



## **DITCHAM PARK SCHOOL**

### **FIRST AID & SUPPORTING PUPILS WITH MEDICAL NEEDS**

Parents or guardians have prime responsibility for their child's health and should provide the school with information about their child's medical condition and treatment or special care needed at school. Children should not attend school if they are acutely unwell.

The school has a duty of care to look after children with a known medical condition or who become ill or have an accident during school hours.

Staff who provide support for pupils with medical needs, or who volunteer to administer medication, must have support from the head and parents, access to information and training, and reassurance about their legal liability.

Teachers and other staff are expected to use 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.

#### **First Aid**

The school has a number of fully trained First Aiders who hold a First Aid at Work Certificate (3 day course renewed every 3 years). They are located in key areas of the school where the highest levels of risk have been identified and also where they are most accessible namely: school office, PE Department, Design & Technology/Art Departments, Science Laboratories and Estate Department. In addition every Junior School Class Teacher has attended a one day First Aid course run by the Red Cross to be an "Appointed Person" and the Reception Class Teacher and Teaching Assistant both hold a Pediatric First Aid Certificate.

The school has a fully equipped First Aid Room and an emergency 'crash bag' is held in the school office. First Aid kits are also held in the kitchen, PE Department, Art and DT Department, Science Laboratories, Estate Workshop and in the History Room on the top floor of the main school building.

It is the responsibility of the First Aid staff in the specified locations to ensure that First Aid kits are kept up-to-date.

First Aid is part of the risk assessment for school outings and on all outings there is always at least one member of staff with a good working knowledge of First Aid, and a First Aid kit is taken on every trip. In the Junior School, staff will be responsible for children's medication for the duration of any visit. On

adventurous activities, visits abroad or residential visits, the school endeavors to ensure that there is always at least one fully trained First Aider. In addition, a medical questionnaire seeking details of known conditions, medication required, allergies (including food) and permission for emergency treatment is completed prior to such trips.

During school holidays there is always a fully trained First Aider on site and when matches or other activities take place after school or in the evening, First Aid cover is normally available through the PE, Estate or office staff.

### **Illness or Accident at School**

Senior school children who become ill at school must report to the school office and seek permission to go to the Sick Bay if it seems likely that they will recover after a short rest, otherwise the office will ask parents to collect them. Pupils must ensure that the member of staff whose lesson they are missing is aware of their absence. Pupils who remain in Sick Bay for an extended period will be monitored by office staff.

Junior school children who become ill at school must report to the school office accompanied by a member of staff or another pupil in order to seek permission to go to the Sick Bay. The office staff will consult with the class teacher before parents are asked to collect the child.

Under no circumstances are pupils permitted to telephone their parents themselves and ask to be collected.

In the event of an accident or other emergency, First Aid staff will administer first aid and if necessary call an ambulance. In the event that a pupil is taken to hospital by ambulance, they should be accompanied by a member of staff who should remain until the pupil's parent or guardian arrives.

The school keeps a record of all but the most minor accidents in the Sick Bay. Any major accidents must be reported to the HSE by the Head Teacher.

### **Head Injuries (This includes injuries to the face)**

**Anyone sustaining a head injury is assessed immediately by a fully trained First Aider.**

If they are displaying any serious signs or symptoms of concern, an ambulance will be called and parents/relatives informed. For all other minor head injuries where the injured person is fully conscious and has a good level of response, the injury is treated as appropriate and they are monitored in the First Aid Room for a short period. At this point parents are contacted by telephone and informed. Parents are told the details of the injury and the assessment made by the First Aider. Parents are offered the opportunity to come to school and collect their child should they have concerns, even if the First Aider has assessed that the pupil is fine to continue in school. During this conversation the pupil's timetable for the rest of the day will be discussed with particular reference to PE and Games and playtimes later in the day should

the pupil be staying at the school. If at this point the parents cannot be contacted, the pupil will remain with the First Aider until contact is made.

If a **Head Injury Sticker** is issued to the pupil, parents are also contacted and made aware of the severity of the injury. Should the pupil remain in school for the remainder of the day, other staff teaching that pupil or on duty should be informed of the head injury so that there is an awareness of the initial injury and that if this pupil displayed any symptoms of concussion or encountered a second head bump, they would be immediately sent to the First Aider in the office for appropriate action, following the same procedure outlined above.

Following an incident of concussion, on return to school, the parents of the pupil must clearly identify to the school in writing, any possible restrictions on their child's involvement within the normal school timetable and activities, especially PE, Games or playtimes.

All head injuries should be reported to our DSL (Designated Safeguarding Lead) via CPOMS

#### Body Fluids/Spillages

In order to control the spread of infection, body fluid spillage kits are kept in the First Aid Room, Junior School classrooms and Estate store room. All staff wear gloves when dealing with spillages.

#### Administering Medication

##### Non-Prescription Medication

Pupils will sometimes ask for pain killers (analgesics) at school, such as paracetamol. School staff may not give non-prescribed medication to pupils without the written consent of the parents/guardians. They may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. **A child under-16 should never be given aspirin.**

If a pupil suffers regularly from acute pain, such as migraine, the parents should authorize and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication. A member of staff should supervise the medication and notify the parents, in writing, on the day painkillers are taken.

##### Prescription Medication

Sometimes a child returns to school after an illness but continues to need medication. In this case the medicine brought to school must be in the prescription packaging showing the child's name, dosage and the dispenser's name. All such medicines must be brought to the school office in the first instance, who will pass them on to the class teacher concerned. The school reserves the right to refuse to administer any medicines which are not presented in the correct packaging in which case the parents will be asked to take the child home.

Other pupils may have to regularly take medicines to control a specific chronic condition such as epilepsy, diabetes, asthma or anaphylaxis. In such cases the school encourages pupils who can be trusted to do so to manage their own medication from a relatively early age. If pupils can take their medicine themselves, staff only need to supervise this. If parents wish the school to administer medication for their children, they must complete and sign a consent form (sample attached).

### **Children with Known Chronic Medical Conditions**

Parents of children who have a specific medical condition that needs regular medication or one which may require the emergency administering of specific medication, are asked to complete a Healthcare Plan in conjunction with the school (sample attached) either prior to the child being admitted to the school, or, if the child is already in attendance, as soon as the condition becomes known. This will be reviewed annually or whenever there is any change in the child's condition.

If pupils with a chronic condition refuse to carry their emergency medication on them, the school may refuse to accept them on to the premises and will inform their parents as a matter of urgency. If a child with a chronic condition suffers an attack in school and does not have their emergency medication with them, the school cannot administer another child's medication, even if it is the same, as this is illegal. In such cases staff will do all they can to alleviate the symptoms and will call the emergency services. If a pupil refuses to take their medication school staff should not force them to do so, but should inform the child's parents as a matter of urgency and call the emergency services if necessary.

### **Access to Emergency Medication**

Where a child is considered too young to manage their own emergency medication, or where parents wish to provide the school with spare 'back-up' medication, this will be stored in the school office which is manned by staff continuously during the school day. All such medicines must be in their prescribed containers showing clearly the pupil's name, the dosage and the name of the dispenser.

### **Controlled Drugs**

Occasionally a pupil will be prescribed a controlled drug such as Ritalin. Ritalin is a Class B Schedule 2 drug and is covered by the Misuse of Drugs Act 1971. The school must be made aware if any pupil is prescribed this drug, and if it is to be administered during the school day there are strict guidelines that must be followed. The drug must be brought in to the school office in the prescribed packaging showing the child's name, dosage and the name of the dispenser. The number of tablets handed over must be noted in The Controlled Drugs Register and the tablets locked away. When the drugs are dispensed to the pupil the school must keep a record of the name of the child, the dose given, the time, date and the signature of the staff member dispensing. This must all be witnessed in writing either by another adult. The Controlled Drugs Register must show the amount of drugs: IN, OUT and IN STOCK.

Staff need to be made aware of any likely side effects of such drugs, ie drowsiness, which may have an impact particularly in practical lessons

### **Aspirin in school**

Aspirin is increasingly being used as an effective treatment for heart attacks. 300mg of Aspirin (chewed) can act to break down blood clots in coronary arteries.

However:

Some people are allergic to Aspirin

Some people are advised not to take Aspirin

Aspirin should never be prescribed to those under 16

If instructed to by County Ambulance Control then anyone can administer Aspirin

Aspirin is stored in the locked medical cabinet, and can be used ONLY if instructed by County Ambulance Control in the event of a patient suffering a suspected heart attack.

Aspirin will never be stored in First Aid kits, or be administered without prior permission being granted by a health care professional.

### **School Trips**

The school encourages pupils with medical needs to participate in school trips, wherever safety permits.

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. If they are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek advice from the School Health Service.

### **Sporting Activities**

Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum. Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

### **Headlice**

Children with untreated headlice will not be allowed to take part in contact sports such as judo or rugby to avoid cross infestation. A letter is sent home to all parents in the infected child's year group to request that children's hair is checked

### **Verrucae**

Children with verrucae will keep their feet covered. If they are taking part in judo they will only keep the affected foot covered so they can grip the floor with their remaining bare foot and also avoid cross contamination.

### **Asthma**

Asthma is an illness which can change over a short period of time. A spare breathing inhaler (and spacer, if necessary) should be kept in the school Sick Bay marked with the owner's name. Teachers should be aware that children with asthma may occasionally have a worsening of their symptoms (particularly wheezing and coughing) whilst they are at school. If this is the case, they should have easy access to their own relieving types of medication and that should the use of this inhaler not improve the symptoms that children may need additional treatment. In this case consideration should be given to whether the parents should be asked to collect the child from school.

In the very rare situation that a child with asthma becomes distressed with his breathing (very short of breath, very wheezy or having difficulty in speaking), it would be appropriate for an ambulance to be called.

### **Ticks**

Children with ticks are taken to the nearest A&E/ Drs / Pharmacy to have the tick removed. If a child discovers a tick during the school day, the school will ring the parents to ask if they would prefer the school or parents to take the child for tick removal

A letter is sent home to all parents at the start of the summer term to advise them on school policy.

### **Impetigo**

Impetigo is a common and very contagious skin infection that causes sores and blisters.

Children with impetigo are requested to remain off of school until lesions are crusted and healing or until 48hours after starting antibiotic treatment.

### **Diabetes**

Children who require treatment with insulin for their diabetes may occasionally experience a hypoglycemic episode ("hypo") where their blood sugar falls very low, usually because they have not eaten recently. A child in this situation is likely to feel unwell, may be cold, sweaty and clammy. Administration of glucose tablets by mouth or a sweet drink (tea with lots of sugar accompanied by a biscuit, sandwich or cake) will usually rectify the situation very quickly. Glucose tablets and gel should be available in the Sick Bay for this purpose. If the child does not respond within a few minutes to this treatment, advice from the child's GP should be sought immediately.

### **Epilepsy**

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupils' susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Parents are *encouraged* to tell schools of likely triggers so that action can be taken to minimize exposure to them.

Pupils with epilepsy must not necessarily be excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risk should be discussed with pupils and their parents.

Nothing must be done to stop or alter the course of a seizure once it has begun. The pupil should not be moved unless he or she is in a dangerous place, although something soft may be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into the recovery position. Someone should stay with the pupil until he or she recovers. Parents are always informed if a child has had a seizure.

An ambulance should be called if the seizure last longer than usual or if one seizure follows another without the pupil regaining consciousness, or where there is any doubt.

### **Anaphylaxis**

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 and, in the majority of 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, depending on the severity of the reaction.

The device for injecting adrenaline (issued in the most severe cases) looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection is on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional. If the pupil is considered responsible enough to carry his or her own medication, they should be encouraged to do so but if not, it will be stored in the school office which is manned continuously during the school day.

If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

## **Communicable Disease Control**

The school comes under the jurisdiction of the Portsmouth Health Authority, and the Consultant for Communicable Disease Control (CCDC) is currently Dr Neira (Tel: **023 92 835011**). In the event of an occurrence of a communicable disease at the school, eg meningitis, all enquiries from parents, the media or any other party must be channeled through the School office who will be advised by the CCDC on the proper procedures to be followed. Under no circumstances should staff deal with enquiries themselves

## **RIDDOR (Reporting of injuries,diseases and dangerous occurrences regulations, 1995)**

The school recognizes its responsibility to report to the Health and Safety Executive as necessary. (0845 300 99 23).

## **Infection Control**

The school follows 'Guidance on Infection Control in Schools and Other Childcare Settings' (Public Health England May 2016) PHE publications gateway number: 2014006