

First Aid, Sickness & Medication Policy

Commitment

ACT Schools is committed to ensuring that a number of teachers and support staff are qualified as Appointed and Trained First Aiders. They are all qualified to give emergency aid as and when needs arise.

Purpose

1. The provision of First Aiders is a statutory requirement of Section 2(3) of the Health and Safety at Work Act 1974.
2. Provision of First Aid for emergencies helps ensure a safe working environment for all staff and pupils, both in School and on School trips.
3. This policy reflects the guidance given to schools by the Department for Education. Parents have the prime responsibility for their children's health and must provide the school with information about any relevant medical needs.

Scope

Applies to all ACT Schools sites.

Responsibilities

The Directors, the management team and employees are wholly responsible to ensure that they know whom the first aiders and appointed persons are, how to contact them and the location of first-aid equipment.

Communication and Storage

The policy will be communicated during the induction process and training. A copy of the completed procedure will be stored on the internal HR system, IrisHR.

Procedure

1. First Aid:

- a. Staff should be aware of the First Aid facilities in the School. All the First Aid boxes are checked regularly by a competent member of staff designated by the Facilities Manager. Any shortages, which arise between times, should be reported to the Head of 11-16 Education or Facilities Manager.
- b. First Aid equipment for use by first aiders will be provided in each centre. First aid points will be sited at prominent and accessible locations. Each point will contain a readily available first aid box, a list of named first aid staff and important information such as what to do in the event of an emergency.
- c. The first aid kit will not contain any medication. Appendix 1 is a guide for the minimum stock of first aid materials and equipment required within each centre.
- d. First Aiders are employees who have attended an HSE approved training courses.
- e. ACT First Aiders have all either taken part in the emergency first aid at work 3 day course or Level 3 paediatric first aid. These courses are valid for 3 years. A record and copies of certificates are copied for each qualified first aider and expiry dates are managed by the Facilities Department. First aiders are re-booked onto courses prior to the expiry of their certificate.
- f. If a Trained First Aider deems it necessary, the emergency services will be telephoned first, and then the parents will be informed that an ambulance has been called. Immediate contact information can be obtained from the Centre Managers office. If the learner has a medical condition, then this information will be on the spreadsheet in the accident folder.

2. Transporting of learners to hospital

- a. If parents are unable to accompany the ambulance, a member of staff known by the child, will follow by car and meet parents in the Accident and Emergency Department. A member of staff may need to travel in the ambulance with the injured child. In these circumstances, arrangements will be made by the Senior Management Team to organise collection of this staff member once the parents have arrived at the hospital.

3. Reporting of incidents

- a. Any accident causing any injury must be recorded on the Microsoft Forms online accident reporting portal. The following information should be included: -
 - The name of injured person
 - Nature of accident - When and where and how it occurred –
 - Who reported it / was supervising –
 - Treatment given.
- b. In the case of serious accidents, a report to the Health and Safety Executive (HSE) through (RIDDOR) will be completed by the Compliance Manager. These will include fractures, amputations, serious burns, loss of consciousness caused by a head injury, gas incidents or hospitalisation among other incidents. Reporting must happen on the same day as the accident. Full details are available from: <http://www.hse.gov.uk/riddor>

- c. Parents and/or carers of any accident or injury sustained by a child must be informed on the same day, or as soon as reasonably practicable, of any first aid treatment given.
- d. The school must notify all relevant external parties i.e Local authorities, of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.
- e. The accident log will be monitored by the Head of 11-16 Education, Facilities manager and the compliance manager.

4. Disposal of Clinical Waste

- a. Any waste which contains or is contaminated with human blood, body fluids or excreta is defined as clinical waste. Its safe disposal is necessary to protect staff and others who may come into contact with it against the risk of infection, to prevent contamination of the environment and to ensure compliance with the Environmental Protection Act. The Environmental Protection Act places a duty of care on waste producers to ensure that it is disposed of properly. The appropriate means of disposal for clinical waste will depend on the level of risk (e.g., waste contaminated with blood would be at greater risk than incontinence waste) and the amount produced.
- b. In the event of contact with blood or other bodily fluids First Aiders should take the following precautions to avoid risk of infection:
 - i. wear suitable disposable gloves (and aprons etc) when dealing with blood or other bodily fluids;
 - ii. use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
 - iii. wash hands after every procedure.
- c. Medical Dressings and first aid materials- If regular large quantities of medical dressings and first aid waste are produced, it should be disposed of by incineration via a licensed contractor. Very small amounts of first aid which are produced irregularly may be double wrapped and disposed through normal waste unless it is known to be from an individual with a higher risk of infection.

5. Sickness

- a. Parents should not send a child to school if he/she is unwell. If your child is ill and not attending school, please telephone the School Office on the first day of absence and keep us informed on an ongoing basis. The school must be advised of any infectious diseases that could be passed on to other pupils. If your child is signed off by your GP, please let us know how long he/she will be away from school.
- b. Children who are genuinely ill during lesson times should be sent to the Centre Managers Office and the parents contacted. They should be looked after in the School Office until the parent/carer arrives. The child will be kept under close supervision and kept as comfortable as possible.
- c. Information regarding Infectious Diseases is displayed on the office Notice Board. The School can contact the local District Health Authority for advice if necessary. Letters are sent to parents should an outbreak of a disease occur which the School considers to be of a serious threat to the school population (e.g.: German measles – pregnant mothers). The Facilities Manager obtains an annual update on childhood/infectious diseases and ‘exclusion’ times for reference.
- d. Appendix 2 outlines guidance relating to illness exclusion times.

- e. The School emphasizes that parents have the prime responsibility for their child's health and must provide annual/up to date information about their child's medical conditions by completing a confidential Personal and Medical Information Form (including allergies, vaccinations etc) with emergency telephone numbers and GP's number at the beginning of each academic year. This form is found within the ACT Schools induction pack. All information is then stored on the Schools Central register. The parents have the responsibility to advise the school of any changes to this information during a school academic year.
- f. Illness in relation to Covid-19 should follow principles outlined in the most recent Covid-19 Risk Assessments.

6. Medical Conditions

Overview

Most children will need medication at some time in their school life. Although this will mainly be for short periods, (e.g., to finish a course of antibiotics), there are a number of pupils with chronic/allergic conditions, who may need regular medication throughout all/part of their school life. It is often possible for parents to arrange for medication to be taken outside school hours; however, there will be circumstances when it will be necessary for children attending school to be given medication during the school day.

Staff have a duty of care to act like any reasonably prudent parent. This duty of care may lead to administering medicine and/or taking action in an emergency. It should be recognised that some children would be unable to attend unless such 'duty of care', i.e., medication, was made available during school hours

- a. Parents are encouraged to administer medicines to their children outside of the school day.
- b. Medicines will only be administered at school when there is no other alternative and when failure to do so may be of detriment to the child's health.
- c. Parents must give consent, preferably written but verbal will be accepted, before medicines are administered at school.
- d. Staff must keep a record of any medicines administered at school in the medicine log.
- e. Medicines will be kept in labelled containers in the School Office or staff room refrigerator.
- f. The school will not disclose details about a child's medical condition without the consent of the parents or the child him/herself. All parties should agree how much other children are told about a child's medical condition.
- g. Staff administering medication on behalf of the school are deemed to be acting in 'loco parentis' in terms of their duty of care. Some children may suffer from conditions such as Diabetes or Anaphylaxis, and in some cases may require the administration of life saving medication in an emergency. The school trains staff who may be required to administer medication in these life-threatening circumstances. With adequate training, the potential risks administering medication should be minimal compared to the risk if medication is delayed in a life threatening situation.

7. Storage of medication

- a. Medicines must always be provided in the original container and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container

as originally dispensed or make changes to dosages on parental instructions. The container should be clearly labelled with:

- i. the child's name
 - ii. the name of the medicine
 - iii. the method, dosage and timing of administration
 - iv. the issue date and expiry date.
- b. The school will maintain records of all medicines received and returned to parents. A daily record of each dose given must be kept to avoid overdose. The record should be signed with:
 - i. the name of the child
 - ii. the name of the medication
 - iii. the dosage administered
 - iv. the time the medication was given
- c. Medicines must be kept in a safe place and at the correct temperature, separate from the 'general' first aid box.
- d. They must be stored in strict accordance with the instructions on the original packaging.
- e. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily accessible to staff and children in the appropriately pre-agreed locations and should not be locked away.
- f. Medicines no longer required must be handed back to the parent.

8. Administering of medication (students)

- a. The School recognises that there is no legal duty that requires staff to administer medicines. Consequently, staff managing the administration of medicines should receive appropriate training and support from health professionals and feel confident in this role. The Facilities Manager arranges First Aid training when necessary for staff members, including Epipen training and other specialist first aid procedures relevant to the needs of the pupils
- b. Staff have the right to decline a request to administer medication if they are in any way uncomfortable with this, especially if it involves technical knowledge or training.
- c. The following pupils may require medication whilst at school:
 - i. those who have suffered an acute medical condition but are regarded by a doctor as fit to return to school provided a prescribed medicine is taken
 - ii. those who suffer certain chronic or life threatening conditions (e.g., anaphylaxis, asthma, diabetes) but can satisfactorily attend school provided they are given a regular dose of medicine, or medication is available in an emergency
 - iii. those children who suffer occasional discomfort, such as toothache/headache, who may require analgesics (i.e., pain relievers).
- d. No child will be given medicines without a parent's consent. Any member of staff giving medicines to a child must check:
 - i. the child's name
 - ii. prescribed dose
 - iii. expiry date
 - iv. written instructions provided by the prescriber on the label or container
- e. Staff administering the medication must:
 - i. ensure they are witnessed administering the medication by another member of staff

- ii. complete and sign the Medicines Register (kept in the Office) each time they administer medication
 - iii. ensure the witness signs the Register
- f. Staff supervising excursions will always be aware of any medical needs and relevant emergency procedures. Any prescribed medication will be taken on trips in case of emergency.
- g. Guidelines for administering medication can be found in Appendix 3.
- h. Guidance on dealing with common long term medical conditions can be found in Appendix 4.

9. Staff medication

- a. Staff taking their own medication during the school day must follow the following procedure: •
 - i. Staff should inform their line manager or the Head of 11-16 Education that they are taking specific medication during the school day.
 - ii. Staff should be aware of any possible side effects of the medication that they are taking, such as drowsiness, and let the Senior Management Team know. •
 - iii. Staff with a particular medical need that may require specific medication on a regular basis, for example those with allergies who may need an epipen. This must be logged on the Staff Medical Needs document in the accident folder which can be found in the Centre Managers office•
 - iv. Any medication should be taken in the staff room, medical room or another area out of sight of children.
 - v. The medication must be stored securely, either in a lockable cupboard/drawer etc in their own area or in the staffroom (the door is permanently locked).

Document / Policy Change Request

Any changes to this document must be requested via the Head of 11-16 Education and/or Facilities department.

Document / Policy Reviewing and Approving

The policy will be reviewed at least on an annual basis by the Facilities Department and/or Head of 11-16 Education.

Appendix 1 - Minimum content required in first aid box

General guidance leaflet on first aid

Individually wrapped sterile adhesive dressings (assorted sizes)

Sterile eye pads

Triangular bandages

Safety pins

Medium sized sterile un-medicated dressings

Large sterile unmedicated gloves

Disposable latex gloves

Appendix 2 – Guidance

<u>Antibiotics</u>	Children on antibiotics should not return to school until at least 48 hours after the course starts. They can be at school whilst finishing the course but only if well enough to be here.
<u>Asthma</u>	If your child has asthma we must be notified and must have an inhaler in school. We can give two puffs but if we are worried that this does not work we will contact you immediately.
<u>Chicken Pox</u>	Consult your doctor and advise the school of the diagnosis. Keep your child at home for a minimum of 6 days from the onset of the rash. Spots should be dry and your child should feel well again before returning to school.
<u>Conjunctivitis</u>	Children must be home until this is treated and they are free of all symptoms. There should be at least 48 hours of treatment before they return to school.
<u>Coughs and Colds</u>	Although inevitable and not serious, children can feel very poorly and will be unable to work. Coughs and colds spread rapidly so children should be kept at home until well enough to participate fully in activities.
<u>Cuts</u>	Deep cuts should receive medical attention. Tetanus vaccinations should be kept up to date in case of cuts from rusty metal, contamination from soil etc.
<u>Flu</u>	Keep children at home until fully recovered.
<u>Fractures</u>	We can have children in school with arms/legs in plaster provided that they can cope physically i.e. manage any stairs and take themselves to the toilet. This will require individual assessment as circumstances arise
<u>German Measles</u>	Consult your doctor and advise school of the diagnosis. Children should be kept at home for a minimum of 3 to 4 days from the onset of the rash, and are infectious until the rash disappears
<u>Glandular Fever</u>	Can only be diagnosed with a blood test. There is currently no cure for glandular fever, but the symptoms should pass within a few weeks. Your child can return to school when he/she feels well enough if they are certified well by the GP.
<u>Hand foot & mouth</u>	Children should be kept at home until the blisters have gone. The illness is usually fairly mild but it can take 7 to 10 days for the blisters to disappear. Children are still infectious until the blisters have gone.
<u>Headlice</u>	Hair should be treated appropriately and inspected again 7/10 days later. Your child will be sent home if head lice are noticed.
<u>Impetigo</u>	Children should be kept at home until the infection has cleared or until 48 hours of treatment has been given. If it is suspected that a child in school has impetigo we will ask you to consult your doctor.
<u>Measles</u>	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 4 days from the onset of the rash. Children are still infectious until the rash has disappeared.
<u>Meningitis</u>	This is variable depending upon the type. Consult your doctor and advise school of the diagnosis. Children must be certified well by their GP before returning to school.
<u>Mumps</u>	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 5 days from the onset of the symptoms or until the swelling has totally subsided
<u>Scabies</u>	Scabies treatment is usually recommended for members of the same household, particularly for those who have had prolonged skin-to-skin contact. You should consult your GP and children can usually return to school the day after treatment.
<u>Scarlet Fever</u>	Consult your doctor and advise school of the diagnosis. Children with scarlet fever must be kept away from school until they have been on a course of antibiotics for at least 48 hours

Sickness and/or diarrhoea	Children MUST be kept at home for a full 48 hours following any sickness or diarrhoea. This is to prevent the rapid and inevitable spread of infection and to allow them time to recover. If a child is sick or has a bout of diarrhoea they will be sent home
Tonsillitis	This can be viral or bacterial. It can be spread easily so children need to be kept at home until symptoms ease to avoid passing on infection.

Appendix 3 – Administering medication guidance

Paracetamol

The administration of non-prescribed paracetamol to pupils should only be necessary in exceptional circumstances, for instance where they suffer regularly from acute pain such as migraine. On such occasions the parent must authorise and supply the paracetamol, with written instructions on when the medication should be administered. If a child has a temperature, he/she should be kept at home.

Tablets

The number of tablets should be tipped into the lid of the container and handed to the pupil. A glass of water should be available to ease swallowing unless the instruction for the medication indicates otherwise. Record details in the log book. Wherever possible, tablets should not be touched. The member of staff administering the tablets should assure themselves that the tablet(s) have been swallowed. Follow the specific instructions for the type of tablets, i.e. chew, store under tongue.

Liquid

The medicine should be measured out using a 5ml medicine spoon or the spoon, cup or syringe provided by the parent.

Topical Medication

Disposable gloves should be worn by the member of staff administering topical medications. The instructions with the medicine should be followed, e.g. spread thinly. The parent should clearly indicate the area of skin to be treated. When selecting disposable gloves for the application of topical medication, non-powdered latex gloves should be selected. If there are either staff or pupils who have known latex allergy, then either vinyl or PVC gloves must be selected.

Eye Drops

Reference should be made to the instructions accompanying the medication. The pupil should be seated or lying with their head tilted backwards and chin pointing upwards. The dropper must not touch the pupil's eye or eyelids to prevent cross infection. The pupil should be asked to look upwards immediately before instilling the drop. The drops should be dropped into the lower eyelid which should be held away from the eye, unless the directions indicate otherwise, which can sometimes be the case. The number of drops (dosage) should be indicated by the parent and be on the packaging. The pupil should be encouraged to close their eye afterwards to distribute the drops over the eye. The parents should clearly indicate which eye is to be treated and if both eyes, which eye is to be treated first

Ear Drops

Reference should be made to the instructions accompanying the medication. If facilities exist, the pupil should lie on their side with the ear to be treated uppermost otherwise the head should be reclined at an angle so the ear to be treated is facing upwards. Warm drops to body temperature if instructions allow this. Hold the ear backwards and upwards whilst administering the drops from the dropper provided into the ear canal. The parents should clearly indicate which ear is to be treated. The pupil should stay in this position for one or two minutes after administration of the drops.

Appendix 4 -Dealing with Certain Medical Conditions

Anaphylaxis

Anaphylaxis is an acute allergic reaction to foreign substances (allergies) in various forms. They can occur following exposure by ingestion, inhalation or injection and require urgent medical attention. The most common allergens are food, especially nuts (e.g., peanuts), eggs, cow's milk and shellfish. Other triggers may include certain medicines (e.g., Penicillin) or insect stings (e.g., from bees, wasps or hornets). In its most severe form it is life threatening, although incidents of this kind are very rare and prompt treatment is effective.

Typical symptoms of anaphylactic shock are:

- Restlessness, itching or a 'metallic' taste in the mouth
- Swollen lips, throat and tongue, difficulty in swallowing
- A change in the voice
- Struggling for breath
- A change in face colour
- Generalised flushing of the skin
- Itchy red or white patches on the skin
- Sudden feeling of weakness or floppiness
- Collapse and unconsciousness.

(NB a child with a known history of the condition may have his/her own description of the symptoms).

If a child is known to have had a severe (anaphylactic) reaction to any substance(s) this should be documented in the school medical records. All staff should be aware of 'at risk' children in school.

Anaphylaxis may occur in a child not thought to be 'at risk'. A child 'at risk' may be wearing a medical alert bracelet, disc or necklace stating the allergy from which the child suffers and possibly any relevant medication the child may require.

All members of staff should be aware of the location of such medication and those agreeing to administer must receive prior training so that they feel confident to do so (the School Nurse will be able to assist with or provide training). *Treatment*

1. NEVER leave the child alone.
2. Try to stay calm and reassure the child all the time.

Treatment may include oral antihistamines or adrenaline injection. Injection in the event of an emergency can normally be administered by use of an EpiPen, which gives a pre-measured dose of adrenaline. Administration of adrenaline if the child is not suffering from anaphylactic shock will not cause any adverse reaction in the child. It is far better to administer the adrenaline than to leave administration of adrenaline to a stage where anaphylaxis had progressed too far.

Diabetes

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high or too low because the body is unable to use it properly. People with diabetes have lost the ability to produce insulin (the hormone which controls blood glucose levels) as the cells in the pancreas, which produce it, have been destroyed. Without insulin the body cannot store glucose and so the blood glucose level rises and excess glucose leaks into the urine. Fat is also broken

down to replace glucose as the body's energy source. Symptoms of undiagnosed diabetes include weight loss, thirst, tiredness and an increased need to pass urine.

Diabetes cannot be cured, but can be treated effectively with regular insulin and/or an appropriate diet. The aim is to keep blood glucose levels close to normal and so prevent hyperglycaemia (too high levels) or hypoglycaemia (too low levels).

A child with diabetes is taught from an early age how to administer their own insulin injection. Usually a child will need two insulin injections a day and so will not need an injection at school; however, some children may need to administer an additional injection at lunch times.

The diabetic diet is based on starchy foods. Generally, it will be low in sugar and fat and high in fibre. Diabetic children need to eat at regular times of the day and to have snacks between meals. Children with diabetes may also need to carry out occasional blood tests to monitor their blood glucose level.

The greatest risk to a child with diabetes is hypoglycaemia (low blood glucose). This may be caused by a missed or delayed meal or snack, extra exercise or too much insulin. Hypoglycaemia may also occur more frequently in very hot or very cold weather. Each child's symptoms will differ, but may include:

- Hunger;
- Sweating;
- Drowsiness;
- Glazed eyes;
- Shaking;
- Mood changes;
- Lack of concentration.

Treatment is by immediately giving the child fast acting sugars such as chocolate, sugary drinks, fruit juices, honey or jam, or glucose tablets or gels (known as Hypo-stop). When the child has recovered (which usually takes 10 to 15 minutes) he/she should be given slower acting starchy food (e.g., sandwiches, milk, biscuits). On rare occasions, unconsciousness may result if the child is not given fast acting sugars promptly. If this occurs, the child should be put into the recovery position and an ambulance called. Sugary materials such as jam or honey can also be rubbed into the inside of the cheek. The child will fully recover with medical assistance.

Asthma

Asthma is a common cause of ill health among school children, particularly of primary school age. It is a disorder of the lungs in which the air passages become sensitive to a variety of common stimuli and become narrowed making it difficult to breathe. This may occur as a sudden acute attack, or lesser, more persistent narrowing may lead to chronic, less dramatic symptoms.

A variety of stimuli may induce an asthma attack including:

- Virus infections;
- Allergy (e.g., to dust, feathers, fur or, in rare cases, certain foods);
- Exercise;
- Cold weather or strong winds;
- Excitement or prolonged laughing.

Asthmatic children vary in the extent to which they are affected and most cases are mild and easily controlled. The majority of children will be able to participate fully in the School curriculum including sports activities. It may be necessary to take specific precautions for children whose asthma is triggered by particular allergens (e.g., keeping them away from school pets or flowering grasses).

Medication

Children with asthma may need to take medication during school hours. If it is not taken regularly or properly, severe asthma may develop. Two types of asthma treatment may be prescribed:

a) Treatments which give immediate relief. These are called bronchodilators. These should be readily available for the child to use whenever he/she needs to relieve asthma symptoms of coughing, wheezing or breathlessness. Examples of bronchodilators are Bricanyl and Ventolin.

b) Preventative treatments. These are taken regularly to damp down the sensitivity for the air passages. They must be taken regularly every day to get the best results and should not be used to relieve sudden attacks of wheezing and breathlessness as they do not have an immediate effect. It is unlikely that schools would need to keep preventative inhalers in school as administration of this medication can usually take place at home.

Treatment is usually given in the form of an inhaler. If the inhaler is used incorrectly it may spray into the surrounding air rather than into the lungs. However, asthmatic children would normally have spent many hours learning to use their inhaler properly. It is important that they should have access to their medication, particularly bronchodilators. They should be kept in the classroom or, pupils considered capable by their GP or the School Nurse, should carry their own inhaler.

Epilepsy

Epilepsy is a condition which results from a tendency towards brief disruptions in the normal electrical activity of the brain. This may vary from momentary inattention without loss of consciousness (Minor Epilepsy) to muscular spasm and convulsions (Major Epilepsy). In the majority of cases, the parents of an epileptic child will advise the School of the child's condition and appropriate emergency treatment. The parent should be asked to provide this information in writing. Staff who will come in contact with the child should be made aware of the condition.