



# Trinity High School

## & SIXTH FORM CENTRE

An Independent State Funded Academy

## FIRST AID POLICY

To be read in conjunction with:

Reviewed:	Jan 2016
Adopted by Personnel Committee:	24 March 2016
Review date:	Annual
Policy Responsibility:	Mr A Ward

This first aid policy will be issued to all staff on an annual basis, who will be required to sign to confirm that they have read and understand the requirements of the policy.

First aid will be only be provided by qualified first aid staff.



## FIRST AID POLICY

Trinity High School is mindful of the need to safeguard the wellbeing of all students, staff and visitors to the school and will ensure, as far as is reasonably practicable, that first aid arrangements will be managed in compliance with the management of Health and Safety (First Aid) Regulations 1981, Education (Independent School Standards) (England) Regulations 2003, Supporting students at school with medical conditions (Department for Education) April 2014 and DfE and ACPO drug advice for schools (Sept 2012).

Management of first aid arrangements will be undertaken in such a way as to ensure there are adequate arrangements for training and retraining of first aid staff, provision of first aid equipment and facilities and for the recording of first aid treatment.

The school aims:

- To provide a prompt and appropriate response in cases of illness and injury
- To ensure compliance with all relevant legislation
- To ensure there are sufficient numbers of competent staff within the school environment, taking staff absence into consideration
- To ensure there are suitable facilities to administer first aid (Medical Room)
- To ensure adequately stocked First Aid kits in locations throughout the school
- To identify and implement reasonably practical arrangements for dealing with first aid incidents
- To keep accident records and report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- To nominate a member of staff to Lead and take charge of first aid arrangements
- To regularly review the first aid arrangements

The Governing Body review matters of Health and Safety on a regular basis and delegate the responsibility for ensuring the policies are put into practice to the School Business Manager. All staff in the school are expected to do all they can to safeguard the welfare of students, other staff and visitors.

The School has a large number of staff, both support and teaching, who are trained and qualified as First Aiders. A list of trained staff is available from the School Handbook (r drive) and is also included in this policy (Appendix 1). Their training will be updated when required by a HSE approved supplier and regularly reviewed to ensure it is in line with current legislation. A copy of their certificate of competence is held by the Lead first aider.

First aid boxes are placed in all the areas of the school where an accident is considered possible or likely (such as the Sports Hall). They are clearly signed and should only be used by trained first aid staff, a list of which is available in each first aid box. They will be checked regularly and any

deficiencies made good. A notebook is included with all first aid boxes to record any first aid given.

First aid boxes are available for school trips, but will only be taken when first aid qualified staff go out of school on organised trips or to participate in sporting events with groups of students. A larger first aid kit will be made available for residential trips with additional first aid equipment and details of any specific medical needs of the children participating, including copies of Individual Healthcare Plans.

All new students and staff are given information on where to go for help in the event of an accident as part of their induction into the school. There are first aid notices around the school which are regularly updated and give detail of all trained first aiders.

If a pupil is injured or ill during the school day he/she must inform a teacher immediately who will then either send them with another responsible student to the medical room or send for first aid if not well enough to go to the Medical Room. The individual will then be assessed by a qualified first aider who will treat (where appropriate) and record the details.

The individual will remain under the care of the first aider. In the event of there being no prospect of recovery the pupil will be kept in the medical room and parents or carers will be contacted to collect them.

If there is doubt or concern about an individual's condition they will be taken to hospital either by ambulance or car accompanied by a qualified first aider. (See appendix 10 calling for emergency services),

In all cases of hospitalisation one or both parents will be contacted and requested to come into school or go directly to the hospital where they will be met by a member of the school staff.

The school will keep records of all accidents and injuries, and has a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence. The school will keep a record of any first aid treatment, non-prescription medicines or treatment given to a pupil.

The school will always contact parents if a student suffers anything more than a trivial injury, or if they become unwell, or if the school has any worries or concerns about their health.

In the event of an injury to an employee or visitor, an accident report form should be completed by the individual concerned and forwarded to the School Business Manager. In the event of serious injury, notifiable disease or dangerous occurrence the School Business Manager should be notified immediately. She will then arrange for any necessary investigations or reporting and the line manager of the injured employee will be informed as soon as possible.

The school encourages parents to contact the school to discuss any concerns they may have regarding their child's health.

## **Related Policies and Documents:**

- Asthma Policy
- Diabetes Policy
- Epilepsy Policy
- Contamination from Blood/Bodily Fluids Policy
- School Medicine Policy
- Anaphylaxis Policy
- School Trips Policy
- Drugs Policy
- Safeguarding Policy

## **Appendices**

1. List of qualified first aid staff
2. Protocol for the safe storage of medicines in the school
3. Protocol for the safe disposal of sharps
4. Protocol for the safe disposal of medical waste
5. Protocol for the misuse of medicines
6. Protocol for the documentation of medicines
7. Protocol for needle stick/splash injuries
8. Protocol for administering medicines in school
9. Procedure for calling for help in an emergency
10. Procedure for calling the Emergency Services
11. Form to record calling the Emergency Services
12. Procedure for dealing with drug related incidents in school
13. Allergic Reaction flow chart



## **ASTHMA POLICY**

In developing this asthma policy the school acknowledges the advice and guidance of the National Asthma Campaign. The school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. The school welcomes all students with asthma and through the policy students will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on asthma management and will be expected to update this annually.

- All students with asthma will have an individual health care plan.
- The school will store spare inhalers for individual children if requested. These are kept with the pupil's health care plan in a fully labelled bag in the medical room.
- Relevant staff will receive regular training and updates to ensure they have a clear understanding of asthma and what to do in the event of an asthma attack.
- Students will be encouraged to understand the condition so that they can support each other. This will be done through the PSHE programme.
- Staff will be informed annually of those children who suffer with asthma. The individual health care plans are available for staff to take off site with a student on school trips and visits. (All staff are given a list of students with medical conditions to be kept confidentially and a list is available in the staff room).
- The school will work in partnership with all parties to ensure effective communication of the policy. Copies can be found in the policy section of the school handbook.
- An emergency asthma inhaler and spacer will be available if a child's own inhaler is unavailable or unusable. This will only be for students who have been diagnosed with the condition and with parental consent.
- A register of all children suffering with asthma will be kept with the emergency inhaler.

### **ASTHMA**

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze ( a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or need urgent medical attention.

## **Teachers' Role**

### **Recognising an asthma attack**

- The airways in the lungs become restricted
- Persistent cough when at rest
- The child will have difficulty speaking or be unable to complete sentences
- The child may wheeze, and have difficulty breathing out (when at rest)
- Being unusually quiet
- The child may become quickly distressed, anxious and exhausted, they may appear blue around the lips and mouth
- Going blue

## **First Aiders' Role**

### **What to do if a child has an asthma attack**

- Send for the first aider immediately. Do not send to the medical room alone.
- Ensure that the reliever (blue) inhaler is taken if prescribed
- If own inhaler is not available, use emergency inhaler kept in the medical room (if appropriate)
- Stay calm and reassure the child
- Ensure the child sits upright and slightly forward
- Loosen any tight clothing
- Encourage slow deep breaths
- Never leave the child alone at any time

### **Call 999 and request an ambulance urgently if**

- The reliever (blue inhaler) has had no effect after 5 - 10 minutes
- The child is unable to talk or increasingly distressed
- The child is disorientated or collapses
- The child looks blue around the mouth and lips
- If you have any doubts about the child's condition
- Inform the parents or carer as soon as possible about the attack

Minor attacks should not interrupt the child's involvement in the school day and they should return to activities when they are fully recovered. Please contact the medical room for advice, help and support and for further information.

Refer to DOH Guidance on the use of emergency salbutamol inhalers in school – Sept 14.

### **Use of the emergency inhaler**

The emergency inhaler will only be available to students who have been diagnosed as suffering from asthma and whose parents have consented to the use of the emergency inhaler. The asthma register must always be checked before the inhaler is administered.

The inhaler is only to be used under the supervision of first aid qualified staff and must always be used with a spacer to reduce the risk of cross contamination.

After each use the blue plastic casing of the inhaler must be thoroughly washed and disinfected and left to air dry. The spacer can either be given to the child to keep for future use or disposed of.

All use of the emergency inhaler should be recorded. A book will be kept with the emergency inhaler for this purpose. The record should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given (number of puffs) and the name of the member of staff administering. The child's parents must be informed in writing so that the information can be passed to the child's GP.





## DIABETES POLICY

In developing this diabetes policy the school acknowledges the advice and guidance of the British Diabetic Society. The school recognises that diabetes is a widespread condition affecting many children and welcomes all students with the condition and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management and will be expected to update this annually.

- All students with diabetes have an Individual Health Care Plan
- All relevant staff have a clear understanding of diabetes and are able to recognise common signs and symptoms associated with the condition.
- Students will be encouraged to recognise the signs and symptoms to support their fellow students.
- Staff are informed each year of those children who have diabetes. The individual health care plans are available for staff to take off site with a pupil on school trips and visits. (All staff are given a list of students with medical conditions to be kept confidentially and a list is available in the staff room).
- The catering staff are also aware of all diabetic students in case high sugar refreshments are needed urgently
- The school will work in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy

### DIABETES

Diabetes is a condition in which the amount of sugar in the blood stream is too high. This comes about because the body fails to either produce insulin or enough insulin to deal with the sugar.

As a result the sugar builds up in the blood causing Hyperglycaemia. People with diabetes control their blood sugar levels with diet which provides a predictable amount of sugar and carbohydrate and insulin injections. Children particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

#### Hypoglycaemia – low blood sugar

##### **Causes of Hypoglycaemia**

- Inadequate amounts of food eaten missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

##### **Teachers' Role**

##### **Recognition of Hypoglycaemia**

- Onset is SUDDEN
- Weak, faintness or hunger

- Palpitation (fast pulse) tremor
- Strange behaviour or actions
- Sweating, cold, clammy skin
- Headache, blurred vision, slurred speech
- Confusion, deterioration levels of response leading to unconsciousness
- Seizures

### **First Aiders' Role**

#### **Treatment of Hypoglycaemia**

- Call or send for the first aider immediately
- Ensure the child eats a quick sugar source, e.g. Glucose tablet, gel or fruit juice
- Wait 10 minutes and if the pupil feels better, follow with a carbohydrate type snack, e.g. biscuit, cereal bar etc
- Once recovered allow to return to normal school activities
- Inform parents or carer of the episode
- If the child becomes drowsy and unconscious the situation is LIFE THREATENING Call 999 and request an ambulance
- Place the child in recovery position and stay with the child
- Contact the parent/carer

#### **Hyperglycaemia – high blood sugar**

#### **Causes of Hyperglycaemia**

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

### **Teachers' Role**

#### **Recognition of Hyperglycaemia**

- Onset is over time – hours or days
- Warm dry skin, rapid breathing
- Fruity sweet smelling breath
- Excessive thirst and increasing hunger
- Frequent passing of urine
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

### **First Aiders' Role**

#### **Treatment of Hyperglycaemia**

- Call or send for the first aider immediately
- Encourage child to drink water or sugar free drinks
- Allow child to administer extra insulin
- Permit child to rest before resuming activities if feeling well enough

- Contact parent of carer
- Please contact School Nurse for further advice, help and support



## EPILEPSY POLICY

In developing this policy the school acknowledges the advice and guidance of the Epilepsy Action Group and Specialist Epilepsy Nursing team. The school recognises that epilepsy is condition which affects a number of students at the school. The school welcomes all students with epilepsy and through the policy students will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on epilepsy management and will be expected to update this annually.

- All students diagnosed with epilepsy will have an individual health care plan.
- Staff should have a clear understanding of the condition and what to do in the event of a seizure.
- Students will be encouraged to understand the condition so that they can support their fellow students. This will be done through PSHE programme.
- The school works in partnership with specialist teams and parents to provide a continuation of care for those students who suffer from the condition.
- Staff are informed each year of the children at the school who have epilepsy. The individual health care plans are available for First Aid Trained staff to take off site with a pupil on school trips and visits. (All staff are given a list of students with medical conditions to be kept confidentially and a list is available in the staff room and in the SEN folder on the R:).
- Advice and further information on individuals is available from the Medical Room.
- Trinity High School will work in partnership with all parties to ensure the effective communication of the policy. Copies can be found in the policy section of the school handbook.

### EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but may be a symptom of some physical disorder. However, its cause, especially in the young, may have precise medical explanation.

#### **Tonic Clonic Seizure (grand mal)**

The child may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the child may be incontinent.

#### **Complex and Partial Seizures (temporal lobe seizures)**

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The child may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the child and gently move them away from any dangers. Speak calmly to the child and stay with them until the seizure has passed.

### **Absence (petit mal)**

This can easily pass unnoticed. The child may appear to daydream or stare blankly. There are very few signs that a child is in seizure. These types of episodes if frequent can lead to serious learning difficulties as the child will not be receiving any visual or aural messages during those few seconds. Therefore it is important to be understanding, note any probable episodes, check with the child that they have understood the lesson and inform parents.

Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

### **Procedure for an Epileptic Seizure**

Total seizure (tonic clonic)

#### **Teachers' Role**

- Ask a responsible student to go to the General Office and advise you have a Medical Emergency. At least three first aiders will then respond. Ensure that the name of the student and details are given so that care plans/medication can be brought by First Aid staff.
- KEEP CALM – students will tend to follow your example! Let the seizure follow its own course; it cannot be stopped or altered.
- Ask the other students to leave the room and wait for another adult.
- Note the time of the seizure.
- Protect the child from harm. Only move them if in immediate danger. If possible move objects that may cause injury away from the immediate area.

#### **First Aiders' Role**

- As soon as possible (normally post fit) place the child on his/her side – this does not have to be the recovery position but just so that the tongue can fall forward and excessive saliva can drain out of the mouth.
- Support the head and stay with the child until completely recovered.
- Talk quietly to the child and reassure but do not try to restrain any convulsive movements.
- Do not put anything into the mouth or offer drinks until fully recovered.
- Remove to the Medical room when safe to do so.
- The first aider should then make a full assessment of the seizure and note any injuries that may have been sustained
- Allow the child to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their sides.
- Inform the parents and arrange for collection.
- If the fit lasts any longer than 5 minutes, call an ambulance immediately. It is very important the child is assessed at the hospital and the sooner this happens, the better.
- If the ambulance is summoned then report the seizure in as much detail as you can, especially how long it has lasted.
- A first aider member of staff needs to accompany the child to hospital and stay with them until the parent(s) arrive.



## **POLICY FOR THE PREVENTION OF CONTAMINATION FROM BLOOD/BODY FLUIDS**

Occupational exposure to blood or other body fluids through spillage poses a potential risk of infection particularly to those who may be exposed to these substances in the work place setting.

The safe and effective management of these spillages is therefore essential to prevent transmission via this route and to comply with the Health and Safety at Work Act 1974. It must be assumed that every person encountered could be carrying a potentially harmful microorganism that might cause harm to others. As such, safe effective management of spillages is a precaution applied as standard.

### **Prevention of contamination incidents**

The aim of the policy is to ensure the protection of all staff children and visitors where there is an accidental exposure to blood/body fluids when dealing with an incident. It aims:

- To ensure all members of staff are aware of what action to take
- To ensure all members of staff are protected through good working practices
- To prevent contamination

### **School staff dealing with an incident must:**

- Always wear suitable 'single use' disposable gloves when handling blood and body fluids during first aid procedures (these are found in the first aid kits)
- Always cover any open wounds/cuts/sores/burns of the skin with a waterproof dressing
- Place any soiled dressings/gloves in a small yellow clinical waste bag (provided in the first aid kit).
- Ensure yellow clinical waste bags are disposed of safely in the medical room in the bin provided
- Wash hands thoroughly following removal of gloves
- Arrange for spillages to be cleaned up as quickly as possible

### **This policy applies to:**

First aiders and any member of staff, teaching and support staff, who may be involved in dealing with an incident. It includes all departments within the school and extends wherever practical to field trips, excursions and sporting events.

### **In the event of accidental exposure to a contaminant:**

- Broken skin – wash immediately with soap under running water and cover with waterproof dressing
- Eye – wash eye out thoroughly with water
- Mouth – do not swallow, spit out and rinse mouth out with water
- Attend Accident & Emergency if necessary for further advice/treatment

- Report any incidents of accidental contamination to Medical Room and Health and Safety Representative

### **Spillages of blood or body fluids**

A spillage is a leak or spill of blood or body fluid from a person, specimen container or equipment. Spillages of blood or body fluids present a risk of infection and must be dealt with immediately.

Viruses such as Hepatitis B, C and HIV can be transmitted through blood and other bodily fluids. Quick and effective management of spillages regardless of the setting is essential for health and safety. Before attempting to clear a spillage, make sure you have gathered all necessary equipment and wear personal protective equipment.

#### **Equipment required:**

- Caretakers should be called in all instances to assist and they will deal with it appropriately using a biohazard kit.
- Read and follow the instructions carefully
- Use the protective gloves/apron/masks provided with the kit
- Use face visor or goggles if recommended
- Contain the spillage with absorbent towel or chlorine granules in the first instance
- Cover the spillage with NADCC granules giving a minimum of 3 minutes contact time
- Scoop up the granules with the scoop provided and discard contents in to the yellow clinical waste bag provided
- Wipe the area and any other splashes with appropriate detergent
- Clear everything away

#### **IMPORTANT NOTE**

**DO NOT** use the granules on urine spillages as the fumes released can cause harm. Urine should be mopped up and the area disinfected afterwards. Clean the mop and bucket out with disinfectant and allow to dry.

Soft furnishing can be further cleaned with the appropriate cleaning equipment. The caretaker can supply the necessary carpet and upholstery cleaners for this. Ensure the room is allowed to 'air' and that soft furnishings are completely dry before using again.

#### **Following Decontamination**

Ensure the area is decontaminated and is safe, with all items that have been used to clear the spillage removed and disposed of into healthcare waste bin in the medical room. Ensure that hands are washed thoroughly and all clothing cleaned. Employ the usual signage for areas that might remain a hazard for some time following the spillage.



## SCHOOL MEDICINE POLICY

In developing this policy the school acknowledges the advice and guidance from the Department of Health. The school recognises its responsibility in dealing with children and their medicines appropriately.

The school recognises there are various conditions affecting children, thus requiring daily medicines.

All students on certain medicines will have an Individual Health Care Plan.

The school recognises the importance of being able to continue treatment of certain conditions during the school day through the use of regular medication. Staff will be informed as appropriate the students who need to take regular medicines for certain conditions.

The school understands the importance of prompt return to lesson following treatment for minor illnesses during the school day, through simple over the counter preparations (OTC's).

The school recognises the importance of reducing students' absences.

The school will provide the following protocols to ensure correct implementation of this policy.

- Protocol for Adminstrating Medicines in School
- Protocol for Safe Storage of Medicines in School
- Protocol for Safe Disposal of Sharps in School
- Protocol for Needle Stick/Splash Injuries in School
- Protocol for Disposal of Medical Waste in School
- Protocol for Misuse of Medicines in School
- Protocol for Documentation of Medicines in School
- Policy for the Prevention of Contamination from Blood/Body Fluids

The school will provide detailed information to relevant staff on emergency medicines held in school for individual students under their care. The school will work in partnership with outside agencies to ensure the policy is communicated, implemented and maintained.





## **ANAPHYLAXIS POLICY**

In developing this policy the school acknowledges the advice and guidance of the Anaphylaxis Society. The school recognises that allergic shock (anaphylaxis) is a serious condition that may affect a number of students at the school and recognises the responsibility it has in dealing with children's allergies appropriately.

- All students with anaphylaxis will have an Individual Health Care Plan.
- All relevant staff will have an understanding of what it means to be allergic whether it be a reaction of the skin, airborne, contact, ingestion, or injection.
- They will be able to recognise and respond to a child who may be having an anaphylactic reaction including the administering of emergency adrenaline (epi-pen).
- Staff will receive regular training and updates to ensure they have a clear understanding of what to do in the event of an allergic shock.
- The school will hold an epi-pen for those children who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- All medications will be labelled and stored appropriately in the medical room. Each child will have their epi-pen and medication in their original boxes with a label detailing who it belongs too, expiry date and form. A copy of the Allergic Reaction flowchart is also kept with each epi-pen. (See Appendix 13)
- Relevant staff will be informed of those children who have this condition. Staff will be informed annually of those children who suffer with anaphylaxis. The individual health care plans are available for first aid staff to take off site with a pupil on school trips and visits. (All staff are given a list of students with medical conditions to be kept confidentially and a list is available in the staff room and on the R Drive in the SEN folder.
- The catering department will be made aware of all children who have allergies.
- The school will work in partnership with all parties to ensure the policy is implemented.

### **Allergic Reaction**

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances) usually proteins which causes the formation of an antibody which specifically reacts with it. In susceptible individuals the reaction may develop within seconds or minutes of contact with a trigger factor. The exposure may result in a severe allergic reaction that can be life threatening.

In an anaphylactic reaction chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

### **Triggers**

- Skin or airborne contact with particular materials
- Injection of a specific drug
- Insect bite
- Ingestion of certain foods. EG. Nuts, fish and dairy products

## **Teachers' Role**

### **Recognition**

- Anxiety
- Widespread blotchy skin
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing

## **First Aiders' Role**

### **Serious symptoms**

- Cold, clammy skin
- Blue-grey tinge around lips
- Weakness/dizziness
- Rapid shallow breathing

### **Progress further**

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

### **Treatment**

- Call or send for first aiders immediately and inform them that they will need the student's emergency medicine from medical room. At least three First Aiders' should attend.
- Follow Allergic Reaction flowchart
- Administer antihistamine tablet/syrup as prescribed – see Allergic Reaction flowchart
- When a pupil recovers allow time to rest and contact parents
- If serious symptoms appear call 999, request ambulance and administer **Adrenaline via the epi-pen immediately if prescribed, stay on the line with the emergency services** to ask for assistance and update as necessary
- Never try to deal with the situation alone, always call for additional first aid support
- Stay with the student, note the time epi-pen was given and reassure pupil
- Give as much detail to the ambulance crew on arrival regarding the allergic reaction and what medicine you have given (this will have been recorded on the Allergic Reaction flowchart)

**CURRENT FIRST AIDERS – Sept 2015**

**Emma Casey (Medical Room, ext 202) is the designated First Aid Officer**  
**and should be called in all instances**

With current **First Aid at Work** qualification ( [redacted] = Defibrillator Trained)

Name	Additional Info	Location	Tel Ext No
Joanne Baker	Medications Trained	Student Services	206
Alison Barnes	Medications Trained	Finance Office	209
Sally Blackmore	Medications Trained	Science	216
Kay Elvins		Kitchen	306
Emma Casey	Medications Trained	Medical Room	202
Emma James	Medications Trained	The Bridge	228
Sarah Hughes	Medications Trained	Grove Reception	313
Lorna Kell		Technology	222
Louise Kelly	Medications Trained	Learning Support	
Karen Meekins	Medications Trained	General Office	218
*Paul Rickard	Medications Trained	Exams	326
Jayne Reynolds	Medications Trained	Main Building	210
Christine Roberson	Medications Trained	Medical Room	213
*Gary Slim	Medications Trained	Grove Block	221
Lucy Smith		Science	216
Janie Tough	Medications Trained	General Office	201

With current **Outdoor Level 2** qualification ( [redacted] = Defibrillator Trained)

Name	Additional Info	Location	Tel Ext No
Grace Attenborrow	Medications Trained	Technology	222
Tom Bristowe	Medications Trained	PE/Humanities	224/226
*Jamie Brooks		PE	224
Jessica Cottle		Science	216
Faisal Khawaja	Medications Trained	ICT	214
*Louise Laxton	Medications Trained	Careers	303
*Claire Lyons	Medications Trained	Music	
Andy Moore	Medications Trained	Science	216
*Bruce Rogers	Medications Trained	PE	224
Mel Senior		Technology	222/230

With current **Emergency First Aid at Work** ( [redacted] = Defibrillator Trained)

Name	Location	Tel Ext No
*Amanda Cadman	Technology	222
Tom Clements	Technology	222
Lesley Deakin	TA	225
April Garratt	Kitchen	306
Lucy Green	Technology	222
Tom Phelan	Technology/Site	222
Phil Pleasant	Technology	311
*Jayn Sivyler	Humanities	226
*Rachel Taylor	PE	391
Ellie Young	Humanities	226

**Defibrillator machine is located in Headteacher's PA's office**  
**(Main Corridor, Main Building)**

\*= Minibus Driver

## PROTOCOL FOR THE SAFE STORAGE OF MEDICINES IN SCHOOL

### Aim

- To safeguard all students, staff and visitors from the potential dangers of having medications within school
- To ensure all staff and students are informed of the legal requirements for correct and safe storage of medicines within school
- To ensure the medicines are handled safely and securely in accordance with legislative requirements
- To ensure that all medicines are stored strictly in accordance with product instructions and in their original container in which dispensed.
- Students should know where their medication is stored and who holds the keys to access it

### Medicine cupboards

- Inhalers will be kept at the request of parents so that they can be easily accessed by the pupil or a member of staff
- Medicines must be stored in a locked cupboard in a designated area
- Medicines will be kept in the medical room
- Some students will be allowed to keep their own medication with them for self-administration after consultation with the medical room and parents
- Medicines carried on student's person or stored should be clearly marked with their name, date, type of medication and instructions for use
- Emergency medication is kept in the medical room in clearly labelled boxes and has easy access
- A spare set of cupboard keys are stored in the key cupboard (Strong Room) to gain access to the medical room in the event of the first aider being unavailable. This includes keys to the locked boxes for controlled drugs
- First Aid staff should be aware of the location of all relevant medications held
- Cupboard contents are checked monthly, this includes expiry dates, cleaning and updating documentation
- Medicines held in school on behalf of the children are checked again at the end of each term when letters to parents are sent advising them to replace out of date medicines
- Controlled drugs are kept in the medical room in a locked container in a locked cupboard

### Fridges

- The school medical room has a fridge which is used for the storage of medications requiring refrigeration
- The refrigerated items are clearly labelled and no domestic foods or other substances should be stored in it
- The fridge is cleaned monthly and its contents checked
- The fridge itself is not locked but the room it is located in is locked when not in use
- The medical room, medicines cupboard and fridges are all located in an area that when not in use, is protected by a burglar alarm

## PROTOCOL FOR THE SAFE DISPOSAL OF SHARPS

### Aim

- To protect all students, staff and visitors from the dangers of exposure to sharps
- To ensure staff and students know how and where they can dispose of sharps correctly

### Individual responsibility

- It is the individual's responsibility to ensure that sharps are always handled safely
- It is the individual's responsibility to dispose of them safely
- It is a criminal offence to discard an item in such a manner as to cause injury to others
- Use of sharps is covered by the Health and Safety at work Act 1974 and should be risk assessed in accordance with COSHH 1999 regulations

### Sharps Boxes

- Ensure the sharps boxes comply with British Standard 7320, yellow and clearly marked 'DANGER CONTAMINATED SHARPS' and 'DESTROY BY INCINERATION'
- The sharps boxes are located in the medical room
- Sharps boxes must not be filled above the designated fill line on the outside of the box
- Once filled, boxes must be sealed immediately. Contact local pharmacy to arrange collection and disposal of the box.

### Disposal

- Sharps should not be passed from hand to hand
- Keep all handling to a minimum
- All sharps must go directly into a sharps bin
- Do not re-sheath needles
- Always wear gloves and use litter picker tongues if available when picking up discarded needles on site
- Always hold sharps in the centre of shaft to prevent injury to fingers/hand
- Report any needle stick injury immediately and seek medical attention

## PROTOCOL FOR THE SAFE DISPOSAL OF MEDICAL WASTE

### Aim

- To protect all staff, students, visitors and the environment from exposure to pathogens which could cause disease
- To prevent contamination from hazardous medical waste

### Definition of medical waste

- Discarded human blood and blood components
- Discarded waste material that is contaminated with human excretions and exudates

Therefore it is of great importance to contain medical waste correctly and use medical waste bins and medical waste bags.

### Medical waste bins

- These large capacity bins lined with a yellow clinical waste bag are situated in the medical room
- Waste is collected and incinerated on a regular basis

### What the bins should be used for:

- Blood soiled tissues, gloves, dressings
- Wipes for clearing away vomit, urine and faeces
- Anything else that may have come into contact with bodily fluids
- Small yellow clinical waste bags can be found in the first aid kits and the cupboard in the medical room

### What NOT to use the clinical waste bins for:

- NEEDLES/SHARP OBJECTS
- Paper towels for hand washing
- Paper or general rubbish

## PROTOCOL FOR THE MISUSE OF MEDICINES

### Aim

- To protect students, staff and visitors from the potential dangers of having medicines in school.
- To inform all staff and students of the legalities of medicine misuse

### The Misuse of Drugs Act 1971

- This act controls the availability of drugs liable for misuse.
- It provides the provision for drugs to be classified into three groups A, B and C.
- The class in which a particular drug falls will determine the penalty which may be imposed for an offence in respect of that drug. Essentially the classification refers to the enforcement of the law, rather than the lawful handling of drugs, determining police powers, modes of arrest, trial and sentencing.
- The Misuse of Drugs Act 1971 makes one person liable.
- It is an offence to allow unlawful use of controlled drugs on the premises.
- The supply, possession, administration and storage of some medicines are controlled by the Misuse of Drugs Act 1971 and associate regulations. This is relevant in our school setting because there may be children who are prescribed controlled drugs (EG Ritalin used in the management of ADHD).
- The Misuse of Drugs Regulations 2001 allows 'any person' to administer drugs listed in the regulations for whom it is prescribed.
- A child who has been prescribed a controlled drug may legally have it in their possession.
- It is permissible for schools and settings to look after that controlled drug where it is agreed that it will be administered to the child for whom it has been prescribed.
- Where children are prescribed controlled drugs, relevant staff need to be aware of the type of medication and how school keeps it in safe custody.
- However students can access them for self-medication if this is appropriate. The medical room has a locked cupboard for the storage of controlled drugs which are kept in individual and named locked boxes.

### MISUSE OF A CONTROLLED DRUG, SUCH AS PASSING IT TO ANOTHER CHILD FOR USE IS AN OFFENCE

## PROTOCOL FOR THE DOCUMENTATION OF MEDICINES

### Aim

- To protect all students, staff and visitors and ensure they are informed of the legal requirements for correct and accurate documentation

Clear record keeping must be maintained for every different type of medication brought into school. This applies to those stored and used on a temporary basis. Any medication administered on behalf of parent/carer need clear written instructions. Without clear instructions and a clear audit trail you will have no defence in the event of any difficulties. Records also offer protection to staff and proof they have followed agreed protocols.

### Administration of medication record

- The register should be in an approved format – a bound book
- These must show the name of the medication
- The route of administration
- The name of the person for whom the medication is supplied
- The quantity of medication supplied
- The amount administered each time
- The amount remaining
- Time and date of administration
- Name, signature and position of staff dispensing the medication
- Reason for any refusal/missed doses
- Any side effects
- Expiry date

NB. The amount supplied, administered and the amount left must tally exactly. This is essential in establishing an audit trail, especially in the case of controlled drugs.

### Medicine registers **MUST**

- Be entered in ink - preferably black
- Document the date medication supplied or obtained
- Document the name of the medicine
- Document the amount supplied
- Document the form in which it was supplied, eg. liquid, capsule, tablet
- Document the student's details and parent details
- Check signature of parent/carer
- Document the name of the staff accepting the medication
- Signature of the staff member

All registers must be kept with the students records until the age of 22 years

### Written errors in the register

- Never write over your mistake
- Never use any type of correction fluid
- Do not alter what has been written in any way
- Do not cross out



- The error should be identified with an asterisk, then either on the next line or at the bottom of the page write – ENTERED IN ERROR, SHOULD READ.....
- Remember to sign the new entry
- In the case of controlled drugs, two members of staff should be present and sign the medication record

Please note that if a student is on long term medication then an Individual Health Care Plan will be completed. All relevant staff must be aware of the student's medical needs and what to do in an emergency.

## PROTOCOL FOR NEEDLE STICK/SPLASH INJURIES

### Aim

- To protect students, staff and visitors from injury and potential contamination
- To minimise exposure to and transmission of a wide variety of micro-organisms

### General Information

- Sharps are defined as objects or devices having acute rigid corners, edges, points or protuberances that when handled may accidentally cause a penetrating or cutting injury to the skin. These include hypodermic needles, scalpel blades, art knives, scissors, lancets, broken glass, ampoules and pipettes.
- Splash – any splash of body fluids to a person’s mouth, eyes, ears or broken skin.

### Types of injuries

- Non-contaminated - all sharps that have not been in contact with anyone else prior to injury.
- Contaminated – all sharps that have previously been in contact with another person, any splash of body fluids to a person’s mouth, ears eyes and broken skin.

### Procedure after injury

#### Non-contaminated sharps/splash injures

- Wash area with soap and water
- Contact the first aider
- Apply occlusive dressing to wound
- All staff/students must complete accident form promptly

#### Contaminated sharp/splash injury

- If skin is broken wash area vigorously with soap and water
- If blood/body fluids come into contact with skin wash area thoroughly
- If eyes are contaminated, irrigate area gently with water
- Contact the first aider
- Medical attention and counselling should be sought if required
- The affected area may need to be assessed by a doctor

### Risks for injuries

The danger of infection or illness from micro-organisms or blood borne viruses, which may be present on the ‘sharps’ should they penetrate the skin.

Sharp injuries with blood and other potentially infectious body fluids are the most common routes for transmitting Hepatitis B and HIV.

### Prevention of injuries

- All staff to be informed of the ‘School First Aid Policy’ and all staff sign to confirm they have read and understand the policy
- All staff should know their own immunisation status
- All staff to know how to contact the first aider and gain access to a medical kit
- All staff to cover existing wounds or areas of broken skin with waterproof dressings
- All staff to report any injuries to medical room and Headteacher and complete a RIDDOR form.

- All staff to protect themselves with the appropriate protective clothing and goggles as required
- All work done with sharps must be careful, attentive and unhurried
- All staff to read and understand the 'Policy for the Prevention of Contamination for blood/body fluids

## PROTOCOL FOR ADMINISTERING MEDICINES IN SCHOOL

### Aim:

- To safeguard all students and staff from the potential dangers of administering medication
- To ensure that relevant staff are informed of the correct method of administering medication to the correct pupil
- To ensure that medicines are handled safely and securely in accordance with legislative requirements and best practice
- To facilitate regular school attendance wherever possible and minimise disruption to the education of students with medical needs and their medication.

The Medicines Act of 1968 specifies the way that medicines are prescribed, supplied and administered and places restrictions on dealing with medicinal products and their administration. Anyone may administer a prescribed medicine, with consent, to a third party so long as it is in accordance with the prescribers' instructions.

Parents and carers have prime responsibility for their children's health and should give the school sufficient information about their child's medical condition, medication and treatment or special care needed at school.

School staff that are in charge of students have a duty in common law to act in the same manner as a responsible parent in order to ensure that children remain safe and healthy whilst on school premises.

The administration of medicines will be permitted within the School under the following circumstances:

1. When a pupil is recovering from a short term illness and is deemed well enough to return to school by their Doctor but is completing a course of antibiotics. Parents must complete a form to give to the medical room clearly identifying the name of the pupil and giving clear instructions for use.
  2. In cases of long term complaints or chronic illness such as asthma, diabetes and epilepsy, parents must complete a form to give to the medical room containing full details of the condition and medication so that an individual healthcare plan can be prepared.
- Only First Aid (medications) trained staff are authorised to administer any medication
  - School staff, who agree to administer medication, will understand the basic principles and legal liabilities involved
  - All members of staff need to have some appreciation if a student has an underlying medical condition and the need for treatment
  - Staff need to be confident in dealing with an emergency situation should it arise
  - Staff must ensure they receive regular training relating to medication and relevant medical conditions
  - Public Liability Insurance is provided for all staff by the school's insurers
  - It is a voluntary role in which the school staff administers controlled medication to students
  - Usual precautionary measures should be employed to assess whether the medication is crucial to the student's welfare and how much technical/medical knowledge/expertise is required to administer the medication

In order to act in the best interest of the school and the student, the first aider will:

- Adhere to student confidentiality
- Know the normal dosage, side effects, precautions and contra-indications of the medicines administered
- Know **not** to alter method of administration as this will alter the effect of the medicine
- Know the identity of the student who is to be given the medication, using the schools SIMS system or checking with another competent adult if necessary. A photo will be attached to all controlled drugs containers
- Check the prescription or label on the medicine that is given and follow the instructions for administration
- Check the expiry date of the medicine
- Know and check that the child is not allergic to the medicine
- Make a clear and accurate recording on the medication given and the relevant form
- Never force a pupil to accept medication, should the student refuse their medication this should be documented and the parents/carer should be informed
- Ensure medication removed from fridge or medicine cupboard is administered immediately and must not be left unattended
- Ensure a new form is completed each time the parent requests medicines be administered at school or if there are any changes made to the existing medication request form

#### **Self administration**

- Generally if a child is responsible for their medication at home then they should be allowed to be at school
- If the medication is stored at school then the student needs to know where and how to access this

#### **School trips/excursions**

- Medication should be carried on the student if normal practice, if not then the member of staff should be responsible for that medication
- The member of staff must be first aid trained including the administration of medications
- The member of staff should ensure they know what to do in an emergency
- Staff should contact the medical room, or parent for advice and support
- A copy of care plans will be given to the staff on the trip to refer to in an emergency
- A record must be made of medications administered on a school trip, including child's name, date, time, name of medication, route of administration, amount taken and signature of the member of staff administering



## PROCEDURE FOR CALLING FOR HELP IN AN EMERGENCY

This procedure is to be followed if there is an emergency situation in your classroom or around the school, and you need immediate support from the Leadership Team or urgent medical assistance.

### SERIOUS INCIDENT

In the event of a serious incident, in which you feel the wellbeing of students or staff is under threat you **MUST** get a message to the General Office **IMMEDIATELY**. This can be by phoning or sending a student. Please do not use Ipswitch, as there is no way of knowing if it has been received. Please tell the office you have an **APOLLO** situation. Examples will be where a student becomes completely uncontrollable, a weapon is produced, etc.

The general office will then know that this is different to the usual SMT call and will get assistance from at least two members of staff.

### SEVERE MEDICAL INCIDENT

If a student has a SEVERE medical problem then the same procedure should be followed, but tell the office you have a **MEDICAL EMERGENCY**. This will be where a student passes out, has a severe allergic reaction, epileptic fit, etc. This will signal to the office that at least three first aiders should be called to assist and the decision to call an ambulance taken.

When a call is made or message sent for a MEDICAL EMERGENCY, the following details must be available: the full name of the student involved and details of their condition. This will enable the First Aid staff to bring appropriate medication and/or care plan if required.

The Lead first aid must ensure that they take a radio and mobile phone with them so that they can be in contact with staff in the General Office to call for assistance or an ambulance. A member of SMT should also be called to provide support to the first aid staff along with two other First Aid trained staff.

In either situation staff should remove other students from the situation at the earliest available opportunity.

## **PROCEDURE FOR CONTACTING THE EMERGENCY SERVICES**

To request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Once an ambulance has been called it **must not be cancelled.**

### **USE THE CHECKLIST FOR CALLING EMERGENCY SERVICES**

It is best practice that the ambulance is called by a first aider on the scene so that you can stay on the phone with the controller for advice if necessary. A walkie talkie can be used to keep in contact with the General Office for student details, medical history, etc

**Speak clearly and slowly and be ready to repeat information if asked.**

- Your telephone number – **07497 428338** (Medical Mobile) or 01527 585859
- Your name
- Your location – **Trinity High School, Grove Street, Redditch**
- Postcode – use the Sat Nav postcode for Grove Street entrance, **B98 8DT**
- Provide the exact location of the patient within the school
- Provide the name of the child and a brief description of their symptoms
- Provide any medical history or existing medical conditions (these are available on SIMS)
- If necessary, stay on the line with the Controller until the ambulance arrives

**Using the checklist, you or another first aider present will also need to: -**

- Radio the General Office or send a member of staff to request SMT and other First Aid staff to support. At least 3 First Aiders should attend.
- Ensure the students' parent/carer is contacted to arrange for them to either come to school or meet the ambulance at the hospital
- If parents are not available, the Lead first aid or another first aider attending must accompany the student to the hospital and remain with them until their parent/carer arrives
- Complete the Accident/Illness book in as much detail as possible
- Complete a Yellow PAF 01 form for WCC

## Check sheet for calling the Emergency Services

<b>Date of Incident:</b>		
<b>Name of casualty:</b>		
<b>Details of injury/medical condition:</b>		
<b>Medication or first aid given before ambulance arrived:</b>		<b>Time:</b>
<b>First Aiders on scene:</b>		
<b>SMT on scene:</b>		
<b>Ambulance called (time):</b>		
<b>Ambulance called by:</b>		
<b>Ambulance arrived (time):</b>		
<b>Parent/Carer contacted by:</b>		<b>Time:</b>
<b>Accident book completed by:</b>		<b>Date:</b>
<b>PAF 01 Form completed by:</b>		<b>Date:</b>
<b>Other notes/comments:</b>		



## **PROCEDURE FOR DEALING WITH A DRUG RELATED INCIDENT IN SCHOOL**

If a student is suspected of being under the influence of drugs or alcohol on school premises, the school will prioritise the safety of the young person and those around them.

If necessary it will be dealt with as a medical emergency, administering first aid and summoning appropriate support.

Depending on the circumstances, parents or the police may need to be contacted.

If the child is felt to be at risk the school Safeguarding Policy will come into effect.

# Axiom Training

## Allergic Reaction

Give antihistamines...

REASSESS If mild... PTO

Time \_\_\_\_\_

If there is a history of moderate to severe allergy, or this reaction is sudden in its onset

Swelling around eyes, tongue, lips, neck?

Is there any difficulty in breathing?

Is the patient going pale?

Confirm with Ambulance Control  
999/112 & GET HELP

Time \_\_\_\_\_

### Retrieve Epipens!!

Confirm in **date**

Confirm **dose**

Confirm **clear liquid**

Anything not correct **inform** Ambulance Control  
**Patient legs elevated, keep warm**

Date \_\_\_\_\_

Dose \_\_\_\_\_

Clear \_\_\_\_\_

Identify injection site – outer aspect of mid thigh

Remove safety plug, grip pen firmly,

**GIVE ADRENALIN**

Rub firmly for 10 – 15 seconds

Time \_\_\_\_\_

Is the patient stable?

**REASSESS**

If not, consider a second dose after 5 minutes.

Check with ambulance control

Give second dose

Time \_\_\_\_\_

# Allergic Reaction

History of Allergy?

If moderate or severe  
PTO  
If mild

Mild allergic reaction  
Rash around neck, face, arms,  
torso, itching, hives etc.  
No swelling around face or neck  
No breathing difficulty

If no history AND mild  
contact Parent/Carer

If appropriate give antihistamine

Time \_\_\_\_\_

Observe patient, recovering normally,  
**REASSESS REGULARLY**  
Note observations and times

Consider sending home!  
Complete handover to Parent/Carer

Time \_\_\_\_\_

If condition worsens  
PTO!