where they can find one of the first-aiders.