

PARK SCHOOL AND NURSERY – 13A FIRST AID POLICY

ACCIDENT, FIRST AID AND MEDICINES/MEDICAL CONDITIONS

1. QUALIFIED FIRST AIDERS:

- 1.1 **FIRST AID AT WORK, PAEDIATRIC, EMERGENCY FIRST AID AT WORK, SCHOOL'S FIRST AID FIRST AIDERS** (qualifications are updated every three years):- Lists of qualified staff are located in the emergency folders held in all classes, the School Office, the staff room, and relevant communal areas, as well as the Nursery and Health and Safety Office. (The list also includes details of staff trained in the use of an auto-injector and defibrillator and those trained to oversee diabetic care). **It is the responsibility of the Health and Safety Officer to maintain these lists and to monitor and plan training and refreshers as required.**

2. POLICY STATEMENT

- 2.1 Park School (Reception to Year 6) and Park School Nursery aim to support and welcome pupils with medical conditions, offering as far as we reasonably can, the same opportunities as to other pupils. Children with medical needs will, as far as reasonably practicable, be encouraged to attend and participate in School/Nursery life as fully as possible. Qualified First Aiders are available at all times when the school is open. When one or more children of Nursery/Reception age are on site Paediatric trained First Aiders are available. This policy is reviewed, evaluated and updated annually by the Health and Safety Committee.
- 2.2 The School will ensure that first aid is administered in a timely and competent manner through the effective implementation of this policy.

3. RECORDS OF MEDICAL NEEDS

- 3.1 Medical lists are compiled in September by the Admissions Manager from updated information obtained from Pupil Confidential Information Forms (PCIFS). Year group Medical Lists are stored in class emergency folders in the main school and in the Nursery kitchen for Nursery. A master medical list is available to the Health and Safety Officer, School Office and is placed in the hall/First Aid stations. Parents are asked to keep the school updated concerning their child's medical condition and lists are updated accordingly and circulated.
- 3.2 For children with specific / long term medical needs, a written Individual Health Care Plan will be initiated by the Health and Safety Officer in consultation with parents and/or Health Care Professionals. This can include: details of the child's condition, special requirements, e.g. medication, dietary needs, pre-activity precautions, any side effects of medication, where the medicine will be stored, what constitutes an emergency and any action to be taken, who to contact in an emergency and the role and names of staff involved in the child's care. A risk assessment will also be carried out if necessary, for each individual's circumstances and circulated as appropriate.

4. RESPONSE TO A CHILD FEELING ILL

- 4.1 The School/Nursery can only administer any medicines which have been prescribed for that child or for which they have a signed consent form and the Health and Safety Officer/Bursar have given approval (see [section 6.2](#))
- 4.2 The School Office should be consulted by the class teacher if a pupil is ill in School. If appropriate, the decision will be made by the First Aider in the School Office, in consultation with the Health and Safety Officer/Bursar/Headteacher, to send the child home. The School Office will also inform the Headteacher and Bursar when a child is sent home feeling unwell. Absences will then be recorded by the School Office via an email sent to relevant staff.

5. RESPONSE TO ACCIDENT/ INJURIES/ MEDICAL CONDITIONS

- 5.1 Be aware of Child Protection Measures. First Aid will always be administered in an 'open' situation, unless this compromises the child's right to privacy, when another member of staff should be present as a witness. This is because there is a possibility that a member of staff could be accused of improperly touching a pupil during the administration of First Aid.
- 5.2 First Aid administered must be recorded on one of the First Aid record sheets that are kept with each of the First Aid boxes/bags. These are collected and uploaded to an electronic database on a weekly basis by the first aid co-ordinator. This database is then reviewed weekly by the Headteacher and any trends discussed with the Health and Safety Officer and reported to the Bursar and full Health and Safety Committee each term.
- 5.3 All minor injuries may be treated by trained members of staff (observing the guidelines set out in the First Aid boxes). **No member of staff or parent helper should administer First Aid unless he or she has received proper training.**
- 5.3.1 If children are injured before the start of lessons they may be sent to the School Office. During the main school day, they should be treated by a Qualified First Aider (Paediatric if in Early Years) or if this is not possible, sent to the School Office.
- 5.3.2 Exposed cuts and abrasions will be covered with a waterproof dressing. Clean cold tap water should be used to wash mouths or broken skin. Hands should be washed before and after administering First Aid. Disposable gloves must be worn.
- 5.3.3 The patient's blood or other body fluids should be washed off with soap and water if the First Aider comes into contact with them.
- 5.3.4 Disposable plastic gloves must be worn when staff are mopping up blood or body fluids. Paper towels will be used for mopping up and soiled towels/gloves should be disposed of in sealed yellow plastic bags in the designated first aid waste bin in the School Office. First Aid waste should NOT be disposed of in any normal waste bin or sanitary bin.
- 5.3.5 Special granules are available from the site manager to soak up and treat vomit.
- 5.3.6 Surfaces should be wiped down with an antibacterial disinfectant.
- 5.3.7 Sterile water or sterile normal saline in sealed disposable containers should be used for eye irrigations. These should not be re-used once the seal has been broken.
- 5.4 First Aid kits are to be found in the following locations:-
- No. 43 - The Medical room
 - No. 45 - Staff cloakroom on first floor/ in Nursery
 - No. 47 - Staff cloakroom / TA room upstairs
 - No. 49 - Outside staff cloakroom/upstairs in TA room
 - Hall entrance (via dining room)
 - School Office
 - School Kitchen
 - Music Room
 - Junior School Art/Science room
 - Staff Room Building - TA room upstairs
 - Dean Park Sports Ground
 - Minibuses
- 5.5 Travelling First Aid kits are stored in the School Office. **A travelling First Aid kit and trained First Aider must accompany all groups going on any outside visit.** Each kit is to be logged out and returned immediately after the visit. If any items are used, please inform the School Office. Sports staff each

have a first aid kit with their emergency folder which they take to fixtures and training sessions. All First Aid administered should be recorded on the log sheet in the kit. Any serious accidents should be reported following the reporting procedure.

- 5.6 There is also a First Aid kit under the seat in each minibus. The First Aid co-ordinator is responsible for equipping the First Aid kits, ordering the stock and ensuring that all items are in date and entering first aid data onto the database.
- 5.7 Serious injuries must be brought to the attention of the Health and Safety Officer (or if unavailable the Headteacher/Bursar via the School Office). Serious injuries include all head injuries, fractures and sprains. Therefore ANY knocks to the head or face must be treated as serious and the Health and Safety officer/Headteacher/Bursar should be contacted immediately.
- 5.7.1 If there is an accident or incident in the playground that is serious enough to take all of the available adults' attention, the bell should be rung to establish control over all the children while the incident is dealt with. Extra help should be summoned to the accident spot if necessary.
- 5.7.2 All children who suffer serious injuries, but remain in school, need to be monitored - a green form will be given to the class teacher/ Nursery Practitioner, who **must** pass this on to the parent in person or telephone parents if they do not see them at home time. The child should also be given a sticker to wear to make everyone aware of the need to monitor them.
- 5.7.3 The Health and Safety Officer, Bursar, Headteacher (or other member of the Senior Leadership Team) will decide whether an ambulance is to be summoned and one of them will contact the parents. If the parents do not arrive before the ambulance is ready to leave, a member of staff will accompany the child to hospital. If a child needs to be sent home, as a result of an accident or injury, the child should be taken to the School Office/ Nursery Manager, and the Health and Safety Officer, (or Bursar or Headteacher will be summoned and will contact the parents as necessary.
- 5.7.4 In the event of a serious injury, an accident report form should be completed and handed to the Health and Safety Officer as soon as is reasonably practicable and in any event, by the end of the same working day. These are available from the School Office/Health and Safety Office and on this School intranet. The form is to be used in the event of an accident you think may be serious, an accident involving an outside agency or requiring the attendance of a Medical Practitioner, a Physician, or a Paramedic, or any accident which results in a child being sent home from School or parents being called.
- 5.7.5 If a member of staff has an accident a staff accident form should be completed (available from the School Office and on the School intranet).
- 5.8 For children in Nursery/Reception (EYFS) parents should be shown the accident form and date and initial it.
- 5.9 Certain types of injuries such as fractures and injuries which result in the casualty losing consciousness, going to and being treated in hospital or being incapacitated for 7 or more days, or death of a child, need to be reported under RIDDOR. (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and to OFSTED (EYFS) and child protection agencies (EYFS). The Health and Safety Officer is responsible for submitting these reports as soon as is reasonably practicable, but definitely within 14 days.
- 5.10 The School Office should be notified of any suspected food poisoning, infectious problems or diseases (e.g. Head Lice). The School Office will then inform the Headteacher, Bursar and Health and Safety Officer. In the case of Head Lice, notes are sent home to the parents of all the children in the class/year group of the infected child, informing them of the outbreak. For other infectious conditions the advice contained on the Public Health England website is followed. If the outbreak is more serious, affecting 2 or more children, the Health and Safety Officer, in consultation with the Headteacher and Bursar,

will inform Public Health England and OFSTED (EYFS) and follow their advice. This may involve notifying parents throughout school. The School's/Nursery's procedure for infectious diseases is outlined in the Parent's Handbook/ Nursery Handbook. The Health and Safety Officer is responsible for submitting these reports as soon as is reasonably practicable, but definitely within 14 days.

6. ADMINISTRATION AND STORAGE OF MEDICINES

6.1 Generally speaking, pupils in School/Nursery who require medication will fall into three broad groups:

6.1.1 those who are completing a course of prescribed treatment,

6.1.2 those who have specific, usually longer term, medical needs, e.g. asthma (covered in more detail in section 6), epilepsy and diabetes

6.1.3 those with conditions that can, often without warning, require swift emergency medication/treatment e.g. anaphylaxis (covered in more detail in section 7) or defibrillation (covered in more detail in section 8).

6.2 It is preferable for parents to administer medicines to their children, however this might not always be practicable. If the child has been ill but is fit to return to School/Nursery before a course of prescribed medicine is complete, the School/Nursery can arrange for the medicine to be given, provided that the medicine is in the original, pharmaceutical container with the dispenser's label and information stating:-

- The child's name
- The name of the medicine
- The prescribed dose
- The frequency and method of administration
- Any possible side effects
- The expiry date of the medicine

6.2.1 A form (available from the School Office/Nursery) must be completed and signed by the parent detailing the request for administration of medicine, the name and dosage of the medicine to be administered and the time when the medicine is to be administered. The form will be kept with the medicine when it is in School/Nursery and filed in the child's file at the end of the course of treatment. (If these requirements are not met, or if the medicine is out of date, or if the directions on the signed parental form differ from the dispenser's label, the medicine will not be administered.) In certain circumstances, non-prescription medicines can be administered to children providing parents have provided prior written consent and this has been agreed and signed off by the Health and Safety Officer/Bursar.

6.2.2 Medicines need to be brought to the School Office/Nursery by parents in the morning where the necessary form can be completed and signed.

6.2.3 Medicines in the School will be stored in the School Office in a locked cabinet or in the medicines fridge as appropriate and will be administered by First Aid qualified, School Office staff.

6.2.4 Medicines in the Nursery will be stored in a locked Cabinet in the Nursery kitchen or in a special container in the Nursery fridge and will be administered by Nursery staff.

6.2.5 The administration will be recorded in the relevant medicines' log in the School Office/ Nursery Kitchen.

6.2.6 The medicines need to be collected by parents from the School Office/Nursery staff at the end of each day. **Parents of Nursery and Reception aged children should be shown the medicines log and date and initial the entry.**

6.3 Details of the storage of medicines for children with long-term medical needs are outlined in Section

6 (Asthma), Section 7 (Anaphylaxis) and Section 8 (Diabetes).

- 6.4 Children's medical needs will be considered when planning an off-site visit and appropriate medication/equipment will be taken on the visit by the suitably qualified First Aider. Administration will be recorded on a School/Nursery's medicines' log sheet, or on a child's diabetes record sheet.
- 6.5 Appropriate medicines/ equipment, e.g. inhalers, auto-injectors, diabetes kit, defibrillator, will be taken to sporting activities.
- 6.5.1 Administration will be recorded on a School medicines' log sheet according to school procedures, or on a child's diabetes record sheet.
- 6.6 Only medicines which have been prescribed to individual children and for which the School / Nursery has a signed consent form/health care form will be stored in School/Nursery.
- 6.7 No 'out of date' medicines will be kept in School/Nursery.
- 6.8 Controlled Drugs - The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations 2001. The School/Nursery can store and administer these drugs provided they have been prescribed and the appropriate forms giving permission have been completed and signed. Any child taking a controlled drug will have an Individual Health Care Plan. The drugs must be stored in a locked non-portable container to which only named staff have access.
- 6.9 Emergency folders are to be found in the following locations:
- class register boxes
 - First Aid areas
 - Communal rooms
 - School Office
 - Staff room
- They contain:
- Lists of children and details of their long term medical needs
 - Advice sheets
 - Help cards

7. ASTHMA

- 7.1 Asthma is a long-term medical condition that affects the airways. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritates these airways, causing them to react. Triggers can include tobacco smoke, having a cold or flu, chalk dust, house dust mites, mould, pollen and grass cuttings, stress and emotion, furry and feathery animals, scented deodorants and perfume, latex gloves, dust from flour and grains, chemicals and fumes, cleaning and gardening products, wood dust, weather and air quality.
- 7.2 Signs and symptoms of an asthma attack include:
- Coughing
 - Shortness of breath
 - Wheezing
 - Tightness in the chest (younger children may express feeling tight in the chest as tummy ache)
 - Being unusually quiet
 - Difficulty speaking in full sentences

7.3 If you suspect a child is having an asthma attack:

- Follow the advice card in the Emergency Folders

- Do not delay
- Call an ambulance immediately and commence emergency action if the child:
- appears exhausted
- has blue/white tinge around their lips
- is going blue
- has collapsed

7.4 School Office to

- dial 999 – ambulance control must be told what is suspected (asthma attack etc.), the full name and address of the school, the exact location of the school
- get mobile phone to incident
- contact parents, Bursar, Headteacher and Health and Safety Officer
- Member of office staff to wait at entrance to direct paramedics

7.5 The vast majority of pupils with asthma should only need to take reliever medication at School/Nursery. Parents are encouraged to provide a spare reliever/inhaler stored in the classroom for use in emergencies. An emergency reliever inhaler is also kept in the School Office for emergency use (for those pupils whose parents have agreed in writing to its use).

7.6 Parents of pupils with asthma will be asked to fill out an Individual Healthcare Plan by the Health and Safety Officer, detailing the child's condition and medication needs. These will be reviewed annually by the Health and Safety Officer or following a pupil's asthma review appointment with their doctor or asthma nurse. Copies of the HCP are stored in the class, office and sport emergency folders, and on the school database.

7.7 All staff have access to a list of children with asthma and emergency procedures in the Emergency folders. Supply/Cover teachers also have access to these folders so that they can immediately see which children have inhalers in school.

7.8 It is the class teacher's/Nursery Practitioner's responsibility to:

- ensure that all pupils with asthma are allowed to access their reliever inhaler freely at all times. Reliever inhalers should be kept in the child's orange medpac bag hung on the emergency medication hooks.
- know which inhaler belongs to which child. Each asthma medication should be clearly labelled with the child's name, stored in an orange named med-pac bag near the emergency folder in the classroom. Nursery children's inhalers are stored in the medicine cabinet in the kitchen.
- know which children have permission to be given the emergency inhaler held in the School Office.
- ensure that the children with asthma always know where to find their inhaler including the spare when they need it.
- The Health and Safety Officer will check the expiry date for asthma medication on the first day of each term. Class teachers will be expected to ask parents to replace any out of date medication.
- ensure any spacer supplied with the inhaler is named, stored with the inhaler and used appropriately.
- ensure that the inhaler is taken to other areas on/off site when the child leaves the classroom.
- return inhalers to the parents when they are due to expire.
- be aware of any possible triggers and try to reduce or eliminate their effect

7.9 If a doctor or asthma nurse advises that a pupil needs to use a nebuliser in school, the staff involved will be trained by a healthcare professional.

7.10 **Children in Years 3-6** suffering from Asthma can be responsible for administering their inhaler

themselves. As part of the HCP parents authorise their child to be responsible for administering their own inhaler. Staff should monitor these children and inform parents if the child appears to be overusing their inhaler.

- 7.11 **For children in Nursery, Reception and Years 1 and 2** Inhalers will be kept in the classroom/Nursery and be administered under staff supervision. **Staff should ensure that they record the administration on the appropriate form kept in the classroom/ Nursery. (Forms are available from the Health and Safety Officer).**
- 7.12 Pupils with asthma are encouraged to participate in all PE and activity based lessons, after-school clubs and sports activities. PE staff will be provided with a list of pupils with inhalers in their HCPs by the Health and Safety Officer and they should ensure these pupils have their medpac bag containing their inhaler with them. They should be aware of any possible triggers e.g. pollen and try to reduce or eliminate their effect. PE staff will speak to parents if they have any concerns about a pupil's asthma especially if they do not have an inhaler at school or if a parent is concerned about their child's participation in sports activities. If exercise or physical activity makes a pupil's asthma worse, staff should always ensure that they use their reliever inhaler immediately before they warm up. If a pupil has asthma symptoms while exercising they should stop, take their reliever inhaler and wait at least five minutes or until they feel better before starting again.
- 7.13 An emergency inhaler kit will be taken to sport for those pupils with permission to use it in an emergency.
- 7.14 PE staff should ensure that each pupil's medpac bag with inhaler is labelled and placed in a box that is easily accessible at the start of the lesson. If a pupil needs to use their inhaler they should be encouraged to do so and helped if necessary.
- 7.15 For off-site visits, the party leader should ensure that pupils with Asthma have their medpac bags with their inhalers with them prior to departure. The party leader/ nominated teacher should ensure that the pupils use their inhalers as required during the visit. On residential visits, parents are asked to fill in medical information/consent forms. These forms are taken on the visit by the Party Leader and copies left with the School Contact and Out of Hours Contact. An emergency inhaler will be taken for those pupils with permission to use it in an emergency.

8. ANAPHYLAXIS

- 8.1 The School recognises that early identification of the signs and symptoms of anaphylaxis is vital in giving the best possible treatment and outcome. While we have children in School with known allergies and conditions that make them susceptible to anaphylaxis, it is also possible that any individual may suffer a sudden unexpected reaction. As a school we therefore carry out anaphylaxis training for the majority of staff on an annual basis to keep staff familiarised with the signs and symptoms so that they can recognise anaphylaxis.
- 8.2 A significant anaphylactic reaction is present where any of the following occur following exposure to an allergen:
- Swollen lips and tongue or feeling a lump in the throat
 - Itching sensation in the throat/mouth
 - Pale and clammy skin
 - Blue colour to the lips/tongue/gums
 - Difficulty in breathing and/or swallowing
 - Drowsiness
 - Loss of consciousness and collapse
 - Rapid or weak pulse
 - Breathing stops, no pulse felt and the heart stops beating

8.3 Some or all of the following signs may also occur following contact with the allergen:

- Urticarial rash (nettle rash or hives)
- Itching on the outside of the body and/or sneezing
- Runny eyes
- Swelling of face
- Swelling of lips
- Flushed face and neck
- Cough and/or wheeze
- Feeling of faintness and /or apprehension
- Possibility of vomiting and/or diarrhoea

8.4 If you suspect a child is having an allergic reaction:

- Follow the procedure on the Allergic Reaction Emergency care found in all Emergency Folders
- Do not delay

8.5 The School Office will:

- dial 999 – ambulance control must be told what is suspected (anaphylaxis), the full name and address of the school, the exact location of the school
- get mobile phone to incident
- contact parents, Bursar, Headteacher and Health and Safety Officer
- Member of office staff to wait at entrance to direct paramedics
- When the ambulance arrives;

8.6 Inform the paramedics at what time the adrenalin injections were given. PARAMEDICS MUST BE ADVISED OF THE PRESENCE OF SHARPS IN THE EMERGENCY BOX.

8.7 If an Auto Injector is accidentally injected into the hand/other part of the body of the person administering it, they must seek medical advice by visiting the local A & E Department (Casualty). They can be taken by car. If the person is KNOWN to have a cardiac condition they will need to go by ambulance following accidental injection.

8.8 All staff will be provided with a list of children with Auto Injectors by the Health and Safety Officer. Names of the children, their photograph, details of their allergy and emergency procedures are displayed in the emergency folders around the School.

8.9 Parents of pupils with Auto Injectors will be asked to fill out an Individual Healthcare Plan by the Health and Safety Officer detailing the child's condition and emergency medication needs. These will be reviewed annually by the Health and Safety Officer. Individual Health care Plans are stored in the class, School Office and Sports emergency folders, and on the school database.

8.10 Parents are asked to supply 2 named Auto Injectors for their child – these are stored in the child's named orange medpac bag hanging on the emergency medication hook in their classroom, and the school auto injectors are stored in the dining room medpac bag. In Nursery, Auto Injectors are stored in the Nursery kitchen. A copy of the child's HCP containing clear instructions for use, and dosage of any accompanying medication, is kept in the emergency folder along with the emergency procedure cards.

8.11 Parents are responsible for checking expiry dates of all medication, but both Auto Injectors for each child will be checked on the first day of term by the Health and Safety Officer to ensure they are in date and parents will be advised if a replacement is needed. All medication will be returned to the parents upon expiry.

8.12 If anti-histamines have been prescribed as part of the emergency treatment, they should also be kept in the child's named medpac bag

- 8.13 The child's Individual Health Care Plan will list food management systems which need to be in place.
- 8.14 For off-site visits, the party leader should ensure that pupils have their named medpac bag with both their Auto Injectors and associated medication with them prior to departure. There should be a trained member of staff on any off site visit who would be responsible for carrying and administering the medication if required. On residential visits, parents are asked to fill in medical information/consent forms. These forms are taken on the visit by the Party Leader and copies left with the School Contact and an Out of Hours Contact.
- 8.15 PE Staff will be provided with a list of children with Auto Injectors. PE staff should ensure these children have their medpac bag with both Auto Injectors and associated medication with them before leaving the school site and should ensure that each pupil's medpac bag is labelled and kept in a box at the start of the lesson along with the Emergency folder.
- 8.16 The school holds spare Auto Injectors of both doses sizes for use in the event that children who have been prescribed this medication but do not have it in school. The Health and Safety officer is responsible for regularly checking expiry dates. The Headteacher has authority to make a written request for replacement Auto Injectors from the local pharmacist when required.
- 8.17 Allergen cards are used by the catering staff to ensure children with food allergies/intolerances are given alternative foods. The catering manager is responsible for ensuring the cards/alternative meals are available for the appropriate children.
- 8.18 Staff are required to read the allergy risk assessment which lists the control measures in more detail.

9. DIABETES

- 9.1 Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This can be due to an inefficient pancreas, the insulin produced in the body not working properly or a combination of both. There are two types of diabetes. Type 1 (more common in children) where the body cannot produce any insulin and needs it replaced by medication and Type 2 where the body's supply is inefficient and may need medication to support it.
- 9.2 **Signs and symptoms are different for every child and should be listed on the Individual Child's Healthcare/Diabetes plan.**
- 9.3 **Hypoglycaemia (Glucose levels too low): This can occur due to:**
- taking too much medication
 - delayed/missed meal/snack
 - not enough carbohydrate
 - increased strenuous activity
- 9.4 Hypos are usually unexpected, sudden, rapid, without warning and unpredictable. A child should not be left alone during a hypo. A trained person must be called and treatment brought to them. (Treatment is listed on their Individual Healthcare plan.)

Signs:

- hunger
- trembling
- sweating
- anxiety/irritability
- rapid heartbeat
- tingling of lips
- blurred vision

- paleness
- mood change
- difficulty concentrating
- vagueness
- drowsiness

9.5 Hyperglycaemia (Glucose levels too high): This usually occurs when the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump (if this is their treatment regime).

The symptoms do not appear suddenly but build up over a period of time. They include:

- thirst
- frequent urination
- tiredness
- dry skin
- feeling sick
- blurred vision
- tummy ache

9.5.1 Harmful substances can build up in the body (ketones) and a smell like pear drops/nail polish remover may be noticed.

9.5.2 If readings are high for some time then a ketone test may be done and if detected, treated as an emergency. (Parents informed and emergency procedures followed (see Individual Healthcare plan).

9.6 Staff Training:

9.6.1 A number of staff will be trained by a qualified diabetic nurse and assessed as competent. Only trained staff will oversee or assist the child to test their own blood glucose level, administer their medication, change needles etc. as detailed in the plan.

9.6.2 The blood sugar level may necessitate a change in the amount of insulin given. If given by injection this will be always be administered by a trained member of staff and double checked by a second trained member of staff and records counter-signed.

9.6.3 Entries into a child's pump will be checked by the supervising member of staff.

9.6.4 All staff will be provided with a list of children with long term medical conditions by the Health and Safety Officer. Names of the children, their photograph, details of their allergy/condition, and emergency procedures are in the emergency folders.

9.6.5 The names of trained staff are on the list of qualified First Aiders. Training is updated regularly. Names of the children with medical needs and emergency procedures are to be found in the Emergency folders so that Supply/Cover teachers will be immediately able to see which children have special medical needs/medication in school.

9.6.6 A record of any medication administered, including blood glucose levels and the dose of medication administered will be kept with child's diabetes kit.

9.7 Management of Diabetes:

9.7.1 Parents of pupils with diabetes will be asked to fill out an Individual Healthcare Plan by the

Health and Safety Officer detailing the child's condition and medication needs. This may be provided by the diabetes nurse/doctor treating the child. These will be reviewed annually by the Health and Safety Officer. An advice sheet is stored in the diabetes kit and the class emergency folders.

- 9.7.2 The management plan for each child with diabetes will be different and is listed on their Individual Healthcare plan. This should be followed at all times. The room where the medication will be administered will be carefully chosen to preserve dignity and privacy.

9.8 Storage of Medication:

- 9.9 Parents are asked to supply a separate diabetes kit. Each kit is stored in the child's named medpac bag out of the reach of other children. A copy of the child's Individual Healthcare Plan containing clear instructions for use/ dosage, accompanying medication etc and an emergency procedure card is kept in the emergency folders.
- 9.10 Spare insulin will be kept in the medicines fridge in the School Office or in the fridge in the Nursery in a special labelled container if required.
- 9.11 Parents are responsible for checking expiry dates of all medication, but the diabetes pen for each child will be checked monthly by the trained person overseeing administration to ensure it is in date and parents will be advised if a replacement is needed. All medication will be returned to the parents at the end of each term.
- 9.12 Pupils with Type 1 diabetes need to eat at regular, pre-determined intervals. Extra-curricular activities will be arranged to allow for this. The child's Individual Health Care Plan will list food management systems which need to be in place.
- 9.13 For off-site visits, the party leader should ensure that pupils have their diabetes kit with them prior to departure. There should be a trained member of staff on any off site visit who would be responsible for carrying and overseeing the administration of the medication if required. On residential visits, parents are asked to fill in medical information/consent forms. These forms are taken on the visit by the Party Leader and copies left with the School Contact and Home Contact.
- 9.14 The majority of pupils with diabetes should be able to fully participate in sport following the guidelines in their Individual Healthcare plan. PE Staff will be provided with a list of children with diabetes. PE staff should ensure these children:
- 9.14.1 have their diabetes kit/snacks with them before leaving the school site and should ensure that each pupil's medpac bag is placed in a box at the start of the lesson along with the Healthcare plan/an emergency procedure card. Each PE teacher has a copy of the HCP and an emergency procedure card in their emergency folder.
- 9.14.2 have tested their blood sugar levels before any activity. If the blood sugar level is 15 mmols/l or above the pupil should not take part in physical activity and a ketone test should be performed.
- 9.14.3 have eaten enough before the start of the activity and have snacks available if necessary. They may need to eat an additional snack before/during or after activity (see Individual Healthcare plan).
- 9.14.4 (for pupils who use an insulin pump). Staff should check if the pump needs to be disconnected prior to strenuous activity. Staff will check that the pupil has reconnected the pump after activity and retested their blood glucose level. The pump should not be disconnected for more than 1 hour (see Individual Healthcare plan).
- 9.15 Staff should refer to www.diabetes.org.uk for more information.

10. COVID-19

For full details of the current procedure see the latest Coronavirus Risk Assessment.

- 10.1 Children displaying Covid 19 symptoms will be isolated and sent home as quickly as possible and parents advised to arrange for the child to have a PCR test. If the test result is positive, the child and their household will be required to isolate for 10 days. Office staff will wear PPE when dealing with a symptomatic case
- 10.2 Staff displaying Covid 19 symptoms will be sent home immediately and advised to arrange for a PCR test. If the test result is positive, the staff member and their household will be required to isolate for 10 days.
- 10.3 The school will aid Track and Trace in identifying close contacts of a positive case. Close contacts will be advised to arrange a PCR test, although children under 18 will not be required to isolate unless they develop symptoms. Staff members in close contact will have to isolate for 10 days.
- 10.4 Face coverings will be worn for administering first aid during Covid times due to social distancing not being possible.

11. DEFIBRILLATOR

- 11.1 The School has a defibrillator for use in a cardiac emergency. Sudden cardiac arrest occurs when the heart develops an arrhythmia (abnormal heart rhythm) that causes it to stop beating. Cardiac arrest strikes suddenly and without warning.
- 11.2 All staff will be informed of the identity of any children at risk. Emergency help, an emergency information sheet and risk assessment with photograph will be placed in the Emergency folders where relevant.
- 11.3 Signs/symptoms of cardiac arrest:
 - Most casualties feel and look very unwell for a while before the heart stops.
 - Sudden loss of responsiveness (no response to tapping on shoulders).
 - Casualty does nothing when you ask if they are OK.
- 11.4 In the event of an emergency:
 - Do not delay
 - Check for danger- remove if safe to do so.
 - Assess Airway, Breathing and Circulation continuously.
 - Send SOS card to School Office to call 999 immediately or call from any phone and send for the defibrillator.
 - Ambulance control must be told:
 - that the casualty is having a cardiac arrest and any known medical condition
 - the full name and address of the school
 - the exact location within the school
 - Check casualty regularly for a pulse/breathing and start CPR immediately
 - Connect the defibrillator (trained member of staff). **Ensure correct pads are attached and pads are not placed over any pacemaker area etc.** The machine will tell you if it is to be operated.
 - If a shock is advised, ensure everyone is clear and follow the voice control of the machine. Continue CPR in between shocks, as directed by the voice/visual prompts.
 - If a shock is not advised, resume CPR immediately as directed by voice/visual prompts.
 - Report details of any use of the defibrillator to the ambulance crew.

- 11.5 The defibrillator will be kept in the Nursery Kitchen out of the reach of other children. Its location will be appropriately signed. The battery is checked regularly kept and records kept in the School Office.
- 11.6 A risk assessment will be carried out for off-site visits involving any of the children at increased risk. If appropriate, the party leader should ensure that they have the defibrillator with them. If the parents are not accompanying the visit, there should be a trained member of staff on any off site visit who would be responsible for carrying and administering the defibrillator if required. On residential visits, parents are asked to fill in medical information/consent forms. These forms are taken on the visit by the Party Leader and copies left with the School Contact and Out of Hours Contact.
- 11.7 PE Staff will be provided with information on children who are at increased risk. PE staff should ensure that there is a trained member of staff at sport who will be responsible for carrying and administering the defibrillator if required.
- 11.8 The defibrillator batteries will be changed before their expiry date or when alerted by the machine. Battery status is checked regularly by the School Office staff and the Health and Safety Officer is responsible for checking this has been done monthly, as well as ensuring that the pads are in date and renewed as required

12. RESPONSIBILITIES:

12.1 The Proprietor, Park School Ltd, as a School and an employer are responsible for:

- 12.1.1 ensuring the School/Nursery has insurance which includes cover for the administration of First Aid/ medicines;
- 12.1.2 ensuring comprehensive procedures are in place for the administration of First Aid/ medicines and that staff are aware of these procedures (via the Health and Safety Officer);
- 12.1.3 providing and recording appropriate training undertaken to support the medical needs of pupils and ensuring the training is updated on a regular basis (via the Health and Safety Officer);
- 12.1.4 ensuring accurate records of administration of First Aid/ medicines are kept (via the Health and Safety Officer);
- 12.1.5 ensuring there are appropriate and sensitive systems for sharing information about a child's medical needs (via the Health and Safety Officer in consultation with the Headteacher).

12.2 The Bursar is responsible for:

12.3 Governance and oversight of this policy and its implementation.

12.4 The Headteacher is responsible:

- 12.4.1 for ensuring the School/Nursery's procedures for the administration of First Aid/ medicines are followed;
- 12.4.2 for ensuring that staff are available and adequately trained to administer the appropriate First Aid/ medicines;

12.5 The Health and Safety Officer is responsible for:

- 12.5.1 Implementing and reviewing the First Aid/Medicines Policy in consultation with the Bursar;
- 12.5.2 Maintaining the administration of First Aid/ medicines systems as agreed with the Bursar;
- 12.5.3 Liaising with the Health Care Professionals as appropriate;
- 12.5.4 Facilitating information sharing;
- 12.5.5 Initiating, agreeing, implementing and monitoring Individual Health Care Plans.
- 12.5.6 for ensuring that medicines are stored safely;

12.6 Teachers and other staff are not required to administer First Aid unless trained to do so. They are not required to administer medicines unless they are happy to do so. The School/Nursery will arrange for any appropriate training for administration of specific medicines. The School/Nursery's insurance policy covers staff to administer First Aid/ medicines. Details of the Public Liability insurance cover is available in the staff room.

12.7 Class Teachers will:

- 12.7.1 ensure they are aware of the medical needs of the children in their class (listed on the class medical list in the emergency folder);
- 12.7.2 keep comprehensive records of their needs which are regularly updated and inform the School Office of any changes;
- 12.7.3 be aware of the likelihood of a medical emergency arising with an individual child and what action to take if one occurs (back-up cover should be considered for staff absence/unavailability);
- 12.7.4 liaise with Health Care Professionals where appropriate to support the medical needs of the children in their care.
- 12.7.5 ensure that all other staff who teach/supervise the children are aware of their needs.
- 12.7.6 ensure that a supply/cover teacher will immediately see that there are children who have asthma, diabetes, Emergency Auto Injectors or who are at increased risk of cardiac arrest.

12.8 All Staff involved with a child with medical needs (whatever the time of day) will:

- 12.8.1 be made aware of the child's medical condition, his/her needs and treatment including any warning signs of the condition and/or possible side effects of treatment. There should be a clear 'alert' system and accurate, prompt information sharing between staff;
- 12.8.2 ensure they have been adequately trained to support the medical needs of the children in their care.

12.9 Parents are responsible for:

- 12.9.1 Providing full up to date information about their child's medical needs, including details of medicines required;
- 12.9.2 Completing and signing a form detailing the request for administration of medicine in School/Nursery;
- 12.9.3 Delivering and collecting the medicines;
- 12.9.4 Completing, signing and agreeing an Individual Health Care Plan, if appropriate, with the school's Health and Safety Officer.

13. FURTHER GUIDANCE/INFORMATION

- Guidance on First Aid for Schools 2002 DFES Publication
- Supporting pupils at School with Medical Conditions 2017.

- Medical Conditions at School website
- Equality Act 2010, the Special Educational Needs and Disability regulations 2014 and SEND Code of Practice: 0-25 years
- Emergency asthma inhalers for use in schools 2015
- Anaphylaxis Resource Pack For Schools Dorset Healthcare University NHS Foundation Trust
- Using emergency adrenaline auto-injectors in schools 2017
- EYFS Framework 2017
- CPR and AED First Aid Made Easy- South-Western Ambulance Service
- Automated external defibrillators (AEDs) in schools 2019
- www.diabetes.org.uk website

13.1 All the above are available from the School's Health and Safety Officer.