

## First Aid Policy

	Page
Introduction	1
Responsibilities and Training	3
Recording and Reporting Accidents and RIDDOR	7
Dealing with Spillage of Body Fluids	11
Administration of Medicines	12
Defibrillator Policy	15
Arrangements for Pupils with particular Medical Conditions	17
Physiotherapy Treatments in School	31
Other Policies	33
APPENDIX A - Location of First Aid Kits	34
APPENDIX B - Medical Information for Parents	35
APPENDIX C - Pupil Confidential Health Information Form	37
APPENDIX D - Medication Form	43
APPENDIX E - Notification of Head Injury Form	44
APPENDIX F - Incident Form	45
APPENDIX G - Incident Reporting Procedures	47
APPENDIX H - Medical Care Plan	48
APPENDIX I - Specimen letter to inform parents of emergency Salbutamol inhaler use	50
APPENDIX J - Staff - First Aid Training Records	51

*Any serious deficiencies in the School's first aid protocols which are shown to place pupils at risk will be remedied and updated without delay.*

**Updated: September 2018, KB**

**Review: September 2019, KB**

## Introduction

In accordance with the *Health and Safety at Work Act 1974*, Davenies has produced this *First Aid Policy* to set out the policies, procedures and arrangements which are used in the School. This includes ensuring that the School has adequate and appropriate equipment and facilities, and staff suitably qualified in medical and first aid training.

This Policy applies to the whole school, including the EYFS.

## Legislation, Compliance and Guidance

Davenies recognises its duty under the *Health and Safety (First Aid) Regulations 1981* to ensure that there is adequate first aid provision for employees who become ill, or who are injured, at work.

Davenies complies with the *Health and Safety (First Aid) Regulations 1981, Guidance on Regulations (2013)* in its provision of first aid trained staff and 'designated first aiders'/'appointed persons' for all our employees, and also provides more than adequate provision for pupils.

In addition, the *Children and Families Act 2014* places a specific legal requirement relating to first aid through the statutory framework for the Early Years Foundation Stage Framework from the DfE (March 2017). This publication specifies that:

“At least one person who has a current paediatric first aid (“PFA”) certificate must be on the premises and available at all times when children are present, and must accompany children on outings.”

“All newly qualified entrants into early years must have a current PFA within 3 months of starting work.”

These requirements apply to all children up to the age of five, and our medical and Pre-Prep Reception year staff are trained as appropriate.

As required by the *School Premises Regulations 2012*, Davenies has a dedicated Medical Room with adequate space for medical and dental examination and care. This area contains its own WC, washroom and shower area. Everyone in the School, including our EYFS children, have access to this Medical Room. The School also complies with DfE's *Supporting Pupils at School with Medical Conditions (2015)* by keeping detailed records of illnesses, accidents, and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a pupil.

In addition, Davenies acknowledges the following guidance in bringing together this Policy and all its first aid procedures and arrangements:

- DfE *Health & Safety: Advice on Legal Duties and Powers (2014)*
- DfEE *Guidance on First Aid for Schools (2014)*
- DfE *Supporting pupils at school with medical conditions (December 2017)*
- DfE *Mental health and behaviour in schools (2016)*
- DfE *Automated external defibrillators a guide for schools (2017)*

- NMC The Code: Standards of conduct, performance, and ethics for nurses and midwives (2015)
- NMC Standards of Medicines Management (2015)
- RCN Toolkit for School Nurses (August 2017)
- Misuse of Drugs Act 1971
- The Human Medicines Regulations (2012)
- PHE Promoting Children & Young People's emotional Health and Wellbeing (2015)
- PHE Health Protection in Schools and Other Childcare Facilities (2018)

Our aim is to ensure all children with medical conditions, in terms of both physical and mental health are properly supported in school, so they can enjoy a full and active role in school life, remain healthy and achieve their full academic potential.

This *First Aid Policy* is available for all staff on the School's Intranet.

## Responsibilities, Qualifications and Training

### Internal Management

The internal management responsibility for first aid is delegated to the Headmaster, and in turn to the Bursar and to the Sister. At least one member of staff qualified in first aid is available onsite when children are present.

The **Headmaster** is responsible for ensuring that parents are aware of the School's Health and Safety and First Aid practices.

The **Bursar**, as the School's Safety Representative/Competent Person, is responsible for:

- Liaising with the Sister to carry out appropriate Risk Assessments
- Regularly keeping the Headmaster and the Governing Body informed of the implementation of this Policy
- Ensuring that the number of First Aiders/Appointed Persons meets the assessed need
- Ensuring that the equipment and facilities are fit for purpose

### Medical Team

The **Sister**, who is the School's Health Representative, is responsible for:

- First Aid and the Administration of Medicines
- Reporting of Accidents/Injuries, Diseases and Dangerous Occurrences
- Carrying out appropriate Risk Assessments in liaison with the Bursar
- Ensuring that parents are aware of the School's *First Aid Policy*
- Ensuring that the first aid provision is adequate and appropriate
- Developing detailed procedures
- Monitoring of individual care plans
- Disseminating information to relevant staff about individual conditions
- Train staff in specific medical procedures related to individual care plans

The Medical Room is staffed during term-time from Monday to Thursday between 8:30am - 5:00pm, and on Friday from 8:30am - 4:00pm, by the Sister and/or the Welfare Assistant or another qualified first aider, who are responsible for any medical care or first aid that may be required during the school day, and who will, if necessary, call an ambulance and accompany the injured person to hospital.

Occasionally other staff may be required to assist with minor injuries, provided they have completed a Basic First Aid at Work or Sports Injury Training Course.

### Staff

The School endeavours to ensure that as many staff as possible have received training on a first aid course recognised by the Health and Safety Executive for work places.

All EYFS staff have attended a 12-hour Paediatric training course. At least one member of EYFS staff is on school grounds at all times that EYFS pupils are present, and at least one member of EYFS staff will accompany any offsite activities/trips for EYFS pupils. This member of staff will administer first aid to a pupil who suffers an injury during an outing, and will, if necessary, call an ambulance.

All staff who teach/coach swimming hold the National Rescue Award for Swimming Teachers and Coaches, which is renewable every two years.

The Sister maintains a list of staff members who have received first aid training (available on Staff Intranet)

Teachers' conditions of employment do not include giving first aid. Staff may, however, volunteer to undertake first aid tasks. However, all staff in charge of pupils (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children.

Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.

### **School Holidays**

During the School Holidays, any incidents are to be reported to the School Office. A First Aid trained member of staff (Bursar, Admin or Site Team) will attend to any first aid needs. It is important that when annual leave arrangements are being made that at least one qualified first aider is on site throughout the working day.

### **Contact with Pupils**

Depending on the nature of the illness or injury, treatment may require touching or holding of a pupil or part of their body by the Sister or another trained member of staff.

### **Contacting Parents / Guardians**

A Pupil Information Form is completed by the parents / guardians of every pupil entering the School. This form asks for contact details for the parents / guardians, and "other points of contact (if parents / guardians are not available)". Contact details of the child's GP are also requested.

Parents / guardians will be contacted if medical assistance is thought necessary. However, should no parent be available, medical assistance will be sought by the School and the child will be accompanied to the doctor/hospital by an appropriate member of staff.

The School is aware of its duty to inform parents of any accident or injury sustained by their son on the same day, or as soon as reasonably practicable, and details of any first aid treatment given. A Medical Form is completed by the parent/guardian consenting to emergency treatment if required.

When EYFS pupils receive medical treatment during the day for ANY illness, accident or injury, however minor, parents / guardians are informed verbally by the pupil's form teacher, and this will be followed up by a note in the pupil's Home-School Record Book.

Where younger pupils receive medical treatment during the day, parents / guardians are informed either verbally by the pupil's form teacher, or in writing in the pupil's School Book. Older more capable pupils are asked to tell their parents of any minor medical treatment they receive.

### **Calling an Ambulance**

If someone at the School has an accident, first aid trained staff and appointed persons have received guidance on when to summon medical help. The Sister is normally responsible for summoning an ambulance, and for escorting the pupil to hospital where the parents are not yet present, but all first aid trained and appointed person trained staff are aware that if the Sister is unavailable, they should summon an ambulance themselves. An appropriate member of staff will always stay with a child in hospital until their parents have been contacted.

**Dial 999 or 112** for an ambulance

Please see the following Diabetes, Asthma, Anaphylaxis, Concussion and Epilepsy Policies for when to call an ambulance.

### **Records**

In accordance with HSE guidelines, the School retains records of all treatment and medicines that have been administered to adults for at least 3 years and for pupils up to their 25<sup>th</sup> birthday. All records are then destroyed appropriately. All visits to the Medical Room are recorded on the School's MIS: Davenies Manager, and individual notes are filed in a locked cabinet. Additional Record Books are maintained in the PE Office, Science Laboratory and the DT Room (checked by Sister every six weeks), with information entered onto Davenies Manager.

For further information, please see our *Data Protection Policy*.

### **First Aid Kits**

The Medical Room houses comprehensive facilities and first aid equipment.

In addition, First Aid Kits are placed in all the practical academic departments as well as the services areas. The Sister is responsible for ensuring that the Kits are equipped as recommended in the current guidance with a 'sufficient quantity' of basic first aid material, and nothing else. Further contents as appropriate to the area/activity are also added. The contents of each Kit will be replenished as soon as possible after use in order to ensure an adequate supply of all materials. Anyone using supplies is therefore asked to notify the Sister immediately. Please see *Appendix A* for a list of the locations of First Aid Kits at Davenies and their basic contents.

Each School Minibus is equipped with a First Aid Kit; and at least one is taken on every Educational Visit/Offsite Activity. Games Staff are required to take an orange medical kit and walkie talkie to St Mary's grounds.

**Personal Protective Equipment (PPE)**

The School maintains stocks of appropriate PPE and all relevant staff members are trained in its safe usage.

**Risk Assessments**

The Sister works with the Bursar and the Risk Assessment Coordinator to carry out detailed Risk Assessments of all first aid and medical procedures. The purpose of such risk assessments determine an extra provision required over and above the minimum provision, and cover the needs of individual pupils with particular medical conditions, and the risks to staff and any visitors who may come into School.

## Recording and Reporting Accidents and RIDDOR

All schools are required to keep detailed records of illnesses, accidents, and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a pupil or employee.

### Reporting of Injuries, Diseases and Dangerous Occurrences

*The Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR)* require that employers report certain accidents, diseases and dangerous occurrences **arising out of or in connection with work**. Guidance on its applicability to schools can be found in the HSE's *Education Information Sheet No 1 (Revision 3) (October 2013 - Incident-reporting in schools (accidents, diseases and dangerous occurrences))*. All fatal and specified major injuries and any injuries that result in an employee being incapacitated for over seven (7) consecutive days, and accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury.,

Under the requirements of the Regulations, all reportable work-related injuries and incidents under RIDDOR 2013 must be reported using the **Health and Safety Executive's (HSE)** online reporting forms database located on their website: [www.hse.gov.uk/riddor/](http://www.hse.gov.uk/riddor/) within 15 days of the incident. Fatalities and major incidents or injuries should be reported immediately via telephone to the **Incident Contact Centre (ICC)** on 0845-300-9923 during normal office hours. The ICC operator will complete a report form over the phone and a copy will be sent to the school.

A schedule of injuries and conditions which are required to be reported is as follows:

#### Reportable Specified Injuries

- fracture other than to fingers, thumbs or toes
- amputation
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding), which:
  - cover more than 10% of the body; or
  - cause significant damage to the eyes, respiratory system, or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness; or
  - requires resuscitation or admittance to hospital for more than 24 hours

#### Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

## **Over-three-day incapacitation**

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days.

## **Non-fatal accidents to pupils and other people who are not at work**

Injuries to pupils and visitors who are involved in an accident at school or an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident **is not reportable to HSE**, but it will be recorded at school and records retained.

An injury to a pupil or visitor is considered to have arisen out of or in connection with work, if the incident was caused by:

- a failure in the way a work activity was organised (e.g. inadequate supervision of a school trip);
- the way equipment or substances were used (e.g. lifts, machinery, experiments, etc); and/or
- the condition of the premises (e.g. poorly maintained or slippery floors)

## **Occupational Diseases**

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

## **Stress**

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

## **Dangerous occurrences**

These are specified near-miss events, which are only reportable if listed under RIDDOR. Reportable dangerous occurrences in schools typically include:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- the accidental release of biological agent likely to cause severe human illness;
- the accidental release or escape of any substance that may cause a serious injury or damage to health;
- an electrical short circuit or overload causing a fire or explosion.

## **Reporting an Incident**

All minor accidents and injuries to pupils will be recorded on Davenies Manager. All accidents, injuries, occupational illnesses, dangerous occurrences or near-misses involving staff, visitors or contractors on site must be reported using the Davenies *Incident Form* (Appendix G). Where an incident to a pupil is considered significant, it should also be reported on the *Davenies Incident Form*.

The *Davenies Incident Form* must be completed by the injured person or by someone on their behalf if they are incapacitated or if it is involving a pupil. The Sister will complete the relevant section regarding treatment. All forms must be countersigned by the relevant Head of Department or a member of the SLT and passed to the Bursar for action. Forms will be held by the Sister.

Parents are advised of incidents in writing or by phone where deemed necessary.

Where a child receives a head injury which either leaves a visible mark or is of concern to either the Sister or another member of staff but does not require hospital treatment, then a *Notification of Head Injury Form* (Appendix E) will be sent home in duplicate to the parents with the child, to inform them of the incident, and asking them to sign and return one copy by way of acknowledgement.

## **Data Protection**

Records of injuries, including Incident Forms, relating to pupils must be retained until the pupil would have reached the age of 25 years. Incident Forms relating to staff and visitors will be retained for 6 years. Health surveillance records of employees must be retained for 40 years in accordance with HSE guidance. For further information, please see our *Data Protection Policy*.

## **Report of Violent, Abusive or Threatening Behaviour**

An employee is required to report any act of violence, abusive or threatening behaviour arising out of or in connection with work and directed towards him/her by any person – including children, students, colleagues, members of the public, etc, to the Headmaster, who will decide on the appropriate course of action.

## **Recording Non-Prescription Medication given to a Pupil or an Employee**

Details of all non-prescription medication given to both pupils and to all staff members are recorded in the *Administration of Medication folder* which is kept in the Medical Room. A Homely Remedies Protocol is in

place to assist the safe administration and use of over-the-counter medications by medical room staff and designated staff members.

### **Monitoring and Review**

An analysis of the accident reports and near-misses will be undertaken at intervals and reviewed by both the SLT and Board of Governors for further consideration.

## **Dealing with Spillage of Body Fluids**

The School observes guidance provided by the NHS Foundation Trust in its approach for dealing hygienically with spills of body fluids. The risks are considered small provided that good hygiene procedures are maintained. **Any individual cleaning up such spills must cover any abrasions, wear personal protective equipment (PPE) provided: disposable gloves and aprons, and wash their hands.**

### **Urine, Faeces and Vomit**

Spills of body fluids: urine, faeces and vomit must be cleaned up immediately using the following methods:

- Remove as much of the spillage as possible by mopping up with absorbent toilet tissues, or paper towels - these can be disposed of by placing into the bodily fluids bin (yellow);
- For spillages indoors, clean the area with detergent and hot water, rinse and dry;
- For spillages outdoors (i.e. playground), sluice the areas with water;

### **Blood**

Blood spillages must be cleaned up immediately using the following method: remove as much of the spillage as possible by mopping up with absorbent toilet tissue, or paper towels and placing into the bodily fluids bin (yellow). It is not necessary to use household bleach to clean the area, thorough cleaning with detergent and water will suffice. How well the cleaning is done is more relevant than the chemical used. Clinell universal wipes are in each spill kit as a safe to use and effective medical disinfection.

### **Hands should be washed after removing gloves and apron**

Blood or other body fluid spillage on carpets and upholstery should be cleaned with warm soapy water, or a proprietary liquid carpet shampoo, since the use of Hypochlorites may discolour fabrics. Blood on clothing should be treated by simply washing, preferably in washing machine.

## **Administration of Medicines**

In the administration of medicines, Davenies follows MOSA Guidance, and also the DFE Guidance: *Supporting pupils at school with medical conditions* (2017).

Medical Room staff ensure care for the pupil as a whole, maintaining confidentiality, but also keeping parents and the school informed when appropriate.

Parents are asked to complete a comprehensive *Pupil Confidential Health Information* (Appendix C) for their child, detailing past and current medical conditions and allergies, before they start at the School.

Parents are asked to complete a further *Annual Medical Update & School Trip Consent Form* for their child at the start of every school year.

Medical and health records are kept securely in the Medical Room.

The Medical Room has an 'Open Door' policy throughout the day; however, pupils are encouraged to visit during break times to avoid disruption to lessons, except in cases of emergency.

If pupils are ill during the day, they are sent by staff to the Medical Room.

### **Procedure for Pupil to be sent home or to rest in the Medical Room**

- Enter the pupil's name, class, time, details of symptoms and treatment administered in the Medical Room on Davenies Manager.
- If it is deemed appropriate that either the pupil stay in the Medical Room or be sent home, the teacher will be informed so that the pupil's personal belongings can be brought to the Medical Room.
- If the medical staff believe that the pupil is not well enough to be at school, they will:
  - ring the parents and arrange for the child to be taken home;
  - notify the relevant teacher;
  - notify the School Office of the time that the pupil was sent home;
  - allow the pupil to rest on the bed in the Medical Room if it is not possible for him to be collected.

### **Confidentiality Policy**

The Sister is fully aware that there is a duty of confidentiality when concerns are disclosed by pupils or parents. A breach of confidentiality is only acceptable in the following circumstances:

- the pupil consents to disclosure;
- a Court of Law requests information;
- disclosure is justified due to a pupil's safety and protection needs: this includes self-harm.

If, in exceptional circumstances, disclosure is made without the pupil's knowledge or consent, the pupil should be informed that disclosure has taken place when it is safe to do so.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

The School adheres to the guidance published by Public Health, England: "*Health Protection in Schools and Other Childcare Facilities*", September 2017 (updated February 2018).

## **Guidelines for the Administration of Prescribed Medication**

Before the administration of all prescribed medicines, the School should have been given clear and precise instructions from parents on the *Medication Form* (Appendix D) and medicine containers should have the dosage and pupil's name clearly marked on them. If in doubt, the parent must be contacted prior to administration. *Medication Forms* can be obtained from the Intranet, the School Office or the Medical Room.

With the use of asthma inhalers and medication for anaphylaxis (see separate section) consent for use is given in the individual 'medical care plan' (Appendix I).

## **Procedure to be followed when Administering Medication**

- Confirm the identity of the pupil by asking him to tell you his name;
- Check that the medicine to be administered has the correct name of the pupil on it;
- Carefully read the instructions on the prescribed medicine and written instructions from the parent;
- Administer medicine as instructed;
- Sign the *Medication Form* and state the time and the amount of medicine given;

Always check whether the medicine should be kept at room temperature or in the fridge.

It is the responsibility of the pupil to remember to come for his medicine at the correct time; however, the Sister will always try and remind the pupil or send for him if she notices that he has forgotten or feels that he is too young to remember.

It is the responsibility of the parent to collect the medicine at the end of the school day and, for medicines which are kept at school i.e. inhalers and Epipens, that these are still within the expiry date.

## **Guidelines for the Administration of Non-Prescription Medication**

With the use of any over-the-counter medications listed in the Homely Remedies Protocol, consent for use is given in the initial *Pupil Confidential Health Information Form* (Appendix C) and then at the start of each school year in the *Annual Medical Update & School Trip Consent Form*.

### **Procedure:**

- The reason for giving the medication must be established
- Check if the pupil is allergic to any medication

- Check if the pupil has taken any medication recently and, if so, what? (e.g. products containing Paracetamol should not be given more frequently than every four hours and the maximum dose in 24 hours for that age group printed on the pack must not be exceeded)
- Parents should be informed if products containing Paracetamol are given during the school day
- Check if the pupil has taken that medication before and, if so, whether there were any problems
- Check the expiry or 'use by' date on the medication packet
- The pupil must take the medication under the supervision of the person issuing it
- Record the details immediately in the Medical Room Record Book or on the Medication Form

A list of parents who have not given permission for certain medicines to be administered to their child is on the Medical Information Form.

If there is doubt as to whether a parent has given permission, they must be contacted prior to administration. If the parent cannot be contacted, **do not** administer any medication.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

'Sharps' boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from their son's GP or paediatrician. Collection and disposal of the boxes is the Parents' responsibility and should be arranged with the Local Authority's environmental services.

### **Adverse reactions to Medicine**

Up-to-date manufacturer's information sheet is kept with all medicines stored and used in the Medical Room, and in separate file with the medicine administration folder. Any adverse reactions must be recorded and reported to parents. Medical help to be sought immediately where the reaction is severe follow yellow card Government protocol for suspected adverse drug reaction.

### **Medicine given in error**

Action must be taken to prevent any potential harm to the patient. All actions must be reported and documented.

### **Pupil's self-administration of medicine (e.g. inhaler)**

It is good practice to support and encourage older children who are able to assume complete responsibility to manage their own medicines, particularly those who have a long term illness. The school recognises / allows pupils to carry their own Salbutamol inhalers following a discussion with the parents, the pupil and the Sister.

## Defibrillator Policy

This Policy establishes guidelines for the placement, care and use of the **Philips HeartStart Defibrillator** (M5066A) located at Davenies.

The HeartStart Defibrillator is used to treat the most common causes of sudden cardiac arrest (SCA), including ventricular fibrillation (VF). SCA is a condition that occurs when the heart unexpectedly stops pumping. SCA can occur to anyone, anywhere, at any time. Many victims of SCA do not have warning signs or symptoms.

A Defibrillator should only be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The HeartStart Defibrillator will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the HeartStart Defibrillator will charge to the appropriate energy level and advise the operator to deliver a shock.

It is important to understand that survival rates for SCA are directly related to how soon victims receive treatment. For every minute of delay, the chance of survival declines by 7 - 10%. Treatment cannot ensure survival. In some victims, the underlying problem causing the cardiac arrest is simply not survivable despite any available care.

### Storage and Accessibility

The HeartStart Defibrillator is located in the foyer of the Tennant Building.

### Responsibilities

**The Sister** is the designated person responsible for the following:

- Coordinating **equipment** and accessories.
- Coordination of **training** for emergency responders.
- **Post event procedures:** checking equipment after an event; conducting a staff incident debriefing; and incident reporting as required in accordance with the School's *First Aid Policy*.
- Periodic **maintenance:** inspecting exterior and connector for dirt or contamination; checking supplies, accessories and spares for expiration dates and damage; checking operation by removing and reinstalling the battery. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Revision of this procedure, as required; monitoring effectiveness of this system; communication with relevant staff on issues related to medical emergency response programme.

### Trained Staff

Appropriately trained staff are responsible for activating the internal emergency response system and providing prompt basic life support including using the Defibrillator according to training and experience.

NB. The Defibrillator can be used by anyone as it gives automated instructions.

Staff should be aware that they are not liable for rendering such emergency care.

**Volunteers** can, at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which these individuals respond should be appropriate to their training and experience. Volunteers are encouraged to contribute to emergency response only to the extent they are comfortable.

### **Staff Training**

The following selection of Davenies staff have been trained in the use of the HeartStart Defibrillator:

- Caroline Purdom
- Edd Locke-Hart
- Greg Fearon
- Kate Brown
- Paul Gudge
- Phillip Scriven
- Sue Bowie

Defibrillator Training is renewable every 3 years.

### **Guidelines**

Conduct an initial assessment of the patient and environment. If the patient is not responding and signs of breathing and circulation are not present, provide CPR until the HeartStart Defibrillator arrives. If you are in doubt as to whether the victim has suffered from a sudden cardiac arrest, apply the pads. Follow the voice instructions for each step in using the defibrillator.

There are 3 basic steps to using the defibrillator to treat someone who may be in SCA:

1. PULL up the handle on the SMART Pads Cartridge
2. PLACE the pads on the patient's bare skin
3. PRESS the flashing Shock button if instructed

## **Arrangements for Pupils with particular Medical Conditions**

At the start of every academic year, the Sister creates lists of those pupils with particular Medical Conditions. Sister contacts the relevant teachers to discuss pupils with more complicated medical needs. These lists are available on the Medical Board near the Staff Room for the whole school year. The Sister will advise all staff of any changes to the lists as soon as notification is received. The Sister will also provide an update to all staff at termly inset meetings.

### **Common Medical Conditions**

The guidelines on the following pages set out the procedures which the School either currently follows with regard to existing pupils, or would follow in the event of a pupil suffering from: Diabetes Mellitus, Asthma, Anaphylaxis, Concussion or Epilepsy.

### **Allergies**

Sister is informed of pupil allergies on the *Pupil Confidential Health Information Form* (Appendix C) that parents are required to complete for all incoming pupils. Parents are asked to inform the Sister of any allergies that they become aware of or that develop whilst their child is at Davenies.

A list of current pupils with known food allergies is prepared by the Sister at the beginning of every school year. A copy of this list, with accompanying photos of the relevant pupils is sent to the chef. Lists are sent to relevant form teachers and sports staff. The School's catering staff are aware of all these pupils and their allergies, they cater to their needs with every school meal or snack provided. As soon as the Sister is made aware of any changes to the list, all staff will be notified immediately.

## **Diabetes Mellitus Policy**

Diabetes Mellitus is a condition in which the body fails to produce sufficient amounts of insulin to regulate the body's blood sugar levels. High blood sugar is known as hyperglycaemia and low blood sugar as hypoglycaemia.

Hyper Insulinism is a condition in which the body secretes too much insulin, and can result in the child having Hypoglycaemia.

### **Symptoms of Hypoglycaemia include**

- Weakness
- Feeling faint / dizzy or hungry
- Butterflies in tummy or headache
- Strange / moody behaviour
- Sweating and pale
- Feeling sleepy or deteriorating level of consciousness

### **Symptoms of Hyperglycaemia include**

- Fruity and sweet breath (ketones)
- Excessive thirst and need to urinate frequently
- Difficulty breathing
- Feeling tired / drowsiness, leading to unconsciousness
- Tummy pain
- Moody

If the pupil's level of consciousness deteriorates or they lose consciousness, phone **999** or **112** for an ambulance. The parents should also be phoned at this point.

## **General Points in relation to Low Blood Glucose**

These pupils keep a supply of sugary foods e.g. biscuits, sweets and glucose tablets in the Medical Room and Games Department, or classroom, which can be taken with the Sister's permission, if required, following a blood glucose test.

An appropriate snack will be given to the pupils if necessary, dependent upon the results of each test. Relevant testing equipment and snacks are taken on all educational visits and to all offsite sports fixtures, and at least one accompanying member of staff will have received appropriate training.

Once a test has been completed, all relevant staff are aware of how to dispose of needles. They are placed immediately into a small container, and taken to the Medical Room or Sports Department and placed in the 'Sharps' bin.

Every pupil who suffers from Diabetes is encouraged to participate in all activities within the school curriculum unless otherwise stated by their GP / parents / guardians.

## **Asthma and Inhalers Policy**

A list of current pupils with Asthma is provided to all staff electronically at the start of every academic year, with a hardcopy list available on the Medical Board by the Staff Form. Staff will also be informed of any updates to this list as the year progresses.

### **Procedure for Dealing with an Asthma Attack**

All staff are provided with, and are frequently reminded of, the following guidelines for how to deal with a pupil who is having an asthma attack whilst awaiting medical assistance:

- Ensure pupil is calm and comfortable and reassure him
- Sit him slightly forward on a chair to allow the chest to open
- Allow the pupil to take his own inhaler, but assist him as necessary
- Encourage him to breathe slowly
- If the attack has not eased within five to ten minutes, he may need to take another puff of the inhaler
- If no effect after this time, or the pupil's condition worsens, dial **999** or **112** for an ambulance and notify the parents

### **Medication**

As soon as the Sister is made aware of a pupil with asthma, a medical care plan is completed in conjunction with the parents.

Immediate access to a blue reliever Ventolin inhaler is vital. Parents provide the Sister with the relevant inhaler(s) for their son at the beginning of each academic year. These are named and the use by date is noted by the Sister and must also be checked regularly by the parent. Pupils should be taught by parents when and how frequently they need to self-administer their inhalers. Any child who has an inhaler should be allowed to use it when necessary.

Older more capable pupils are encouraged to carry an inhaler on their person and/or in their sports kit, and for some senior pupils, this will be their only inhaler in school. The majority of pupils with asthma have an inhaler in their individually named drawer in the Medical Room, which is always accessible. The leading staff member for each educational visit/offsite sports fixture is responsible for collecting from the Sister a box for each pupil attending the trip who has asthma, which will contain a copy of their School Asthma Card, and their inhaler. These should be returned to the Medical Room. Pupils with asthma are encouraged to take part in all activities within the school curriculum unless otherwise stated by the GP.

### **Salbutamol Inhaler**

From 01 October 2014 the *Human Medicines (Amendment) (No. 2) Regulations 2014* allows schools to keep a Salbutamol Inhaler for use in an emergency.

The emergency Salbutamol Inhaler should only be used by children for whom:

- written parental consent for the use of an emergency inhaler has been given; **and**
- who have been prescribed a Salbutamol inhaler by their General Practitioner.

The inhaler can be used if the pupils prescribed inhaler is not available for any reason (e.g. it is broken, empty, or too far away).

The School maintains a register of all the children who are diagnosed asthmatic and/or require Salbutamol inhalers to be administered on an 'as required' basis. All these pupils have individual care plans, containing consent to administer their own prescribed inhalers and the use of emergency Salbutamol inhaler if theirs is not available (Appendix H).

The School holds 4 Emergency Salbutamol Inhaler Kits, located in: the PE Office (Tennant Building), the Medical Room, and one in each of the orange medical bags for external sports events. The Medical Room holds all the prescribed medication for each child. These locations mean that every class will be in close proximity to Salbutamol inhalers.

The **Emergency Kit** Contents:

- Salbutamol metered dose inhaler
- Two single use plastic spacers compatible with the inhaler
- Register/list of all the pupils permitted to use the inhaler
- Concise information of recognising an asthma attack
- Concise information to treat an asthma attack and administer Salbutamol inhaler
- Instructions on how to use the inhalers and spacer
- Record of administration and parental notification
- Manufacturer's instructions
- Checklist of inhalers batch number, expiry date and record of monthly checks
- Instructions on how to clean and store the inhaler

### **Arrangements for storage, care and disposal of the Salbutamol inhalers**

*Storage* – The Sister and the medical team and responsible for maintaining the emergency kits:

- Once a month the inhalers must be checked to ensure they are in working order and have sufficient doses available
- Replacement inhalers are obtained when expiry dates approach
- Replace the spacers after individual use, to avoid cross infection
- The blue plastic inhaler houses must be cleaned, dried and returned to the kit following use
- Store the emergency kits below 30c, out of direct sunlight

*Cleaning* – The blue housing should be washed in warm running water and left to dry thoroughly.

*Disposal* – Spent or expired inhalers should be returned to the pharmacy to be recycled.

### **Administration**

The School ensures there are a reasonable number of designated staff holding first aid certification and in-house training in recognising and asthma attacks and administering Salbutamol inhalers.

All staff should be:

- Aware of the Asthma Policy
- Aware of how to check the child is on the register
- Aware of how to access an inhaler
- Aware of who the designated members of staff are and how to summon them

## **Anaphylaxis Protocol and Epipen Policy**

At the start of each academic year, the Sister provides refresher training on our Anaphylaxis Protocol and *Adrenaline auto-injectors Policy*, and instructions on how to use an Adrenaline Auto-Injectors (“AAI”) (EPIPEN, EMERADE or JEXT) on a form by form basis as well as a general run through annually to all staff.

Set out below are the guidelines provided to staff:

**Anaphylaxis** is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain substances to which one is sensitive e.g. nuts, latex or wasp stings. The reaction may be mild, disappearing without treatment, or it may become severe and life threatening.

### **Mild symptoms**

- Headache
- Itching
- Feeling unwell

### **More severe symptoms**

- Red, itching areas on skin (urticaria)
- Weakness
- Dizziness
- Vomiting
- Hoarseness and difficulty breathing
- Rapid, weak pulse and falling blood pressure
- Swelling of the face, neck and lips (angio-oedema)
- Loss of consciousness

### **Procedure for Dealing with Mild Anaphylaxis**

- Assess the symptoms and observe the pupil
- Take him to a quiet area to observe
- Sit / lie in a position that is comfortable to him
- He should be given some Piriton tablets / syrup depending on his age and level of anaphylaxis
- Observe his colour, mental awareness, respirations and pulse
- Note any rash to see if it is becoming worse
- Record all observations to hand to Emergency Staff if required
- Contact parents and inform them of the situation
- The pupil should be observed in the Medical Room for as long as The Sister feels he is at risk of developing further symptoms. If he recovers, the parent should be advised to make an appointment with the GP at the first available opportunity

### **Procedure for the Management of Severe Anaphylaxis**

- Having assessed the patient, lie him down on a flat surface in the recovery position

- Ascertain if he has an EpiPen / Anapen. If so, follow the procedure for administering the injection
- An EpiPen / Anapen is an injection which is pre-loaded with adrenalin (the drug of choice for anaphylaxis). It should be administered in the outer side of the thigh, midway between knee and hip (if necessary, through the clothing). The administration of this medication is safe and, even if it is given through mis-diagnosis, it will do no harm
- Following the emergency treatment, dial **999** or **112** for an ambulance (if a second person is present, the call will be made earlier). Ensure that someone is at the gate to direct the ambulance
- Ensure that parents have been notified
- Maintain constant observation of the patient at all times. All observations must be recorded and sent with the patient in the ambulance, including details of time treatment was administered
- If the pupil has not improved after 5 to 10 minutes, a second EpiPen / Anapen can be safely administered
- External cardiac massage and artificial respiration may have to be commenced if total collapse ensues

### **Current Pupils with Anaphylaxis**

There are currently 13 pupils (as at *01 September 2017*) at Davenies who could suffer from anaphylaxis. An Individual Care Plan for each pupil is completed and signed by the parents and by the School, with a copy kept on school records, and copies sent to the parents and copies taken on all educational visits/sporting activities.

### **Auto-Injector Policy**

The Sister will, to the best of their ability, ensure that all staff are kept informed of any pupil who may suffer from Anaphylaxis. Updates are given annually or, if needs be, more frequently, on the Medical Information Sheet. Annual education and training will be given to all members of staff regarding the administration of the auto-injector. Auto-injectors are kept in the Sister's first room in the plastic drawer unit in front of the glass partition where each pupil has his own drawer which is clearly labelled. Access to this room is always available. Parents are responsible for ensuring that auto-injectors are kept within their expiry date.

If a pupil attends a school trip, the auto-injectors must go with him. If this involves flying on an aircraft, the pupil must take a letter with him from his GP, explaining the need for him to keep this injection with him at all times whilst on the flight.

### **School's spare Auto-Injector**

From 01 October 2017 the *Human Medicines (Amendment) Regulations 2017* allows schools to keep an AAI for use in an emergency.

The emergency AAI should only be used by children for whom:

- written parental consent for the use of an emergency AAI has been given; **and**
- who have been prescribed a AAI by their General Practitioner.

The AAI can be used if the pupils prescribed AAI is not available for any reason (e.g. it is broken, empty, or too far away).

The School maintains a register of all the children who are at risk of anaphylaxis. All these pupils have individual care plans, containing consent to administer their own prescribed AAI and the use of emergency AAI if theirs is not available.

The School holds 1 Emergency AAI Kit, located in the Medical Room; the Medical Room holds all the prescribed medication for each child.

The **Emergency Kit** Contents:

- 300mcg AAI
- Register/list of all the pupils permitted to use the AAI
- Concise information of recognising anaphylaxis
- Concise information to treat anaphylaxis and administer AAI
- Instructions on how to use AAI
- Record of administration and parental notification
- Manufacturer's instructions
- Checklist of AAI batch number, expiry date and record of checks

#### **Arrangements for storage, care and disposal of the AAI**

*Storage* –Sister and the medical team and responsible for maintaining the emergency kits:

- Once a term the AAI must be checked to ensure they are in working order
- Replacement AAI are obtained when expiry dates approach
- Store the emergency kits below 30c, out of direct sunlight

*Disposal* – Spent or expired AAI should be returned to the pharmacy to be recycled.

#### **Administration**

The School ensures there are a reasonable number of designated staff holding first aid certification and in-house training in recognising anaphylaxis and administering AAI.

**At present the school does not hold an emergency AAI kit as there is a national shortage of AAI devices.**

## **Impaired mobility (Pupils in plaster casts and /or using mobility aids such as crutches)**

Providing the GP or hospital consultant has given approval, children and staff can attend school with plaster casts or crutches. Students with a lower limb encased in a plaster cast need to be able to move about school independently, confidently and safely whilst using crutches. A buddy may be appointed to help with carrying bags, holding open doors and helping in the Dining Room.

The medical room shall carry out a risk assessment on the first day back in School. Form Tutors are to ensure the child is sent to medical room on arrival at School. If we consider it unsafe for the child or member of staff to be in School, work will be set for him/her to complete at home.

All people using crutches should use the lifts to access the first floor in all the school buildings. In the case of an emergency, lifts are not to be used and therefore all people using crutches must be able to demonstrate that they can get down a flight of stairs if necessary and without causing danger to others.

There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play; a quiet area should be provided so the limb can be elevated and rested during break times, e.g. the main library or medical room can offer suitable alternatives for break time.

Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

All staff should be informed on first day back at school and any further updates disseminated via the regular weekly pastoral meetings.

Actions to be taken:

- Risk Assessment completed by Sister including a fire evacuation stair test
- A care plan should be completed by Sister in consultation with parents
- A buddy chosen to help with carrying bags, holding open doors and helping in the canteen
- The boy or member of staff must be briefed on how to use the lifts and where the keys are held

## **Epilepsy / Febrile Convulsions Policy**

There is one pupil at the School currently diagnosed with Generalised Epilepsy as at 01 September 2017. The School has been provided with details of the pupil's diagnosis and information on what to expect and what to do during a seizure. The Sister will provide a specific medical care plan which will be made available to all staff who teach the pupil.

Epileptic seizures are due to recurrent, major disturbances in the electrical activity of the brain. These seizures can be sudden and usually result in loss or impairment of consciousness.

Pupils who suffer with seizures are encouraged to participate in all activities within the school curriculum, unless otherwise stated by their GP / parents / guardians.

### **Symptoms**

- Before a seizure, the pupil may have a brief warning period (aura) which may involve a strange feeling or a bitter taste or smell
- Sudden unconsciousness often letting out a cry
- Rigidity and arching of back
- Breathing may cease
- Lips may become blue
- Face and neck may become red and puffy
- Convulsive movements may begin and the jaw may become clenched, saliva may be blood-stained, but this could be due to biting of the tongue
- Incontinence
- At the end of the convulsive movements, the muscles relax and consciousness is regained. The pupil may be unaware of what has happened
- He may feel tired and fall into a deep sleep

### **Guidelines during a Convulsion**

- Protect casualty from injury, which may involve helping him onto floor if he falls, and possibly putting a cushion in place to protect limbs when necessary. Do not move the casualty unnecessarily
- Remove any sharp objects or hot drinks
- Do not restrain compulsive movements
- Do not put anything in the casualty's mouth (including your fingers)
- Loosen clothing around the neck
- Note the time the seizure started, how long it continues for, and any side effects
- Where seizure could be due to a high temperature, remove clothing as appropriate and apply tepid sponge

### **Guidelines after a Convulsion**

- Roll the casualty on to his side into the recovery position
- Stay with the casualty until consciousness is fully regained or until ambulance arrives

If any of the following apply, dial **999** or **112**

- Unconsciousness lasting for more than 10 minutes
- Seizure continues for more than 5 minutes
- Repeated seizures or if this is the first one
- Casualty is not aware of any reason for the seizure

## **Concussion**

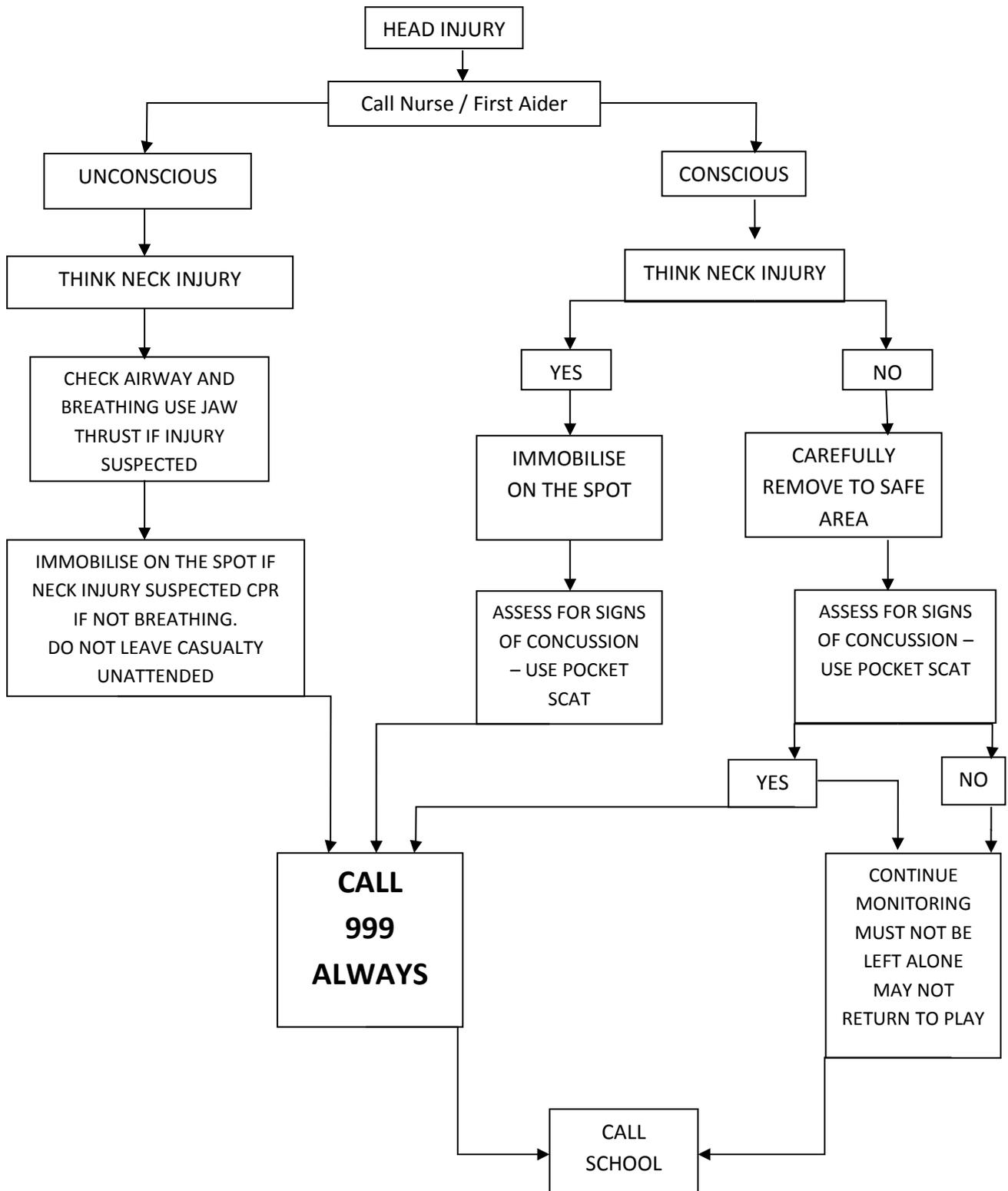
All contact sports have a small risk of causing concussion, when the head is jolted violently. It is important to remember that a player does not need to be knocked out/lose consciousness to have a concussion.

A player of any age who sustains a head injury or impact but show no signs or symptoms of concussion may be temporarily replaced for medical assessment by the first aider and may only return to the field of play if permitted. Any player who exhibits signs of concussion should be immediately removed from play and to see a health care professional for assessment and advice.

The use of a pocket Sport Concussion Assessment Tool for all team coaches and first aid staff is recommended.

The School follows the Rugby Football Union guidance Return to Play following Concussion. This is to lessen the risk of second Impact syndrome, repeat concussion, significant cognitive impairment, associated depression, memory loss, recurrent headaches, dizziness, sleep problems, irritability and anxiety. Under 19 and below need 14 day's rest from all sport, if symptom free can follow a graduated return to sports activities, the earliest return to a full contact match is 23 days.

## Concussion Flow Chart



IF IN DOUBT, AT ANY STAGE ALWAYS CALL AN AMBULANCE

## Physiotherapy Treatments in School

Physiotherapy aims to help restore movement and function to as near normal as possible when someone is affected by injury, illness or by developmental or other disability. Paediatric physiotherapists work closely with other professionals, parents and teaching staff to ensure that the child's physical abilities are maximised and therapy advice is incorporated within the daily routine of their life.

Physiotherapists will use a combination of approaches to develop both gross and fine motor skills e.g. walking and object manipulation. Depending on the child's age a physiotherapist will be flexible enough to incorporate on-going treatment into school and home life, to maintain a sense of normality. Physiotherapy is a hands-on treatment to ensure that the child is optimally positioned to carry out the activities and exercises.

### Treatment in School

Treatment in school minimises absences and provides opportunity for the therapist to liaise and give appropriate advice to the school for handling and supporting the child in the school environment. Whilst the school provides the facilities for treatment, their attendance is as a private arrangement with the parents of that child, and not as an employee of the school. The School will however check photo identification for the therapist and that the therapist has an Enhanced DBS Disclosure. The therapist will be required to sign in as a visitor on every occasion that they visit the school.

The physiotherapist will wear appropriate clothing for the session and may be asked to wear appropriate shoe wear for PE or games sessions.

The physiotherapist must abide and adhere to the rules and standards of physiotherapy practice as set by the Chartered Society of Physiotherapy and by the Association of Paediatric Chartered Physiotherapists.

The physiotherapist will ensure that the following criteria takes place for each treatment:

**Consent for treatment:** For children under 16 the competency of a child to consent to the proposed treatment as well as the place of treatment is a key consideration. The child's ability to understand their problem and process the information provided about treatment in order to make an informed decision will be unique to the individual, the time and the specific treatment intervention. This could include reference to those present at the time of treatment as well as any technique. Where a child is Gillick competent parental consent is not required. Where a child is not, parental consent is required.

**Treatment place:** A patient must be treated in an environment that is safe for the patient, physiotherapist and carer. Adequate room should be available to ensure treatment can be carried out effectively and to allow for any equipment to be used. Privacy of the patient to ensure that patient dignity is maintained at all times is vital. Treatment will take place in the Medical Room or another appropriate location.

**Chaperoning/being accompanied in treatment:** The child may be accompanied by a parent in order that treatment techniques and the home programme may be explained, taught and carried over in the school or home environment. A member of school staff may be asked to accompany a child if the treatment or assessment requires a level of undress unusual to the environment. The child must be informed and give verbal consent.

Therapeutic handling for the child may include touching and holding over joints or parts of the body to ensure stabilisation of a joint or body part, to facilitate or inhibit movement as well as to isolate muscles that need to be strengthened.

**Dress:** The child's clothing should allow for the child to have full movement. Ideally shorts and a t-shirt should be worn so that movement can be clearly observed. However, there may be times when school uniform may suffice. There may also be times when t-shirts may be removed for short periods such as to assess the trunk and spine.

**Incidents:** Any incident or accident occurred during treatment will be reported to the appointed person in the school (e.g. the Sister) and an incident report completed. The physiotherapist may also complete a further departmental incident report for their own records.

### **References and additional information**

- European Core Standards of Physiotherapist Practice - WCPT (2008)
- Reference guide to consent for examination or treatment (*Second edition*) - DfH (2009)
- *Guidance to CSP Members on Chaperoning and Related Issues* - CSP (2013)
- Association of Chartered Paediatric Physiotherapists

## **Other Policies**

Other related policies, all of which are available on the staff area of the intranet:

- *Child Protection Policy*
- *Drugs Education and Awareness Policy*
- *Educational Visits Policy*
- *Fire Safety Policy*
- *Flu Policy*
- *Health and Safety Policy*
- *Risk Assessment Policy*
- *SEN and Learning Difficulties Policy*

## **Monitoring and Review**

The School's *First Aid Policy* is reviewed annually to ensure that the appropriate needs, arrangements, and procedures are in place and working, or more frequently where regulations change or issues arise in light of reports of accidents or illnesses.

## Appendix A

### Location of First Aid Kits at Davenies

In addition to the extensively equipped Medical Room, First Aid Kits are located in the following areas of the School:

- Medical Room which stores: all school trip kits, large sports kits, asthma inhaler kit, AAI kit.
- Sports Office (+ asthma inhaler Kit) - **Defibrillator is on wall outside Sports Office/PAC**
- Swimming Pool Cupboard
- Sports Hall Cupboard
- Swimming Pool Pump Room (+ Eye Station)
- Kitchen – PAC (Tennant)
- Kitchen – Staff (Farmhouse)
- Kitchen – Main (Newton)
- Kitchen – Old (Farmhouse) (+ Burns Kit)
- Design Technology Room
- Ellis Library
- School Office (+ Burns Kit)
- Art Room (+ Burns Kit)
- Science Laboratory (+ Eye Station)
- Reception classes shared area
- Lower Dell / Toilets
- Pre-Prep Hall (Flop Club Cupboard)
- Year 1 & 2 Breakout Space
- Year 3 & 4 Breakout Space
- Astro Turf Dugout
- Minibuses (one on each bus)
- Groundsman’s Shed (one on tractor)
- Caretakers Room
- Cub Hut
- Forest School
- Dining Room

Each First Aid Kit contains basic contents, but are then designed to add certain items that are relevant to the area they could be used in.

A basic kit should contain:

- A guidance card
- Face shield
- Plasters, assorted sizes
- Disposable gloves
- Triangular bandage
- Medium and large sterile dressing
- Sterile cleansing wipes
- Normal Saline
- Microporous tape
- Conforming bandage
- Sterile gauze
- Tuffcut scissors
- Foil blanket
- Eye pad
- Finger dressing
- Burnshield blot or dressing

## Appendix B

### Medical Information for Parents

The following information can be found in the **Parents Handbook 2018-19**:

#### Pg.9 – The Medical Room

Sister Kate Brown RGN is always happy to discuss any medical concerns and in particular any long-term medical condition, such as asthma or diabetes, which may require monitoring or medication.

If your son feels ill or suffers an injury during the school day he would be referred to Sister Brown, who will contact parents where necessary. Boys should not telephone parents themselves to suggest they should go home. While Sister and Mrs Sue Bowie, Welfare Assistant, are normally available to deal with any First Aid required, occasionally other staff may be required to assist with minor injuries, and the majority of school staff have a recent First Aid qualification.

The Medical Room is staffed during term-time Monday to Thursday between 8:30 – 5:00 and on Fridays from 8:30 to 4:00. Sister may be contacted via email ([sister@davenies.co.uk](mailto:sister@davenies.co.uk)) or on her direct line 01494 685403. Alternatively, leave a message for her via the School Office.

#### Policies & Protocols

Davenies' *First Aid Policy* sets out the policies, procedures and arrangements which are used in the School and is available to parents via the intranet or website. The School has recently implemented a *Homely Remedies Protocol* setting out the procedures for administering non-prescription medicines in school.

Parents are asked to complete an *Annual Medical Update & School Trip Consent Form* annually for September. Any long-term medical condition, for example asthma or diabetes, which may require regular monitoring or medication, should be discussed with Sister so a care plan can be created. It is important to report any changes to health/dietary requirements or any other pertinent issues to Sister.

#### Illness

As a general rule, you should not bring your child to school for 48 hours after a bout of diarrhoea or vomiting, or 24 hours if he has had a raised temperature, as he could easily pick up another infection, or indeed pass one on. If your son is ill, he really is much better off at home, not only because he may infect others if he comes to school, but also because he will not be able to do his best if he is feeling under the weather.

If your son is fit enough for school, however, but is continuing to take a course of prescribed medication, Sister will administer this when required. Written parents consent must be provided for this via the *Medication Form*, which is downloadable from the intranet.

Head lice are a perennial problem in all schools. Please do not bring your son into school if you discover he has head lice (or if their eggs are present) until he has been treated. Sister has an array of literature about the most effective treatments currently available.

Verruca's and Athlete's Foot can be passed from one boy to another very easily, owing to boys having regular swimming lessons. Please check your son's feet regularly (reminding them to dry between their toe!). Effective treatments for verruca's can be bought which create a waterproof barrier allowing boys to continue with their swimming lessons. However a swim sock is also advised.

With the exceptions of injuries or a debilitating illness, we would generally expect that if a child is well enough to be at school, they should partake in all lessons, including PE, Games and Swimming. If in doubt a boy would be sent to seek advice from one of the medical team.

## **P.15 – Food**

Our Catering Team, Thomas Franks, work with our School Nurse and the boys to develop varied, popular and nutritionally balanced menus. Menus are on a rotation basis and can be found on the intranet, the main noticeboard by the Sainsbury's Gate, and the Pre-Prep noticeboard.

For lunch, we operate a cafeteria system. A choice of a hot meat/fish dish or a vegetarian meal in addition to soup, baked potatoes or pasta and a dazzling array of cold buffet salad items is provided. Boys in Reception are initially served their lunch at their tables. They are not given a choice of menu until the Summer Term as, when they first arrive, we feel that they are simply too overwhelmed to make a choice for themselves. We do encourage the boys to eat five portions of fruit and vegetables a day, and to ensure that each boy has a balanced and healthy diet. We also do our very best to make sure that table manners are acceptable – parental reinforcement of this is always greatly appreciated!

No nut or nut products are used by Thomas Franks in the preparation of food on our premises. It is Thomas Frank's policy to use fresh ingredients at all times but should they knowingly provide a product that contains genetically modified ingredients it will be clearly labelled as such. Thomas Franks act in the interest of safe food and follow direction of government legislation to ensure compliance.

Special diets will be catered for, so please speak to Sister if your child has any special requirements or food allergies.

A healthy snack and milk are provided at break times, and water is freely throughout the day. Boys are welcome to bring water in a named bottle with a 'sport' cap, to avoid spillage. The Pre-Prep boys all receive a small snack (fruit) in the afternoon.

Unfortunately, owing to the growing prevalence of anaphylaxis in young children, the increasing number of children who experience allergies to a wide range of food substances, and the importance of healthy eating, NO food, especially cakes or sweets can be bought in from home, even for special events such as your son's birthday, so please do not send anything in to be handed out by the form teachers. We do support the occasional 'Home-Baked Cake Sale', however, as part of fund-raising and charity events, and we have prepared an easy to use allergen card to facilitate this.

Any queries around food are dealt with by our School Nurse, Sister Kate Brown, who can be contacted by e-mail: [sister@davenies.co.uk](mailto:sister@davenies.co.uk).

**Pupil Confidential Health & Background Information**

<b>Pupils Name:</b>	
<b>Date Reviewed:</b>	
<b>Care Plan Required</b>	
<b>Care Plan Completed, Date:</b>	

*This information is recorded and kept on the Davenies Manager System: Medical, whilst the child is attending the school. Any medical intervention and treatment records are kept for 17 years.*

## Medical Questionnaire and Consent Forms

It is very important to complete these forms and inform the Medical Team immediately if anything changes

Section 1 – Child details	
Childs Name	
Date of Birth	
GP Name and Address	
GP Phone Number	

Section 2 – Vaccinations History	
<b>DTaP/IPV/Hib/Hep B [6in1 vaccine]</b> (Protects against; diphtheria, tetanus, whooping cough, polio and Haemophilus influenza type B, Hepatitis B) 2, 3 and 4 months of age	YES/NO
<b>Pneumococcal [PCV]</b> (Protects against some types of pneumococcal infection) 2, 3 and 12-13 months of age	YES/NO
<b>Meningitis C [Men C]</b> (Protects against; meningitis C) 3 months of age	YES/NO
<b>Hib/MenC [booster]</b> (Protects against haemophilus influenza type B and meningitis C) 12-13 months of age	YES/NO
<b>MMR</b> (Protects against mumps, measles and rubella)12-13 months and 3yrs 4months	YES/NO
<b>DTaP/IPV pre-school</b> (Protects against diphtheria, tetanus, whooping cough and polio)_3yrs 4months +	YES/NO
Has your son ever had Chicken Pox?	YES/NO

## Section 3 – Medical History

Does your son suffer with the following:

Chronic or recurring medical conditions?	YES/NO
Allergies or sensitivities to anything	YES/NO
History of serious illness/operations or injuries requiring regular admissions to hospital and regular outpatient appointments	YES/NO
Is your child on regular medication?	YES/NO
Does your son have an adrenaline pen and/or inhaler prescribed	YES/NO
Any special dietary requirements or cultural restrictions	YES/NO
Is there anything else that may be affecting your child's learning or behaviour at school that we should be aware of (for example: eating issues, close family bereavement, separation/divorce)  Or any other special considerations you would like to inform us about	YES/NO
If YES to any of the above questions, please explain below and enclose supporting documentation where necessary.	

## Section 4 – Early Development History

Was it a normal pregnancy?	
Was it a normal birth?	
Was he born premature?	
<b>Physical Development</b>	
What age did he crawl?	
What age did he walk?	
Potty training; is he dry at night?	YES/NO
<b>Speech and Language Development</b>	
When did your child start talking?	
What language is spoken at home?	
What language is spoken by parents, other carers, people who live with you?	
Has your son had his hearing checked? (please give approximate dates and results)	
Has your son had his vision checked? (please give approximate dates and results)	
<b>Social Skills and Play</b>	
Does he play alongside others, solo or in the group?	
What does he enjoy to play/doing?	
Is there anything he dislikes doing?	
Has your son been assessed by any specialists? For example: EYFS inclusion team, Speech & Language Therapist, Physiotherapist, Occupational Therapist, Educational Psychologist, Clinical Psychologist, Paediatrician etc.	YES/NO

If yes, please give approximate dates and attach any reports or information you think will be helpful to us	
Does anyone related to your son have any difficulties of any kind, e.g. Dyslexia or ADHD (Attention Deficit Hyperactivity Disorder)?	YES/NO
Has your son been receiving additional support from the Bucks Early Years Development and Childcare Team?	YES/NO
Please note down anything else you feel is relevant	

I understand that I must notify the school in writing of any changes to the above information from today's date to the date of entry.

I confirm the above information is complete and true.

<b>Parent Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

## Consent to First Aid & Medical Treatment in the event of an Emergency

Every effort will be made to contact the named persons for your son in the event of an emergency.

However, if this is not possible:

I do/do not consent for-----to receive any necessary medical treatment in an emergency under the supervision of the Medical Room.

NB First aid treatment may also be given by any qualified member of staff/emergency personnel.

<b>Parent Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

I understand that essential medical information will be shared with all school staff to ensure my child's safety and wellbeing e.g. asthma, diabetes, allergies, epilepsy. I understand it is my responsibility to write to the School Nurse informing her of any new medical conditions/health needs. Unless notification is received, the School is entitled to consider that the information within this medical questionnaire is correct.

### Consent to Administer over the counter topical creams:

Savlon antiseptic cream	YES/NO
Antihistamine cream [Anthisan]	YES/NO
Hypo-Allergenic Sun Cream [factor 50]	YES/NO

### Consent to Administer over the counter Oral Medications:

If is deemed necessary by the school nurse, every effort is made to contact you first.

Calpol infant suspension [up to 6yrs] 120mg/5mls <b>OR</b> Calpol Six plus [6-13 yrs]250mg/5mls	YES/NO
Nurofen Suspension [up to 13yrs]100mg/5mls	YES/NO
Piriton Suspension [up to 13yrs]2mg/5mls	YES/NO

<b>Parent Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

Appendix D  
**Medication Form**

**Name:** \_\_\_\_\_ **Form:** \_\_\_\_\_

I consent to my son being given the following medication by The Sister, or her deputy, whilst at School.

**Name of medication:** \_\_\_\_\_

**Dosage required:** \_\_\_\_\_

**Any other pertinent information:** \_\_\_\_\_

My son is well enough to attend school **Yes / No**

I shall ensure that my son's name is on the medication **Yes / No**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

Date	Dosage	Time	Administered by

Appendix E  
Notification of Head Injury Form

Name: \_\_\_\_\_

Form: \_\_\_\_\_

**Details of the injury**

**As a consequence of this accident...**

An initial check has been made and there seems to be no immediate cause for concern. It is possible, however, for complications to develop over time. If, during the course of the next **FULL 24 Hour Period**, your son experiences any of the following signs, please attend the A & E Department at your nearest hospital:

- Increasing drowsiness or hard to wake up
- Persistent headache
- Persistent nausea or vomiting
- Blurred or double vision
- Blood and/or fluid from nose or ear
- Has a convulsion (fit)

Signed (Parent):

Date:

Signed (The Sister):

Date:

## Appendix F

### Incident Form

This form is to be used to report all accidents/injuries, occupational diseases, dangerous occurrences or near misses to staff and accidents, injuries or near misses of a significant nature involving boys, visitors, contractors or hirers.

Where did the incident happen?	
Date of Incident	
Time of Incident	
Location of Incident	

Who was involved?			
Name of Injured Party			
Role			
Age		Sex	M / F
Address (not required for staff or pupils)			
Email			
Tel No			

What happened?	
Description of Incident	
Witnesses to Incident	
Nature of Injury	
Part of Body Affected	
Immediate Response/Treatment	
Name of First Responder	

What needs to happen now?	
Remedial Action Required	

Who is making this report?	
Name	
Date	
Contact Details	

Review of Incident	
Action taken by HoD/SLT	
Name	
Date	

Action by Bursar	
RIDDOR ?	Yes / No
Risk Assessment Review	Required / Not Required
Name	
Date	

*All Davenies Incident Forms will be retained for 3 years after the incident took place.  
For incidents involving pupils, the forms will be retained for 3 years after they turn 18.*

## Appendix G

### Incident Reporting Procedures

	Pupils	Employees	Visitors, Contractors, Hirers etc
<b>First Aid Book</b>	<p>Minor Accident/Injury requiring minimal first aid and no potential for further injury <i>e.g. fell over in playground and needed plaster/TLC</i></p> <p><b>Record in Children's First Aid Book (or Davenies Manager) held in Medical Room</b></p>	<p>Minor Accident/Injury requiring minimal first aid that could be self-administered, has no potential for further injury and is unlikely to reoccur</p> <p><b>Record in First Aid Book held in Medical Room</b></p>	<p>Minor Accident/Injury requiring minimal first aid that could be self-administered, has no potential for further injury and is unlikely to reoccur</p> <p><b>Record in First Aid Book held in Medical Room</b></p>
<b>Incident Form</b>	<p>Significant Accident/Injury requiring notable intervention or diagnosis by trained first aider or paramedic or doctor <i>e.g. fell off climbing frame and suspect broken arm</i> or Near Miss that could have led to incident requiring notable intervention</p> <p><b>Complete Incident Form</b></p>	<p><b>All</b> Accidents/Injuries, Occupational Diseases, Dangerous Occurrences or Near Misses</p> <p><b>Complete Incident Form</b></p>	<p>Accident/Injury requiring first aid support or diagnosis by trained first aider or paramedic or doctor or Near Miss that could have led to incident requiring notable intervention</p> <p><b>Complete Incident Form</b></p>
<b>HSE</b>	<p>All RIDDOR reportable events to be notified to Bursar and Headmaster immediately. Chair of Governors to be informed.</p> <p><b>Fatality or Major incident</b> - Notify HSE immediately by telephone <b>0845 3009923</b>.</p> <p>Complete Incident Form Complete RIDDOR reporting online</p>		

Appendix H  
Medical Care Plan

Date Created:

Student Name:

D.O.B:

Medical Condition / Allergy

--

Parental Contact Information

Hospital / Clinic Care Team

--	--

Description of Condition:

--

Medical Risks:

--

Treatment:

--

**ADDITIONAL INFORMATION**

**ASTHMA**

Permission to administer prescribed inhaler Y/N

Permission to administer school Salbutamol inhaler Y/N

**OTHER**

Permission to administer \_\_\_\_\_ Y/N

Parent / Guardian: ..... Date: .....

Staff Member: ..... Date: .....

Review Date: .....



## Appendix J

### Staff – First Aid Training Records



*This information is not published on the website version of the First Aid Policy for GDPR reasons*