



First Aid Policy

This policy applies to all sections of the School including the EYFS

Authority

This policy has been prepared in accordance with DFE Guidance on First Aid in Schools and has been authorised by the Proprietors of the School. Its status is advisory only. It is available to staff, parents, prospective parents and pupils via the web site.

It is designed to comply with common law and the Health and Safety at Work Act 1974 and subsequent regulations and guidance to include the Health and Safety (First Aid) Regulations 1981 in respect of an employer's duty to provide adequate and appropriate equipment, facilities and personnel to enable First Aid to be given to employees in times of illness or accident. This policy is also designed to comply with the School's duties to pupils and visitors and Paragraph 13 of the Education (Independent School Standards) Regulations 2014.

Nothing in this policy affects the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services at the site of the incident.

Definition

'First Aid' means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse, as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. First Aid does not generally include giving tablets or medicines to treat illness.

Responsibilities

The School, both as an employer and in providing appropriate care for pupils and visitors, has overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and qualified First Aid personnel and for ensuring that correct First Aid procedures are followed.

All staff are to be aware of First Aid procedures and know who to contact in the event of illness, accident or emergency. All staff should ensure that this policy is followed in relation to the administration of First Aid and will use their best endeavours, at all times, to secure the health, safety and welfare of pupils.

Anyone on the School premises is expected to take care for their own and others' safety and to seek First Aid treatment if necessary.

First Aiders

Mrs Illic, (qualified First Aider) and Mrs Tait, Senior First Aider ensure that stocks of First Aid consumables are maintained. Mrs Illic also has responsibility for the oversight of the Medical Room and for the care of pupils who need to use it. Her role is also to maintain the Accident Book and to contact parents if pupils are ill or have suffered an injury whilst at school.



First Aider	Course/Qualification	Date
Mrs Irene Tait	First Aid with Enhanced Skills.	March 2015 – March 2018
	Paediatric Infant and Child First Aid Certificate Level 3	10/7/17 - 10/7/18
Mrs Julie Ilic	First Aid for Appointed Person	07/9/15 - 06/9/18
Mrs Beverley Taylor	First Aid Appointed Person	Renewal 06/9/2018
Mrs Caroline Fallowfield	Paediatric Infant and Child First Aid Certificate Level 3	10/7/17 - 10/7/18
Mrs Suzanne Gray	First Aid Appointed Person	Renewal 06/9/2018
Mrs Jane Ramsay	Paediatric Infant and Child First Aid Certificate Level 3	10/7/17 - 10/7/18
Mrs Maura Moss	Paediatric Infant and Child First Aid Certificate Level 3.	10/7/17 - 10/7/18
Mrs Emma Wilson	Paediatric Infant and Child First Aid Certificate Level 3	10/7/17 - 10/7/18
Mrs Kim Siddon	Paediatric Infant and Child First Aid Certificate Level 3	10/7/17 -10/7/18
Mr Peter Bannister	First Aid for the Workplace	April 2015 – April 2018
Mrs Michelle Edwards	First Aid Appointed Person	Renewal 06/9/2018
Mrs Sarah Duff	Paediatric Infant and Child First Aid Certificate Level 3.	10/7/17 - 10/7/18
	Appointed First Aid.	Renewal 06/09/2018
Ms Catherine Swain	First Aid Appointed Person	Renewal 06/09/2018
Mrs Karen Woodfine	Paediatric Infant and Child First Aid Certificate Level 3	10/7/17 - 10/7/18
Mrs Jayne Lyons	Paediatric Infant and Child First Aid Certificate Level 3	10/7/17 - 10/7/18
Mr Garry Mitchell	Emergency First Aid at Work certificate	Until 29/06/18

Information detailing staff qualified in First Aid is displayed in classrooms around School. At least one qualified first aider is always present on site when children are present in both Lower and Senior Schools.

When EYFS children are present either on site or on a trip, there will always be a paediatric first aider present.

Training

First Aiders have responsibility for ensuring that their qualifications are kept up to date. First Aid at Work certificates are issued for a three year period only and then further certification is necessary.



Other First Aid qualifications are also renewed as required on certificate expiry dates. Epi Pen training is part of Staff INSET.

First Aid Boxes

First Aid boxes are located throughout the school as per the list at Appendix A. The basic contents are:

- a supply of individually wrapped plasters
- sterile eye pads with bandage
- triangular bandage
- safety pins
- a selection of sterile wound dressings in various sizes
- disposable gloves
- antiseptic wipes
- Eye wash solutions
- an *accident form

*If not completed at the accident location an accident form should be completed as soon as possible after the incident so that records can be kept according to legislation and for insurance purposes.

It is the responsibility of the Senior First Aider (Mrs I Tait) to check termly that the boxes are complete. Any person who uses an item from a box is to inform the Administration Office as soon as possible so that it can be replaced (stock replacement slips are included in each First Aid box). Mrs Tait will ensure that First Aid boxes are maintained and correctly stocked.

No medication is included in the First Aid boxes.

First Aid boxes will not contain Epipens as all pupils known to have severe allergic reaction to nuts or other allergens are responsible for carrying their own. A spare Epipen, for the individual pupil, is provided by parents in a named box, to be kept in the Medical Room for emergency use.

All staff taking an educational visit must see Mrs Taylor or Mrs Ilic well in advance in order to arrange collection of a First Aid Box. When activities take place away from School, First Aid requirements will vary according to the nature of the activity and associated risks. Consideration of First Aid requirements is included in the risk assessments for educational visits. The School mini buses carry First Aid Boxes.

Eye wash stations are positioned in locations where there may be an increased risk of injury to the eye. The locations of eye wash stations are indicated by signage.

Medical Room

This is located in the Reception/Administrative block adjacent to the school office. The Medical Room is used for medical treatment, including First Aid when required and can be used for the care of pupils during school hours.



Hygiene and infection control when dealing with a medical incident

Common sense infection control measures (such as hand washing and the use of disposable gloves when dealing with blood or bodily fluids) must be followed by all staff when dealing with medical incidents

Children may not return to School for 48 hours after vomiting or diarrhoea and parents must inform the School if their child contracts any infectious diseases.

Hand washing facilities and/or alcohol gel dispensers are available throughout the school

Single use disposable gloves are to be found in medical kits and must be used at all times when providing treatment involving blood or body fluids.

Yellow bags for the disposal of contaminated items are available from Medical Room.

Action in the Event of an Accident or Injury

First Aid trained members of staff have valuable skills and they should wherever possible, assess all injuries in situ. However, it is accepted that those with minor injuries may report directly to the Medical Room.

Any casualty assessed by the First Aider and judged capable of moving should be accompanied to the Medical Room.

In an extreme emergency an ambulance should be called by dialling 999.

Although not definitive, the following injuries or conditions should require the attendance of an ambulance:

- traumatic injury to head, back, spine, neck
- fracture of the skull, pelvis, or spine
- fracture of a bone in the leg or ankle
- heavy bleeding
- loss of consciousness
- penetrating eye injury
- breathing difficulties
- heart attack
- shock
- other injury, including burns, requiring immediate medical treatment

Casualties with suspected fractures or back or neck injuries must not be moved unless the ambulance personnel are present. For the patient's safety and insurance reasons, they must NOT be moved on the instructions of ANY bystander.

A person should be detailed to receive the ambulance at the nearest port of entry to the school and to direct the ambulance staff to the casualty.

If parents are unable to complete the journey to the school to accompany their child to hospital a familiar member of staff will accompany the casualty in the ambulance and remain at the hospital



until the parent or guardian arrives. A copy of the pupils medical and parental contact information will be provided by the administration staff to provide basic details for medical staff.

Where there is an urgent need for surgical or medical treatment to be given and the parents cannot be contacted, the decision about the competence of the child to give or withhold consent to urgent surgical or medical treatment, in the absence of the parent, must be the responsibility of the doctor.

Major Incidents

In the event of a major incident involving a number of casualties, the following action is to be taken by the senior person at the scene:

During School Hours:

- Inform the Office and state location and brief details of incident and number of casualties
- The office staff will call an ambulance and Police via a 999 call
- Contact and inform the Headmistress and/ or Principal
- Contact parents or next-of-kin

Out of School Hours:

- Call for Ambulance and Police via a 999 call
- Inform the Headmistress and Principal and state location and brief details of incident and number of casualties
- Remain at the scene to act as liaison between the emergency services and the Headmistress and Principal

Head injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence and drowsiness. The school policy with regard to head injuries is always to 'play safe'.

Parents will be asked to collect their child and seek expert medical attention.

The First Aider will ensure that any pupil who has been treated for a head injury, no matter how minor, takes home a note advising parents of developing symptoms that may require medical investigation.

Informing Parents

When an accident occurs, a First Aider, a member of the office staff or teaching staff will inform the parents of how the accident occurred and the injury sustained.

In the case of any significant injury, the pupil's parents may be asked to collect the pupil if the injury requires a visit to a hospital accident and emergency department.

If an accident happens during a sporting fixture or practice out of normal school hours, the member of staff in charge will ring the parent to inform them of the incident, what treatment has been given, and suggest follow-up treatment.



Accident Reporting

All accidents are to be reported internally as soon as possible after they occur by the member of staff who deals with it. Accident report forms are available from the Medical Room or from the administration office.

The registering Authority (ISI) will be notified of any serious accident, illness, injury to or death of a child while in our care and any action taken (with regard to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Notification will be made as soon as reasonably practicable but in any event within 14 days of the incident occurring. If there is reason to believe that any child or member of staff is suffering from a notifiable disease, action will be taken on advice given by the Health Protection Agency and the Registering Agency notified of any actions taken.

Incidents e.g. broken bones involving hospital treatment are recorded as a serious incident and may need referring to the Health and Safety Executive (0845 300 99 23) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

The School will inform the parents of any accident, injury, First Aid treatment or medication administered to pupils under 5 on the same day.

Mrs Julie Ilic ensures that the accident forms and books are filled in correctly and that the accident is reported to the HSE under RIDDOR 2013 and the HSE are kept informed as necessary. The School has a legal obligation under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations to report certain accidents involving staff, pupils or visitors.

In the event of an accident which involves personal injury to staff an accident form should be completed. The circumstances of the accident will then be investigated by the Headmistress who will report any concerns to the Proprietors.

Pupils with particular medical conditions

Pupils with particular medical conditions, e.g. severe food allergies, asthma, epilepsy, diabetes, are recorded on the school management information system (Hebron) with their basic medical condition and dietary needs. The same details, plus photographs of the pupils and their care plans, are retained in hard copy form by the Admissions Secretary in the school office. Hard copies of special dietary needs, including food allergies, are retained by the school kitchen and in the staff room.

Pupils with certain conditions/disabilities will have a copy of their Individual Health Care Plan stored on their file. This is shared with all staff and is taken on trips and visits outside School.

Sports Lessons and Fixtures

A member of staff with knowledge of emergency first aid should be present at all sports lessons, fixtures and events.

PE staff should ensure that they have access to a First Aid bag and a mobile phone during any sports lesson or fixture to enable them to contact the school office for first aid assistance or in the case of a serious injury contact the ambulance service.



Holidays and Off-site visits

Staff should consider carefully the likely risk to pupils and staff prior to the departure of a trip and a risk assessment should be completed. Arrangements for the trip will reflect this assessment, and in particular the need for First Aid cover.

At least one qualified First Aider must accompany any school party involved in any adventurous sport/activity or trip abroad. It is recommended that all other trips are accompanied by a member of staff who is at least 'Save a Life' qualified. All First Aiders should have access to a First Aid kit.

Procedure in the Event of illness

If a pupil (including one attending the EYFS setting) is unwell during lessons the member of staff present will assess the situation or seek guidance from a First Aider. Generally the pupil will be accompanied to the medical room. A First Aider will then decide if the pupil should go home because they are too unwell to remain in School or are infectious and pose a threat to the School community.

If it is decided that a pupil should go home, parents will be contacted. The pupil will be cared for by a First Aider until parents arrive.

Pupils are not allowed to return to School if they have suffered vomiting or diarrhoea for 48 hours and parents must notify the School if their child contracts any infectious diseases.

First Aid staff must follow Universal Infection Control procedures to prevent acquiring or spreading infection.

This procedure includes:

- The use of personal protective equipment such as gloves, aprons
- Hand washing
- Action to be taken in the event of needle stick injuries
- Cleaning procedures
- Measures to prevent an outbreak of infection

Dissemination of Information

This policy statement is reviewed on an annual basis, by the Headmistress, the School Administrator and the Senior First Aider, and it forms part of the staff handbook issued to all staff, teaching and support.

A copy of this policy is displayed on Senior/Lower School Staff Common Room noticeboards and the Administration Office noticeboard.

A copy of this policy is also provided for parents on the Kirkstone House School website.

Appendices:

Medicine Policy

Location of First Aid Boxes

Bodily Fluid Spillage

Policies for specific medical needs management



Appendix A

Medicines Policy

Kirkstone House School recognises and implements the recommendations provided by the DCSF Guidance on Managing Medicines in Schools and Early Years Settings (2005).

Children with Medical Needs

1. Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy, diabetes, ADHD.
2. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.
3. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Parents or guardians have prime responsibility for their children's health and should provide the school with information about their child's medical conditions. Whilst there is no legal duty requiring staff to administer medicines or supervise pupils taking their medicines, we will endeavour to accommodate pupils' medical needs in close cooperation with the parents.

An individual health care plan is completed by parents of pupils at Kirkstone House to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

The Aims of the Policy ensure:

- the school assist parents in providing medical care for their children to not only benefit the child directly, but also positively influence the attitude of their peers.
- training is arranged for staff who volunteer to support individual pupils with special medical needs as appropriate
- that there is clear guidance on the roles and responsibility of staff managing the administration (or the supervision of) of medicines in school
- that there are guidelines for pupils carrying and taking medicines themselves
- that there is a clear statement on parental responsibilities in respect of their child's medical needs
- there is appropriate liaison with the medical services as necessary
- that there are guidelines for record keeping
- that there are guidelines for the safe storage of medicines



Non-prescribed medication

Kirkstone House School has designated staff who, with a parent's written consent, will administer non-prescription medication to pupils:

Senior School:	*Mrs J Ilic	(Receptionist/First Aider)
	*Mrs B Taylor	(School Administrator/First Aider)
Lower School	*Mrs C Fallowfield	(Paediatric First Aider)
	*Mrs J Ramsay	(Paediatric First Aider)

Where a non-prescribed medicine is administered to a child it is recorded showing the date, time, type/dosage of medication (eg 2 x Paracetamol) the initials of the person administering and witnessing and the source of the parents authorisation (eg. written authorisation from parent/telephone authorisation from mother/father).

If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

Prescribed Medicines

Medicines should only be brought to school when essential; that is when it would be detrimental to the child's health if the medicine were not administered during the school day.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Guidelines

- Only medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist may be administered.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration.
- It is forbidden to accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medication for use by children e.g. methylphenidate.

- Only a *designated member of staff may administer a controlled drug to a pupil for whom it has been prescribed.
- In the interests of safety controlled drugs will be kept in a locked cabinet in the First Aid Room and Lower School Office and only designated staff should have access. A record of drugs administered to the individual pupil including those in the EYFS is kept for audit and safety purposes.



Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the day.

Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

Guidelines

- Parents must inform the school of any particular medical need of a pupil prior to admission or as soon as a medical need is developed.
- Where a pupil has long term medical needs, a health care plan will be written involving the parents and relevant health professionals. These will be reviewed on an annual basis.

This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Administering Medicines

No child under 16 should be given medicines without their parents' consent.

Guidelines

- Staff must check: the child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.
- If in doubt about any procedure staff should not administer the medicine but check with the parents or health professional before taking further action.
- Written records must be kept each time medicines are administered
- It is good practice to have the dosage and administration witnessed by a second adult



Self Administration

In specific circumstances pupils may be able to take medicines themselves. (A parental consent form must be completed).

Note: The transition to self management will have been taken by parents in consultation with health professionals. The safety of other pupils must be considered when there is self management of medicines in school. Self administration is not applicable in Lower School.

All medicines must be stored in a locked cabinet accessed by designated staff only.

Refusing Medicines

- If a pupil refuses to take medicine, staff should not force them to do so.
- Refusal or failure to present for routine prescribed medication, should be recorded and the parents informed on the same day. (Regular refusal to attend for medication will be reported to parents).
- If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Record Keeping

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

Although there is no legal requirement for schools to keep records of medicines given to pupils, and the staff involved, Kirkstone House School adopts good practice and chooses to do so. It is a legal requirement to keep records of medicines administered to children in EYFS. Our records offer protection to staff and proof that they have followed agreed procedures.

Disposal of Medicines

Staff should not dispose of medicines. Parents are informed at the end of the academic year of any medicines remaining in the school First Aid cabinet and they are asked to collect and dispose of these as required. Parents are also responsible for ensuring that date-expired medicines are returned to their pharmacy for safe disposal. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Sharps boxes (provided by parents) should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the parents of the child.



Educational Visits

In line with good practice for schools to encourage children with medical needs to participate in safely managed visits Kirkstone House School considers what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This includes reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include additional or revised risk assessments for such children.

Guidelines

- Risk assessments will be written to incorporate the needs of pupils with medical needs.
- Arrangements for taking medicines will be taken into consideration when planning visits.
- A copy of health care plans should be taken on visits in case of emergency.
- Staff must make positive steps to promote safety on visits and it is essential to liaise with parents in respect of pupils who need medication whilst out of school.
- Staff should record the administration of medicines whilst away.

Sporting Activities

At Kirkstone House School children with medical conditions are encouraged to participate in physical activities and extra-curricular sport in ways appropriate to their own abilities. Physical activity is seen to benefit their overall social, mental and physical health and well-being.

Guidelines

- Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan.
- Staff should be aware that some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.
- All adults should be aware of issues of privacy and dignity for children with particular needs.
- Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Work Experience

The Work Experience Coordinator will consider whether it is necessary to carry out a specific risk assessment before a young person commits to a work experience placement.

Home to School Transport

Most pupils with medical needs do not require supervision on school transport and if there is a specific requirement this should be noted on the child's individual health care plan and the appropriate staff should be informed and provided with guidelines on how to handle any medical requirement and receive appropriate training.



Parental Responsibilities:

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for the full time care of a child.

With regards to the authorisation of the administration of medicines at school it only requires one parent to agree to or request that medicines are administered.

Parents are given the opportunity to provide the Headmistress with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the Headmistress, reach agreement on the school's role in supporting their child's medical needs.

Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

Guidelines

- Parents are expected to keep pupils at home if they are unwell and observe recommended guidelines in respect of quarantine.
- Parents must keep the school fully informed of up to date information relating to their child's medical needs.
- Parents must complete necessary paperwork giving permission for the administration of medicines.

Staff Awareness

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Guidelines

- *All staff are made aware of any pupil who has medical needs.*
- *All staff receive EpiPen training on an annual basis.*
- *Staff responsible for First Aid in School are identified together with contact details on the First Aid notices displayed at various locations around the school site.*
- *If the administration of a medicine requires technical / medical knowledge, individual training will be given to staff by a qualified health professional.*

Links with other Policies:

First Aid
Health and Safety
Allergy Management
Asthma Management

Diabetes Management
Epilepsy Management
Educational Visits

Authorised by

Mrs Corinne Jones
Headmistress
On behalf of the Proprietors

Dated 1st September 2017

Date of next review 1st September 2018



Appendix B to the Policy on First Aid

Location of First Aid Boxes

Medical Room (fully equipped) (Box 1, Box 2, Box 3) Food Technology Room	Science Practical Room Library/Sports Hall Art Room Learning Support	Dining Room Boys' Changing Room Music School
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Lower School and EYFS

Staff Kitchen
Staff Room

School Vehicles

School Minibuses x 3

Appendix C to the Policy on First Aid

Guidelines for Dealing with Spillage of Bodily Fluids

The term *bodily fluid* describes blood, vomit, urine, faeces, cerebrospinal fluid, sputum, or any other bodily secretion or excretion.

In the event of a spillage, staff should use a body fluid spillage kit and wear appropriate protection i.e. disposable gloves, disposable plastic apron and if necessary eye and mouth protection with goggles and mask, if splash or spray is anticipated. Clear up the spillage by:

- Putting on gloves
- Covering the fluid with the supplied granules and leaving for 90 secs
- Using the supplied scoop, scoop into the yellow bin-bag
- Spraying the area with anti-bacterial/disinfectant spray to disinfect and remove smell
- Disposing of the bin-bag at the medical room

Disposable gloves/aprons are provided in all First Aid boxes along with a yellow plastic bag for disposal. This should be sealed and taken to the Medical Room and not treated as general waste.

A spillage kit can be obtained from:

- the Medical Room,
- the Senior School office
- the Lower School Staff Room
- the Dining Room.

After use, dispose of gloves, apron and towels in the yellow plastic bag provided.

For small amounts of fluids paper towels can be used. Disposable gloves should be worn and these and the paper towels disposed of in the yellow plastic bag.

Care should be taken to wash any area of the skin, which has been contaminated during treatment, with soap and water.

Authorised by

Mrs Corinne Jones
Headmistress
On behalf of the Proprietors

Dated 1st September 2017

Date of next review 1st September 2018



Annex D - POLICIES FOR SPECIFIC MEDICAL NEEDS MANAGEMENT

Policy for Asthma Management

What is Asthma?

Asthma is a condition of the respiratory system where the airways are affected when the person comes into contact with a trigger.

Typical triggers include:

- Colds & viral infections
- House dust mites
- Pollen
- Stress
- Contact with cigarette smoke

The airways narrow or swell and become obstructed and the person has difficulty breathing.

Objectives

- To provide appropriate care for any pupil who has asthma.
- To allow pupils with asthma to participate freely in all aspects of school life.
- To inform staff about the care needed for any pupil with asthma.

Setting up a care plan

1. When a pupil is new to Kirkstone House School, the parent/guardian will complete a medical questionnaire.
2. If this shows that the pupil suffers from asthma, then the SENCO will contact the parents.
3. A detailed health care plan for that pupil will be produced should their asthma worsen while in the school's care.
4. The Medical Ailment Form lists all pupils who suffer from asthma is distributed to all form tutors and other staff who may come into contact with the pupil (e.g. catering staff, after & before School care staff) at the start of the academic year and updated as necessary.

Medication

1. If the doctor prescribes an inhaler, the pupil should keep it upon his/her person and be responsible for its safekeeping. In the Lower School a parent may request for a named inhaler to be kept by the class teacher. It is recommended that a spare inhaler is kept in the First Aid cupboard in the Medical Room.
2. If the pupil joins a school trip (whether a day trip or residential), the Group Leader must contact the parent to confirm the current management strategy for that pupil.
3. It is the Group Leaders responsibility to ensure that pupils have his/her medication with them, although pupils should be encouraged at an early age to be responsible for their own medication.



Record-keeping and training

1. All staff, through reading of this document, should have an understanding of what it means to be asthmatic, the signs and symptoms of an asthma attack and what to do in an emergency
2. All medication given and observations made must be recorded.
3. All action taken by First-Aiders or person dealing with the incident must be recorded on a school accident form.

What to do if a pupil has an asthma attack

A pupil's asthma will normally be controlled by medication in the form of an inhaler. Sometimes an asthma attack may occur while under the school's care.

Signs and symptoms

Symptoms are varied and individual to the pupil.

They may include:

- The pupil may wheeze, and be unable to breathe out
- The airways in the chest become restricted
- The pupil may only be able to speak with difficulty
- The pupil may become distressed, anxious, exhausted, have a tight chest and may even go blue around the lips and mouth

Initial action

1. Stay calm and reassure the pupil.
2. Get help by telephoning or sending someone to :
 - **During school hours:** Alert the first-aider staff, fetch the spare inhaler from the medical room (if stored by the school).
 - **School trips:** Contact the Group Leader
3. Ensure that the reliever medication is taken. (Note: the medication must belong to the pupil having the asthma attack)
4. Listen carefully to what the pupil is saying and what he or she wants – they have probably been through this before.
5. Encourage the pupil to breathe slowly and deeply.
6. Most people find it helps to sit fairly upright, or to lean slightly forwards. They must **not** lie flat on their backs.
7. Loosen any tight clothing.

When the pupil feels better they can return to School activities. The pupil's parents or guardian should be informed after an attack even if relatively brief.

If the pupils condition does not improve or worsens

Call 999 and request an ambulance urgently if:

- There is no change in the pupil's condition after 5 or 10 minutes
- The pupil is becoming distressed or unable to talk
- The pupil is getting exhausted, becomes disorientated or collapses
- The pupil looks blue
- You have any doubts about the pupils condition



Further action to be taken by First Aider/Group Leader:

1. Monitor the pupil closely until paramedic help arrives
2. The First Aiders/Group Leader should give a detailed hand over to the paramedics/parents (if present).
3. When an ambulance arrives, a familiar and responsible adult should accompany the pupil and the parents should be informed of the details regarding the location of the hospital and an update on the condition of the pupil.
4. A de-briefing session should be offered afterwards to everyone involved.

Authorised by

Mrs Corinne Jones
Headmistress
On behalf of the Proprietors

Dated 1st September 2017

Date of next review 1st September 2018



Policy for Allergy / Anaphylaxis Management

What is Allergy?

Allergy is when the body reacts to a foreign substance called an allergen, this triggers an exaggerated response from the immune system.

An allergic reaction can occur following exposure to many things including:

- Ingestion - Food (nuts, fish, dairy products)
- Injection or bites (specific drugs, wasp and bee stings)
- Skin or airborne contact (with particular materials eg. grasses, dust etc.)

The reaction can range from mild to severe (anaphylaxis).

Objectives

- To provide appropriate care for any pupil who shows an allergic reaction to a trigger.
- To allow pupils with allergies to participate freely in all aspects of school life.
- To inform staff about the care needed for any pupil with an allergy.

Setting up a Health Care Plan

1. When a pupil is new to Kirkstone House School, the parent/guardian will complete a medical questionnaire.
2. If this shows that the pupil suffers from an allergic reaction, then the SENCO will contact the parents
3. A detailed health care plan for that pupil will be produced should they suffer an allergic reaction while in the school's care.
4. A list of all pupils who suffer from allergic reactions is distributed to all form tutors and other staff who may come into contact with the student (e.g. catering staff, after & before School care staff) at the start of the academic year and updated as necessary.

Medication

1. If the doctor prescribes an Epipen, a Senior School pupil may keep it upon his/her person and be responsible for its safekeeping. The class teacher may keep this for Lower School pupils.
2. If the pupil joins a school trip (whether a day trip or residential), the Group Leader must contact the parent to confirm the current management strategy for that pupil and this must form part of the Risk Assessment.
3. It is the Group Leader's responsibility to ensure that pupils have his/her medication with them, although pupils should be encouraged at an early age to be responsible for their own medication.



Record-Keeping and Training

1. All medication given and observations made must be recorded in the Medical Record book in the Medical Room.
2. All action taken by First-Aiders or person dealing with the incident must be recorded on a school accident form.
3. Staff are encouraged to participate in annual Epipen training delivered by the local School Nurse Service.

Notes

1. A spare Epipen is kept in the Medical room.
2. An Epipen training session is arranged annually in the recognition and management of an allergic reaction. All staff are encouraged to attend so they will be aware of the signs and symptoms of an allergic reaction and be competent in caring for the pupil until paramedic help arrives.
3. The Catering department will be informed of pupils with food allergies to ensure that the pupils' dietary needs are catered for and food is clearly labelled if it contains nuts or other known allergens.

Protocol for the care of a pupil with an allergic reaction.

A pupil's allergic reaction will normally be controlled by avoiding known triggers or by self-administering medication.

Sometimes an allergic reaction may occur while under the school's care that the pupil needs help in dealing with.

This protocol has been drawn up to give advice on what to do if this should happen. The action required will depend on the severity of the reaction.

Mild reaction

Signs and symptoms

Symptoms are varied and individual to the pupil.

They may include:

- Anxiety
- Widespread Rash/Blotchy skin
- Itchiness
- Swelling of tongue and throat
- Impaired or severe breathing difficulty from tight chest
- Puffiness around the eyes
- Vomiting

Initial action

1. Stay calm.
2. Get help by:
 - ***During school hours:*** Call or send someone to the school office to alert First Aid trained staff and request the pupil's emergency box from the Medical Room
 - ***School trips:*** Contact the Group Leader



Further action to be taken by First Aiders/Group Leader or any person trained in allergy management who is first at the scene:

1. Assess the student, remain calm & re-assure them.
2. Assist in the administration of students own first line treatment as appropriate (e.g. Piriton (anti-histamine syrup/tablets)).
3. Monitor the student closely for further reaction as the student may go on to display further signs & symptoms of a severe reaction.
4. If the pupil feels better, allow them to rest and contact the parents.

Severe reaction (Anaphylaxis)

Signs and symptoms

As well as the symptoms listed for a mild reaction the signs and symptoms of a severe reaction are varied and may include:

- Cold/clammy skin
- Blue/grey tinge around the lips
- Weakness/Dizziness/Drowsiness
- Difficulty in breathing
- Feeling of impending doom

This may progress further to:

- Restlessness
- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)
- Unconsciousness

A pupil with a severe reaction does not always display the signs & symptoms of a mild reaction first. If any doubt, treat for a severe reaction

Initial action

1. Stay calm.
2. Get help by:
 - ***During school hours:*** Call or send someone to the school office to:
 - a) alert First Aid trained staff and request the pupil's emergency box from the Medical Room
 - b) to request an ambulance is called.
 - ***School trips:*** Contact the Group Leader

Further action to be taken by First Aiders/Group Leader or any person trained in allergy management who is first at the scene:

1. Assess the pupil, remain calm and re-assure them.
 - Locate the pupils Epipen if a known allergy sufferer (in their school bag/blazer pocket), or send someone for the emergency Epipen from the Medical room.
 - Administer the Epipen as per training.
2. Stay with the pupil and monitor the pupil closely until the ambulance arrives.



3. When the ambulance arrives, the First Aiders/Group Leader should give a detailed hand over to the paramedics/parents (e.g. how long the pupil has shown the symptoms, what time the EpiPen was administered).
4. If the parents have not arrived at the school a familiar and responsible adult should accompany the pupil to hospital. The used EpiPen should be taken to the hospital with the pupil in the ambulance.
5. A de-briefing session should be offered afterwards to everyone involved.

This protocol should ensure that appropriate care is given to any student who experiences an allergic reaction while under the care of the school.

Authorised by

Mrs Corinne Jones
Headmistress
On behalf of the Proprietors

Dated 1st September 2017

Date of next review 1st September 2018



Policy for Diabetes Management

What is Diabetes?

Diabetes is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. People with diabetes control their blood sugar by diet and insulin injections. If the blood sugar levels fall too low then the person may become hypoglycaemic (Hypo). If the blood sugar level is too high the person may become hyperglycaemic (Hyper).

Objectives

- To provide appropriate care for any pupil with diabetes.
- To allow pupils with diabetes to participate freely in all aspects of school life.
- To inform staff about the care needed for any pupil with diabetes.

Setting up a Health Care Plan

1. When a pupil is new to Kirkstone House School, the parent /guardian will complete a medical questionnaire.
2. If this shows that the pupil suffers from diabetes, then the SENCO will contact the parent.
3. The parent will be invited to meet the staff to produce a detailed health care plan for that pupil.
4. All staff will be informed of any pupil with diabetes.

Medication

1. A pupil with Type 1 diabetes will normally have insulin injections and these will usually be done at home. If the pupil has to inject at school, and/or do a blood test they will be advised to do this in the Medical Room where a 'sharps' box is available for the safe disposal of any needles after use. The pupil may keep the insulin kit in the Medical fridge located in the utility room.
2. If the pupil joins a school trip (whether a day trip or residential), the Group Leader must contact the parent/guardian to confirm the current management strategy for that pupil and this should form part of the risk assessment.
3. It is the Group Leader's responsibility to ensure that pupils have his/her medication with them, although pupils should be encouraged at an early age to be responsible for their own medication.

Record-keeping and training

1. All staff, through reading of this document, should have an understanding of what it means to be diabetic, the signs and symptoms of a diabetic hypo or hyper attack and what to do in an emergency.
2. All medication given and observations made by the staff must be recorded in the pupil's individual medical file.
3. All action taken by First-Aiders or person dealing with the incident must be recorded on a school accident form.

Notes

A pupil with diabetes may need to eat snacks at different times to the timetabled breaks to help them maintain a normal blood glucose level. This should be allowed and not be questioned. Early lunches may also be needed.



Protocol for the care of a pupil with Diabetes

A pupil's diabetes will normally be controlled by daily medication taken at home.

Hypoglycaemia (Hypo)

Causes of Hypoglycaemia

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

This protocol has been drawn up to give advice on what to do if this should happen. The action required will depend on the consciousness of the pupil.

Signs and symptoms

Symptoms are varied and individual to the pupil.

They may include:

- SUDDEN onset
- Weakness, faintness or hunger
- Palpitations, tremors
- Strange behaviours or actions
- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

The pupil themselves may be able to tell you they are "hypo", although sometimes they may be confused. ***If in doubt treat for a "hypo"***.

If the pupil is conscious

Initial action

1. Stay calm.
2. Get help by telephoning or sending someone to :
 - ***During school hours:*** Alert the first-aider staff, fetch an appropriate sugary snack, drink or the pupils emergency glucose tablets, glucogel etc.
 - ***School trips:*** Contact the Group Leader
3. Give fast acting sugar e.g. glucose tablets, fruit juice, fizzy drink (not diet), biscuits or chocolate.

Wait for 10 minutes and if the pupil feels better, follow with a carbohydrate snack (eg. cereal bar, toast, a sandwich etc.)

Once recovered allow the pupil to resume school activities.

Notify the parents that a hypo took place at school.



If the pupil becomes drowsy and unconscious then the situation is now **LIFE-THREATENING** – Call an Ambulance and contact the parents immediately.

Initial action

1. Stay calm, and place the pupil into the recovery position.
2. If a parent has provided emergency medication, e.g. Glucogel, this can be administered whilst awaiting the arrival of an ambulance)
3. Monitor the pupil closely until paramedic help arrives.
4. The First Aiders/Group Leader should give a detailed hand over to the paramedics/parents. If the parents have not arrived at school a responsible adult should accompany the pupil in the ambulance.
5. A de-briefing session should be offered afterwards to everyone involved.

Hyperglycaemia

Causes of Hyperglycaemia

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

Signs and Symptoms

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

Initial action

1. Stay calm.
2. Get help by telephoning or sending someone to:
 - ***During school hours:*** Alert the first-aiders staff, fetch a drink (water or a sugar-free drink)
 - ***School trips:*** Contact the Group Leader
3. Encourage the pupil to drink (water or a sugar-free drink)
4. Allow the pupil to administer extra insulin
5. Allow the pupil to rest before resuming school activities if able
6. Contact the parents to advise that a hyperglycaemic episode occurred at school.



This protocol should ensure that appropriate care is given to any pupil who experiences difficulty with their diabetic regime while under the care of the school.

Authorised by

Mrs Corinne Jones
Headmistress
On behalf of the Proprietors

Dated 1st September 2017

Date of next review 1st September 2018



Policy for Epilepsy Management

What is Epilepsy?

Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fits). A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up.

The brain is responsible for all the functions of your body, so what you experience during a seizure will depend on where in your brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them.

Objectives

- To provide appropriate care for any pupil who has epilepsy
- To allow pupils with epilepsy to participate freely in all aspects of school life.
- To inform staff about the care needed for any pupil with epilepsy.

Setting up a Health Care Plan

1. When a pupil is new to Kirkstone House School, the parent/guardian will complete a medical questionnaire.
2. If this shows that the pupil suffers from epilepsy, then the SENCO will contact the parents.
3. A detailed health care plan for that pupil will be produced for guidance should an epileptic seizure occur while the pupil is in the school's care.
4. A list of all pupils who suffer from epilepsy is distributed to all form tutors and other staff who may come into contact with the pupil (e.g. catering staff, after & before School care staff) at the start of the academic year and updated as necessary.

Record-keeping and training

1. All staff, through reading of this document, should have an understanding of what it means to be epileptic, the signs and symptoms of epileptic attack and what to do in an emergency
2. All medication given and observations made must be recorded.
3. All action taken by First-Aiders or person dealing with the incident must be recorded on a school accident form.

Types of seizure

Tonic - Clonic seizures

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.



What to do if a pupil has a Tonic - Clonic epileptic seizure

Initial action

1. Stay calm and reassure the pupil. Pupils will tend to follow your example
2. Get help by telephoning or sending someone to:
 - **During school hours:** Alert the first-aider staff
 - **School trips:** Contact the Group Leader
3.
 - a) Protect the person from injury - remove harmful objects from nearby
 - b) Cushion their head.
 - c) Look for an epilepsy identity card or identity jewellery.
 - d) Aid breathing by gently placing them in the recovery position once the seizure has finished.
 - e) Stay with the person until recovery is complete.
 - f) Be calmly reassuring.
4. When the pupil feels better they can return to School activities.
5. The pupil's parents or guardian should be informed after an attack even if relatively brief.

Do not:

- Restrain the person's movements.
- Put anything in the person's mouth.
- Try to move them unless they are in danger.
- Give them anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

If the pupils condition does not improve or worsens

Call 999 and request an ambulance urgently if:

- You know it is the person's first seizure.
- The seizure continues for more than five minutes.
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

Further action to be taken by First Aider/Group Leader:

1. Monitor the pupil closely until paramedic help arrives.
Contact the school office to advise that parents should be called.
2. The First Aiders/Group Leader should give a detailed hand over to the paramedics/parents (if present).
3. If the parents have not arrived at school when the ambulance arrives, a familiar and responsible adult should accompany the pupil and the parents should be informed of the details regarding the location of the hospital and an update on the condition of the pupil.
4. A de-briefing session should be offered afterwards to everyone involved.

Focal (partial) seizures

Sometimes the person is not aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.



Initial action

1. Stay calm and reassure the pupil. Pupils will tend to follow your example
2. Guide the person from danger.
3. Stay with the person until recovery is complete.
4. Explain anything that they may have missed.

Do not:

- Restrain the person.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.
- Give the person anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

If the pupils condition does not improve or worsens

Call 999 and request an ambulance urgently if:

- You know it is the person's first seizure.
- The seizure continues for more than five minutes.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

Absence seizures

During an absence seizure, the pupil will be are unconscious for a few seconds. You appear to be daydreaming or switching off. You don't know what is happening around you, and you can't be brought out of it.

Because anybody can daydream at any time, absences can be very hard to spot. It's possible to have hundreds of absence seizures a day, preventing the pupil from fully taking part in daily activities. The pupil could also miss out on tiny pieces of information or events. This may be mistaken for lack of attention or concentration and staff should be aware of, and note, any significant changing patterns of behaviour which may indicate epilepsy.

Authorised by

Mrs Corinne Jones
Headmistress
On behalf of the Proprietors

Dated 1st September 2017

Date of next review 1st September 2018