



# BYRCHALL HIGH SCHOOL

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# First Aid Policy

(Including Administering Medicines to Children and Young People  
at Byrchall High School)

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	Date	Signed
Date Reviewed	March 2018	
Ratified by Governors		
Date of next Review		

# **Byrchall High School**

## **First Aid Policy (Including Administering Medicines to Children and Young People at Byrchall High School)**

### **1: First Aid Policy**

This policy outlines Byrchall High 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.

First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until the professional help from external agencies, like the paramedic service, arrives or the casualty can be given over to the care of a responsible adult who is entrusted with taking further medical advice where necessary.

Byrchall High School will provide First Aid such that all students attending our school have full access to learning, including those with medical needs. The school will endeavour to keep every student safe and comfortable whilst at school. If a student requires first aid the school will inform parents as appropriate.

### **2: Aims and Objectives**

#### **2.1 Aims**

- To identify the First Aid needs in line with, and comply with the Management of Health and Safety at Work Regulations (1992 and 1999), Control of Substances Hazardous to Health regulations (2002), The Equality Act (2010), The School Premises Regulations (England) (2012), The Children and Families Act (2014), Managing medicines on School Premises (2014), Guidance on First Aid in Schools (2014), and DFE guidance on Supporting pupils with Medical Conditions (2014).
- To make first aid provision based on the school's internal risk assessment processes.
- To ensure that First Aid is available at all times while students and staff are on school premises, and also off the school premises whilst on school trips and extra curricula activities.

#### **2.2 Objectives**

- To appoint the appropriate number of trained people as Appointed Person and First Aiders to meet the needs of the school.
- To provide relevant training and monitoring of the training needs of staff.
- To provide sufficient and appropriate resources and facilities.
- To make the school's First Aid and administering medicines arrangements available for staff and parents via the school website and staff network drive.
- To keep accident records and report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

### **3: Responsibilities**

**3.1 The Local Governing Body** are responsible for the health and safety of their employees and anyone else on the premises. This includes the Head and teaching staff, non-teaching staff, pupils and visitors (including contractors).

The Local Governing Body must ensure that a risk assessment of the School is undertaken and that the appropriate training and resources for First Aid arrangements are appropriate and in place. They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

Any complaints regarding First Aid or administering medications should be made by following the procedure for complaints as set out in the school's complaints policy, which can be found on the website.

**3.2 The Assistant Head Teacher: Inclusion and welfare** is responsible for putting the policy into practice and for developing detailed procedures in line management of the Appointed Person.

**3.3 Teachers and other staff** are expected to do all they can to secure the welfare and safety of the students, this will be secured by reading and understanding Individual Health Care Plans and Education Health Care Plans for SEN students, as identified by the SENCO, of the students they teach and take out of school on trips and extra curricula activities; by reading and understanding this policy; by referring any concerns they may have about the health of a student to the school's safeguarding team as set out on the pink cards issued to all members of staff every September and upon induction; and by enabling any child or young person who reports as feeling unwell to be assessed by a First Aider.

**3.4** It is the **parent / carer's responsibility** to send their child to school and to make decisions as to whether their child is fit enough to attend school or not. They must also inform the Appointed Person, of any changes in relation to their child's medical condition if and when changes occur. Parents / carers are asked to complete an information form on induction, including medical needs and contact numbers. Any changes to this information must be notified to the school immediately.

Where medication is supplied via the parent to the school for distribution at school, parents / carers have responsibility to note expiry dates and to ensure that all medication kept in school is within date. They must deal with the correct disposal and replenishment as necessary.

**3.5** It is **individual student's responsibility** that where possible, each person will manage their own indicators of health, ensuring that they report to an adult in school if they feel unwell and that where agreed, they manage their own medication; for example, reporting as appropriate to the First Aid room to measure bloods and take prescribed medication in the case of diabetes.

It is also the individual student's responsibility to report to parents / carers if they have felt, or become unwell or suffered minor injuries in the course of the school day, unless otherwise indicated on the policy.

**3.6 The First Aider** will notify parents / carers if their child is so unwell that they require immediate collection from school. Students are not permitted to make this decision – they must not phone or text parents / carers and request to be collected. If a student is unwell they must attend the First Aid room or student services offices.

First Aiders in school cannot diagnose medical conditions. They are trained to assess whether or not a child or young person is fit enough to attend lessons. If this is deemed not to be so, it is the parent / carer's responsibility to take over immediate care of the student.

The appointed person will be known as The First Aider, she is Mrs Diane Worrall, and she will have undertaken emergency first aid training. She will:

- Assess children and young people who present as feeling unwell and take appropriate action, which shall be recorded on SIMs for tracking of such occasions.
- Take charge when someone is injured or becomes ill.
- Look after the first aid equipment e.g. restocking the first aid boxes.
- Check the details of infectious diseases to see if it is appropriate for a sick child to come in to school.

The First Aider must have completed and keep up-dated, a training course approved by HSE. She will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

**Casualties with suspected fractures to back, or neck injuries must not be moved unless the nurse or ambulance personnel are present.**

- When necessary, ensure that an ambulance or other professional medical help is called.
- Normal duties. A first aider must be able to leave to go immediately to an emergency. Other trained personnel will be available on occasion should an emergency arise. These are Mrs L O'Halloran, Mrs L Robinson-Prescott and Mrs S Stephenson.

All First Aiders hold a valid certificate of competence, issued by an organisation approved by HSE. Other named staff, hold a 1 day first aid certificate especially designed for schools, called First Aid at Work. A list of named staff can be found on the door in the First Aid room.

## **4: Procedures**

### **4.1 Risk Assessment**

Reviews are required to be carried out at least annually. Recommendations on measures needed to prevent or control identified risks are forwarded to the Local Governing Body or the Senior Leadership Team.

### **4.2 Re-assessment of First Aid provision**

As part of the School's monitoring and evaluation procedures:

- The Business Manager shall ensure review of the School's First Aid needs following any changes to staff, building / site, and activities, off-site facilitate, etc.
- The Business Managers monitor the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
- The Business Manager also monitors the emergency first aid training received by other staff and organises appropriate training.
- The First Aid Officer checks the contents of the first-aid boxes termly.

### **4.3 Risk assessment**

The school is low-risk environment, but SLT will consider the needs of specific times, places and activities in deciding on First Aid provision.

Arrangements should be made to ensure that the required level of cover of first aiders is available at all times when people are on school premises.

### **4.4 First Aid equipment**

The First Aid Officer must ensure that the appropriate number of first-aid containers, according to the risk assessment of the site, are available.

All first-aid containers must be marked with a white cross on a green background.

The school minibus must carry a First Aid container.

First-aid containers must accompany PE teachers and any staff leading school related activities off-site. A defibrillator is situated on site, near student services and staff have been appropriately trained in the use of this item.

Spare stock should be kept in school.

Yellow SHARPS boxes are kept, clearly labelled, for individual students for safe disposal of needles and other sharps.

Responsibility for checking and re-stocking the first-aid containers is that of the First Aid Officer.

## **5: Medication – Supervision and Administration**

### **5.1 Arrangements for administering medicines**

Students are not encouraged to take medication in school. In the main, the need to do so will be recorded on specific Individual Health Care Plans, which are updated regularly by parents / carers, the health services and school. In this way, the school will supervise the administration of medication for students who have long term medical needs. This includes children and young people with asthma, epilepsy, diabetes, those taking medication for ADHD, severe allergies and other such conditions that have been diagnosed and are monitored by health professionals.

If students have short term medical conditions where medication is required to be taken during the school day, the parent / carer must complete a request for medicine to be administered form. This is form 3 or 7 depending on the condition.

It is the parent / carer's responsibility to ensure that the medication arrives at school, is within the required expiry date and is sufficient to cover the short term period as noted on the form. All medication brought into school must be clearly labelled with the student's name, dosage and frequency of administration, date of dispensing, cautionary advice and expiry date.

All medication will be kept in a locked cabinet in the First Aid office and will be filed in the correct place for easy and swift access. The only medication that a student (aged under 16) is permitted to have with them are asthma inhalers and EpiPen as prescribed on their Individual Health Care Plans. A spare key is available, should it be needed, in the First Aid room clearly labelled.

## **5.2 Administering paracetamol**

The First Aider is permitted to administer paracetamol on the event of a minor medical ailment, IF a parent / carer has previously given written permission to do so or agrees in a telephone conversation that this is ok.

Paracetamol will never be administered before 11am in order to control dosage, unless the parent confirms by that day contact that the student has not taken a dosage already before the start of the school day.

## **5.3 Sun protection**

We recommend that parents / carers supply their children with sun screen of an appropriate factor for the weather on any particular day.

Indoor areas are available at unstructured times should children need them.

Water fountains are located around the school and drinks are available for purchase from the above areas at break and lunch time.

The First Aid room should not be used as an area where water bottles can be filled.

## **6: Accommodation**

The First Aid room is used for assessment of students who are injured or who report that they feel unwell, and does contain a sink.

## **7: Hygiene / Infection Control**

Basic hygiene procedures must be followed by First Aiders. Single issue disposable gloves must be worn when treatment involves blood or other bodily fluids. Care should be taken when disposing of dressings or equipment.

There are special yellow boxes for the disposal of needles, for students with disorders such as diabetes who self-administer medicines under the supervision of the First Aider.

## **8: Accidents / Injuries and Illnesses**

### **8.1 Reporting accidents**

Statutory requirements are followed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. For definitions, see HSC/E guidance on RIDDOR 2013 and information on Reporting School Accidents.

The Business Manager is responsible for investigating and ensuring that the RIDDOR Form is completed.

The Local Governing Body must ensure that the school keeps a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

### **8.2 Identification and treatment of pupils with particular medical conditions**

Parents complete an intake form when registering their child. The original is kept in the pupil's file.

Any regular medicines are named and kept with Mrs D Worrall. They are stored in a locked First Aid cupboard with the exception of antibiotics and some diabetic medication, which are stored in the fridge. Details of medicines dispensed are kept in a separate book.

Currently the specific medical conditions, for which medication might be administered in school, are asthma, diabetes and anaphylactic shock. It is important that prescribed inhalers for asthmatics are kept in the pockets of students to whom they are prescribed so that they can be self-administered. Spare inhalers are kept in a first aid bag in the school office. This is also true of prescribed Epipens, which must be checked regularly to ensure they are up to date. There is a spare Epipen for emergency use in the First Aid room.

Further information on Medical Conditions can be found in the medical list which is shared with staff regularly and on student's individual SIMs records.

### **8.3 Record keeping**

Statutory accident records: The governors must ensure that the school keeps readily accessible accident records, written or electronic, are kept for a minimum of three years.

The Assistant Head Teacher, inclusion and welfare must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons on SIMS.

The Local Governing Body must ensure that the school has in place procedures for ensuring that parents are informed of significant incidents.

## **9. Medical Conditions**

**9.1** In the case of having a **long term medical condition** such as 9.3 - 9.6, detailed below, each student must have an Individual Health Care Plan, and where indicated, carry their own medication, with spares given into the care of the Appointed Person. All medication that is located in the First Aid room will be in a lockable cupboard along with a copy of their Individual Health Care Plan, in clearly labelled trays for each student named.

For students with an Individual Health Care Plan, who attend a planned trip out of school, their medication will be placed in a plastic wallet along with a copy of their care plan. The wallet will be issued to the designated First Aider for that trip, and they will be in charge of this medication at all times. They will also be responsible for returning the wallet to the Appointed Person once the trip is over, together with the details noted when administering the medication or any other comments relating to the child's condition as detailed by the care plan.

### **9.2 Informing parents / carers**

**9.2a Parents / carers will not be informed** if the student has a minor complaint:

- Cuts and grazes that do not require professional attention.
- A sprain / strain to ligaments / muscles where the student confirms that the initially reported pain has stopped and physical movement is not visibly hampered.
- A head ache that goes away.
- If prior permission has been given for administering paracetamol as set out in section 5.2.

Students in our school are expected to take responsibility for their health and are therefore expected to inform parent / carer of any minor injury / illness that has occurred during the school day.

**9.2b Parent / carers will always be contacted**, or the secondary contacts supplied on SIMs will be contacted, and every effort made to speak with them personally should a student:

- Need to attend hospital.
- If an ambulance is called.
- Has a suspected contagious rash.
- Has been stung / bitten by an insect or animal.
- Has an injury to the head of any kind.
- Appear to be unfit to continue their day at school.
- Who has an existing health care plan in place and is feeling unwell.

#### **Actual Conditions:**

### **9.3 ASTHMA**

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breathe. An asthmatic attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, deodorant, paint and fumes for science experiments. Animals such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

Students are asked to have their inhalers with them at all times especially when they are doing PE, attending the Vocational Centre, in Science or Technology, and when they are on trips out of school. A spare inhaler clearly labelled with the student's name, dosage / frequency of expected need, date of dispensing, cautionary advice and expiry date, should be made available by parents / carers to be kept in the First Aid room in case of individual need.

Parents are responsible for ensuring that the inhaler medication is renewed well before the expiry date.

#### WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

1. Keep calm – it is treatable.
2. Let the child sit down: do not make him lie down.
3. Let the child take his usual treatment – normally a blue inhaler.
4. Call First Aid.

If the child has forgotten their inhaler and there is not a spare one in the office summon a parent or guardian to bring one in from home.

5. Wait 5 to 10 minutes.
6. If the symptoms disappear, the child can go back to what he was doing.
7. If the symptoms have improved but not completely disappeared, summon a parent or guardian and give another dose of the inhaler while waiting for them to arrive.
8. If the normal medication has no effect, follow the guidelines for 'severe asthma attack'.

#### **SEVERE ASTHMA ATTACK**

A severe asthma attack is:

When normal medication does not work at all.

The child is breathless enough to have difficulty in talking normally.

1. Call an ambulance.

2. The Appointed Person or a member of the office or teaching staff will inform a parent/ carer.
3. Keep trying with the usual reliever inhaler, and do not worry about possible over dosing.
4. Fill in an accident form.

## **IF IN DOUBT TREAT AS A SEVERE ATTACK**

### **9.4 EPILEPSY**

Epilepsy is a tendency to have seizures (convulsions or fits).

There are many different types of seizures; however a person's first seizure is not always diagnostic of epilepsy.

#### WHAT TO DO IF A CHILD HAS A SEIZURE

1. **DO NOT PANIC.** Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course.
3. Do not try and restrain convulsive movements.
4. Do not put anything in the child's mouth, especially your fingers.
5. Do not give anything to eat or drink.
6. Loosen tight clothing especially around the neck.
7. Do not leave the child alone.
8. Remove all students from the area and send a responsible pupil to the school office for assistance.
9. If the child is not a known epileptic, an ambulance should be called.
10. If the child requires medication to be given whilst having the seizure, the Appointed Person or a member of staff trained to give the medication must do it.
11. As soon as possible put the child in the recovery position.

Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.

12. The person caring for the child during the seizure should inform the parent / carer as they may need to go home, and if not a known epileptic they must be advised to seek medical advice.

### **9.5 ANAPHYLACTIC SHOCK**

#### Anaphylaxis

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cows milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets).

In its most severe form the condition is life threatening.

Students should have their own Epipen with them at all times, and a spare. Epipens should be made available by the parents to the First Aid room.

All First Aiders are given annual training from the school nurse on how to administer the Epipen. All staff are also required to attend such training as a whole school event when it is organised by SLT. This training should be logged and reflected on using Blue Sky.

#### Symptoms

Itching or strange metallic taste in mouth.

Hives / skin rash anywhere on the body, causing intense itching

Angioedema – swelling of the lips / eyes / face

Swelling of throat and tongue – causing breathing difficulties / coughing / choking  
Abdominal cramps and vomiting  
Low blood pressure – child will become pale and floppy  
Collapse and unconsciousness

Not all these symptoms need to be present at the same time.

#### First Aid Treatment

Oral antihistamines  
Injectable adrenalin (Epipen)

#### WHAT TO DO IN THE EVENT OF ANAPHYLACTIC REACTION

1. DO NOT PANIC.
2. Stay with the child at all times and send someone to the school office / First Aid room.
3. Treat the child according to their own protocol which will be found with their allergy kit. IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG.
4. Contact the parent or guardian.
5. If you have summoned an ambulance fill in the allergic reaction report and the First Aid Log and get it to the ambulance crew with the used Epipen.

#### **9.6 DIABETES MELLITUS**

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

#### WHAT TO DO IN THE EVENT OF A HYPOGLYCAEMIC ATTACK (LOW BLOOD SUGAR LEVELS)

1. DO NOT PANIC
2. Notify First Aid
3. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.
4. Get the child to First Aid to test the blood sugar level.
5. Notify the parent or guardian.
6. If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately.

#### HYPERGLYCAEMIA (TOO MUCH SUGAR IN THE BLOOD)

This condition takes a while to build up and you are less likely to see it in the emergency situation at school.

#### **9.7 Emergency injury or illness**

An ambulance will be called after any accident / incident if the First Aider in charge or the school nurse, deems it necessary to have immediate medical intervention.

In the event this is deemed necessary the parent / carer will be contacted after the ambulance has been called. A member of staff will always travel in the ambulance to the accident and emergency department if the parent / carer is unavailable at the time of departure. In this event the member of staff should take a 'Student Details' sheet printed out from SIMs so that the relevant and up to date information can be given at hospital. They should also ensure that a second member of staff knows that they have gone and arrangements for returning to school or home have been made.

#### **EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE**

1. Dial 999.
2. Ambulance required at:  
Byrchall High School  
Warrington Road  
Ashton In Makerfield  
Wigan  
WN4 9PQ
3. Give brief details of accident or incident and the consequent injury or problem.  
Give details of any treatment that has or is being administered.
4. Inform them that there is a car park and a back gate entrance, and direct them as required.
5. Notify the nearest SLT member immediately.
6. Ensure that a person is available to meet the ambulance and take the personnel to the place where the person for who the ambulance was called is situated.

### **9.8 Cuts and grazes**

All First Aiders will use latex-free surgical gloves when treating any or potential open wound. Wounds will be cleaned after with water and / alcohol-free surgical wipes.

If plasters, adhesive dressings or gauze bandages are used, students who are judged competent to answer will be asked whether they are allergic to plasters before administration. In the case that a student is not judged competent to answer this question, parents / carers will be contacted before the plaster or such item is administered, and if necessary the parent / carer will be advised to attend the school immediately to administer it.

### **9.9 Head injuries**

Any student who reports a blow to the head will be asked the following set of questions:

- How did it happen?
- When did it happen?
- Where did it happen?
- How do you feel?

The student will be monitored in the First Aid room for 20 minutes minimum for any signs of concussion.

If the injury is minor the student will return to normal lessons with a 'head injury note' advising that the student is returned to the First Aid room if any of the following signs or symptoms are reported by the student or observed by a member of staff. Students themselves are told to come back to the First Aid room if they start to feel faint, dizzy or sick.

Parent/carers will be informed if a head injury is suspected. If there are further concerns in school, parent / carers will be contacted to come and collect their child immediately. At this point, advice will be given to the parent / carer to seek further professional medical advice.

