

## ABBHEY SCHOOL

### HEALTH AND SAFETY PART II: FIRST AID, MEDICINES AND MEDICAL PROVISION FOR PUPILS WITH SPECIAL MEDICAL REQUIREMENTS

It is the School's policy to ensure that appropriate first aid arrangements are in place for our staff, girls and any visitors to our premises. This includes providing sufficiently trained staff (based on our risk assessment for provision of cover) and maintaining an adequate supply of first aid equipment. It also involves providing enough information to staff to enable first aid assistance to be sought during normal working hours. Where work is regularly undertaken outside these hours, then adequate first aid cover will be provided.

#### First Aid

1. The Health and Safety (First Aid) Regulations 1981 require employers to determine the number of people qualified to give First Aid required by the employer, having regard to the size of the employer's organisation or business.
2. The Regulations specify two different types of First Aid providers, as follows:
  - a) "First Aiders": these are persons who have been trained to give First Aid and have received a certificate to that effect. Such persons should either have attended a course approved by the Health and Safety Executive, or be a person, such as a nurse, who has been trained and received the necessary qualification; First-aiders are responsible for:
    - responding promptly to all requests for assistance
    - summoning further help if necessary
    - looking after the casualty until recovery has taken place or further medical assistance has arrived
    - reporting details of any treatment provided (for further investigation if necessary)
    - looking after the first aid equipment and ensuring that containers are re-stocked when necessary.
  - b) "appointed persons": such persons may give First Aid in the absence of a First Aider. Appointed persons are responsible for:
    - in the absence of a first-aider, taking charge when a person has been injured or falls ill
    - summoning further help if necessary
    - calling an ambulance where necessary
    - reporting details of any treatment provided (for further investigation if necessary)
    - looking after the first aid equipment and ensuring that containers are re-stocked when necessary.
3. First Aiders and appointed persons will be allocated to an activity or area in accordance with the level of risk of such activity or area. The scale of risks used for risk assessment purposes at the School, and the scale on which First Aiders and appointed persons will be allocated, is as follows:

<i>Level of Risk</i>	<i>Number of First Aiders or Appointed Persons</i>
a) Low risk	1 First Aider per 50 – 100 persons.
b) Medium risk	1 First Aider per 20 – 100 persons.
c) High risk	1 appointed person for every 20 persons, plus 1 First Aider if there are more than 20 persons.
d) High risk and dangerous equipment or machinery is being used	1 appointed person for every 5 persons, plus 1 First Aider if there are more than 5 persons.

4. In accordance with the above scale, the allocation of First Aiders and appointed persons at the School to specific activities or areas is normally as follows:

<i>Area/Activity</i>	<i>Level of Risk</i>	<i>Number of First Aiders</i>	<i>Number of Appt'd Persons</i>
a) PE	High	1	1
b) Science	High	1	1
c) Art /Design Tech	Medium	1	0
d) CDT	Medium	1	0
f) Grounds	Medium	1	0
g) Trips & Outings	Medium	1	0
	<b>Totals:</b>	<b>6</b>	<b>2</b>

However, presently the actual number of trained Paediatric First Aiders in the school is **20** and the actual number of member of staff holding the First Aid at Work qualification is **4**, so in reality it is a case of **first adult on hand to deal with any First Aid requirement.**

5. The School shall have three “First Aid stations”, as follows:

- a) the outside classroom,
- b) the medical room (the Green Room)
- c) the corridor outside School Hall

6. There shall be no fewer than four portable First Aid kits, allocated as follows:

- a) one for the use of the Games Department;
- b) one for the use of the Nursery department;
- c) one for use on trips and outings;
- d) one for the use of the playground staff;

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7. The Head of Health and Safety shall be responsible for ensuring that the medical supplies in the First Aid stations in paragraph 5, and the First Aid kits at paragraph 6 are maintained, and that depleted or out of date items are replaced when necessary.
8. Medical supplies that may be needed for the treatment of pupils with special medical requirements (such as antihistamines and EpiPen for anaphylactic shock; glucose, chocolate and drinks for the treatment of diabetes; inhalers and volumatics for the treatment of asthma) are to be kept as follows:
  - a) In the main office for all tablets and liquid medication;
  - b) Any medication for the treatment of infant pupils with special medical requirements (EpiPens, inhalers, diabetes treatment) is to be kept in a marked box in the appropriate classroom, with the medication labelled with the name of the pupil for whom it is being kept. The box must accompany the relevant teacher or, in the absence of the Classroom Assistant, if the class is to be away from its classroom for one lesson or longer;
  - c) for Junior pupils with special medical requirements are to carry an initial supply of any medication relevant to such medical requirements.
9. The First Aid station supplies and First Aid kits are to be checked once a month, and any depleted or out of date items are to be ordered by the Head of Health and Safety.

### **Special Medical Requirements: Asthma, Diabetes and Allergies (and see Anaphylactic Shock, below)**

10. Each pupil is to have a pupil information form (copy at Appendix 11) completed by their parents, who should include details of any special medical conditions or requirements, such as asthma, diabetes or allergies, in the space provided on the form, or on an attached continuation sheet if necessary.
11. If a pupil is known to suffer from asthma, diabetes or an allergy, the school administrator will get in touch with the parents of the pupil concerned to arrange for appropriate medication to be kept at School.
12. The member of staff in charge of a School trip must ensure, when completing the risk assessment for the trip, that they are aware of any pupil with special medical requirements, and that a supply of any medication appropriate to such requirements is taken on the trip. The member of staff in charge should, in addition, refer to the School Secretary when completing the risk assessment for the trip to ensure that the information held on any pupil identified as having special medical requirements is up-to-date.

### **Health Care Plans**

13. The School Secretary (or, in the absence of the School Secretary, another member of staff designated by her for the purpose) will send a health care plan to the parents of a pupil with special medical requirements. Examples of health care plans for
  - a) anaphylactic shock;
  - b) epilepsy or panic attacks;

- c) diabetes;
- d) joint hypermobility and
- e) sickle cell disorder

are at Appendices 13 to 17.

14. Completed health care plans should be returned to the School Secretary and will be retained by her. Copies will be distributed as follows:
  - a) one copy to each relevant member of the teaching staff (to be kept in the mark book);
  - b) one copy to each First Aider (to be kept in the mark book or, for non-teaching staff, in a file or folder provided for this purpose);
  - c) one copy to be kept with the information form for the pupil concerned;
  - d) one copy to be kept in the Staff Room.
15. A photograph of each pupil with a health care plan, marked with the name of the pupil concerned and accompanied by brief details of the pupil's special medical requirements and/or diagnosis, is to be displayed on the medical notice board in the Staff Room.
16. The following items should be stored by or near the Staff Room medical notice board:
  - a) a ring binder with copies of all pupil health care plans;
  - b) green box with supplies of medication for anaphylaxis (eg antihistamines and EpiPen);
  - c) green box with supplies of medication for diabetics (eg glucose, chocolate, drinks);
  - d) green box with supplies of medication for asthma (eg spare inhalers, volumatics).
17. The medical supplies mentioned in the preceding paragraph are to be extra to whatever medication may be kept in Preps I to III, or may be kept by pupils on their persons, as set out in paragraph 12 above.

## Treatment of minor complaints; procedure for giving paracetamol

18. Minor complaints (such as headache or period pain) will be treated in accordance with the relevant provisions of the School Rules and Regulations (see Medicines and Medical Needs: Standard Procedures).
19. Paracetamol may only be administered by a designated First Aider.
20. The member of staff concerned should proceed as follows:
  - a) ensure that paracetamol is necessary (see the succeeding paragraph);
  - b) find out from the pupil whether she has had any paracetamol within the last six hours (Calpol, Panadol, Anadin, Lemsip and other widely used products all contain paracetamol, and paracetamol should not be given if any such medicines have been given to the pupil within the last six hours);
  - c) check whether the pupil's parents have given instructions that paracetamol is not to be given;
  - d) check the pupil's name and date of birth;
  - e) check the expiry date on the paracetamol container label, and follow the instructions;
  - f) complete the record of medication administered in School form (copy at Appendix 19).
21. Paracetamol is not always necessary. Headaches may be caused by dehydration (which causes temporary shrinkage of tissues in the head, leading to pain), or by low blood sugar (or both; low blood sugar creates hormonal changes in the blood, causing blood vessel constriction, leading to pain in the head). The member of staff concerned should ensure that the pupil has eaten a decent breakfast or lunch, and has had a reasonable amount of water.
  - a) Paracetamol is used to relieve occasional bouts of mild pain, and to reduce a fever. It is one of the most widely used analgesics, and is one of the safest when taken correctly. It does not usually irritate the stomach, and allergic reactions to it are rare. However, an overdose can cause severe and possibly fatal liver or kidney damage.
  - b) The frequency with which paracetamol may be given, and its effects, are as follows:

Frequency and timing of doses	Every 4 to 6 hours as necessary, but no more than four doses in every 24 hours for children aged 6 to 12 (NB paracetamol is not given to pupils less than 6 years old).
Dosage	250 to 500 mg per dose for children aged 6 to 12 years. 500 to 1000 mg per dose for adults.
Onset of effect	Within 15 to 60 minutes.
Duration of effect	Up to 6 hours.

## Anaphylactic Shock

22. Anaphylactic shock is the name given to a major allergic reaction within the body. It is a serious, potentially fatal condition that may develop in a susceptible person within a few seconds or minutes following the ingestion of an allergy-causing food (such as nuts) or other agent (such as an insect sting).
23. In the allergic reaction, chemicals are released into the blood that dilate the blood vessels and constrict air passages. Blood pressure falls dramatically and breathing is impeded. The face and neck may swell, increasing the risk of suffocation. The amount of oxygen reaching the vital organs (heart, brain and lungs) is significantly reduced. A person suffering from anaphylactic shock urgently needs oxygen and a life-saving injection of adrenaline. Without an EpiPen, First Aid is limited to assisting breathing and minimising shock until specialist help arrives.
24. Symptoms, which usually occur within minutes of exposure to the causative agent, may include the following:
- a) anxiety;
  - b) widespread red, blotchy skin eruptions;
  - c) swelling of the face and neck;
  - d) puffiness around the eyes;
  - e) impaired breathing, ranging from a tight chest to severe difficulty – the person may wheeze and gasp for air;
  - f) a rapid pulse;
  - g) itching, or a strange, metallic taste in the mouth;
  - h) swelling of the throat and tongue;
  - i) difficulty in swallowing;
  - j) generalised flushing of the skin;
  - k) abdominal cramps and nausea;
  - l) sudden feeling of weakness or floppiness;
  - m) a “sense of doom”;
  - n) collapse and unconsciousness.

Not all of the above symptoms may be present at the same time.

25. If the pupil becomes unconscious proceed as follows:
- a) open the airway;
  - b) check breathing and pulse;
  - c) be prepared to resuscitate if necessary;
  - d) call an ambulance (if one has not been called already);
  - e) lie the pupil down with legs elevated – if there are signs that the pupil may be sick, lay her on her side;
  - f) loosen any tight clothing about the neck and waist.
26. The EpiPen is designed to be used easily by people who do not have medical training. The auto-injector should simply be pushed against the outside of the thigh (not the buttocks). When this is done, a spring-activated plunger is released and this pushes the hidden needle into the thigh muscle and administers a dose of adrenaline. If an EpiPen is to be used proceed as follows:

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- a) pull of the grey safety cap;
- b) hold the auto-injector and place the black tip on the thigh and at right angles to it;
- c) press hard into the thigh until the auto-injector mechanism works and hold the device in place for 10 seconds;
- d) massage the injection site for 10 seconds;
- e) keep the pupil lying down with legs elevated;
- f) talk to the pupil calmly and quietly and reassure her while waiting for the ambulance to arrive;
- g) some liquid will remain in the EpiPen after use, but it cannot be used again.

### **Injuries, Ailments and Infections Notified to Pupils' Parents**

27. The School will usually notify pupils' parents, in writing, of the following injuries, ailments or infections:

- a) a blow to the head;
- b) threadworms;
- c) meningococcal disease;
- d) chickenpox;
- e) head lice;
- f) impetigo;
- g) "slapped cheek" (Erythema Infectiosum);
- h) Molluscum Contagiosum.

Copies of the standard letters to parents giving notice of (a) to (h) above are at Appendices 20 to 27.

### **First Aiders**

28. There is always at least 1 fully qualified First Aider on site at all times.

Training for First Aiders is renewed at least every three years with intermittent refresher courses as required.

### **Procedure For Treatment**

29. The following are general first aid related procedures to be followed by all staff:

- if you are aware that a staff member or pupil has been taken ill, or has had an accident, call either Fleur Greinig or a member of the SMT for assistance. The School Administrator will monitor such calls for assistance
- no staff member should use their private car to transport a casualty to hospital. A parent should take the child unless an ambulance is called
- look after the casualty until recovery has taken place or further medical assistance has arrived
- report details of any treatment provided in the accident book or casualty report forms (for further investigation if necessary)
- ensure that first-aid containers are re-stocked when necessary
- if you need to access a first aid kit for personal use, do not remove it from its designated place
- any loss or damage to first aid equipment must be reported to the School Secretary
- if a first aid kit is poorly stocked, this should be reported to the School Secretary

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- all teachers on school-trips are expected to carry a first aid kit with them at all times. They are responsible for its safe-keeping and to keep it adequately stocked.

### Procedure For Summoning an Ambulance

30. Should an ambulance be required;

- the first aider in charge of treating the casualty should dial 999.
- If there is no access to a phone then the school administrative staff should be tasked to do this (having been given the relevant casualty information)
- the School Secretary should be made aware of the need for an ambulance.
- a member of the SMT should then be informed to meet the ambulance staff and escort them directly to the casualty.

31. Dealing with visitors

It is our policy to offer first aid assistance to visitors to our premises. Should a visitor feel unwell or have an accident, then the staff member supervising their visit should call for a first-aider / appointed person. If the visitor has had an accident, the School Secretary is responsible for ensuring that an entry is made in the accident book/form.

32. Dealing with members of staff

Members of staff who are ill or become unwell will be afforded the same care as any pupil or visitor and will be treated by a first-aider. Staff requiring regular medication in school, must disclose this to the Acting Head and make arrangements for such medication to be stored safely by being locked in the greenroom locked medicine cupboard, away from children.

33. Key Policies

Key policies to be read in conjunction with this policy are:

- **“Abbey School - RIDDOR Policy”** – for advice on RIDDOR procedures and accident investigation
- **“Abbey School - Biohazard Spill Policy”** – for advice on decreasing the risk of exposure to blood-borne and body fluid pathogens
- **“Abbey School - Defibrillator Policy”** – for advice on how the defibrillator is deployed at Abbey School.

33. Information for employees

We acknowledge that first aid arrangements will only operate efficiently where they are understood, both by staff members and others who may be working on our premises. These include part-time and temporary staff. For this reason, information on how to summon first aid is provided for all new staff. This and further information is also included in our staff handbook. Information on the current first-aider / appointed person will be provided on staff notice boards.