HEADLEY PARK

PRIMARY SCHOOL

Delegated Services

Policy and Procedures for Supporting Pupils at Schools with Medical Conditions, (formerly known as Administration of Medicines) First Aid and Dealing with Bereavement

Document 2 – Treatment, reporting procedures, dealing with medicines safely and the appendices

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Contents

This publication supplements Document 1 where the school set out its commitment to Supporting Pupils at Schools with Medical Conditions, first aid and dealing with bereavement. It includes more detailed information about first aid, administering treatment, emergency procedures and dealing with bereavement.

1 Treatment

a) Where possible, pupils should be responsible for keeping and administering their own medication (whether prescribed or non-prescribed). Assistance in the administration of prescribed medication can only be made at the request of the pupil, or at the written request of the pupil's healthcare practitioner or **parent/carer**. Where pupils are competent to discern whether they require medication, the role of the staff could well be simply to assist with the administration of that medication e.g. asthma inhalers.

b) Even if all pupils can 'self administer' this does not take away the need for staff to attend training, particularly in the light of recent cases where children died after having untreated asthma attacks. It is vital that staff understand that a child experiencing an asthma attack or severe difficulty breathing will be unable to administer their own medicines successfully and, therefore, staff will need to have the training to know how to do it. Where an establishment holds a spare inhaler, all staff must know where it is located and it must not be locked away in a manner that makes it inaccessible to them.

c) Direct administration by staff is permitted where pupils are not competent due to age, learning difficulties etc.

d) Unless the procedure is incredibly basic (see section C of Appendix A), or is emergency treatment such as issuing an inhaler, no member of staff should administer medication unless they have received the appropriate training. Medication directly administered by staff should always be recorded, together with details of the dose, frequency, date, time, name of pupil and main symptom(s) identified, which would prompt a course of action.

e) Before administering the medication, the pupil or **parent/carer** must be asked the following questions. Reference must be made to the Care Plan if appropriate:

- Have you taken any other medication?
- Has the Doctor told you to take your medicine in a certain way? E.g. with / not with anything?
- Are you allergic to any medication?

f) Parents/carers have a responsibility to inform staff members if pupils have brought in medicines and may need to take them in the day. Over-the-counter medication like calpol can only be given by staff in exceptional circumstances and when pupils are not able to self administer, (under supervision for younger pupils) and with prior permission from the parents/carers by way of a written note. Parents/carers will have had to provide the medication and clearly label it and confirm the dose and duration. It will be returned immediately on conclusion of the school day. Dosage of paracetamol is per product specification, with Calpol always used for age 6 and under.

g) Members of staff should read and comply with the instructions on the container supplied or with the packaging. Expiry dates must be checked. All oral medication should be taken with at least half a glass of water, or other liquid if specified.

h) Where pupils have difficulty in opening containers, or reading labels they or their **parent/carers** should discuss with their pharmacist the possibility of compliance aids and labels of large print. Staff should note that pupils may still have such difficulties and will require help, including the opening of bottles or the accessing of out-of-reach items.

i) Failure to obtain relief from the prevailing symptom(s) and any other concerns, following administration of prescribed or non-prescribed medication, must result in the **Parents/Carers** being informed. The pupil concerned must be referred as necessary to an appropriate medical practitioner. In the event of anaphylactic attack it is important to administer an adrenaline pen as soon as possible and then call 999 for an ambulance, stating your postcode. If a defibrillator machine is held in the school it is paramount that this is used as soon as possible, if there is someone trained this can ease anxiety but prior training should not be necessary in newer models that talk through the procedure.

j) For children in residential establishments, pupils on off site visits and pupils who are being transported, their **parents/carers** must sign consent forms detailing that medication is appropriate for their child's use and highlighting any known substances to which that the child has an adverse reaction. **Staff carrying out off site visits** must carry out risk assessments and must be fully appraised of pupils who may require such medication. There may be times that a member of staff trained in the supporting pupils with medical conditions is not available to go on a trip. If all are pupils who can self medicate, a well organised staff member with a carrying and recording method, who had received a briefing from the trained person regarding the details of the specific medical conditions, would be adequate. Pupils with individual care plans would be accompanied by their care assistants – conditions such as epilepsy can often be more likely to occur whilst being transported than at other times.

There must always be an individual present who is trained in paediatric first aid if under 5's are attending the trip. If a pupil intends to go on the excursion without his/her medicine or adrenaline pen, he/she will not be permitted to attend.

k) Sadly, first aid / supporting pupils with medical conditions will not always work and there might be a death in the school. Dial 999, have the postcode ready, and ask for immediate police attendance. Preserve the scene in case the police wish to investigate.

Remove all staff and pupils present to another room and keep them there, with clear instructions to not spread any news via email or social media. The intention is to limit the opportunity for rumours to start and to ensure the parents / close relatives hear from the correct source.

2 Reporting of accidents and incidents of occupational ill-health

a) First aid and medical support staff will record incidents in the "bump book" or on the establishment accident form or other appropriate record. All administration of medicine must also be recorded. There should be one incident per page, due to data protection. Any serious incident must be reported to the Headteacher immediately. The establishment safety committee must also regularly analyse the incident book to spot any patterns and for investigative purposes.

b) Notification can be made to **parents/carers** about head bumps and minor injuries by letter at the end of the day with the child. Stickers can be used too on younger pupils. Any significant incident should be discussed with the **Headteacher** and will normally be reported to **parents/carers** by telephone straight away. All injuries, however minor, must be reported to **parents/carers** in writing at the end of the day in the under 5's age group.

c) Notification will be made by the **Headteacher** to:

- Health and Safety Executive as required under RIDDOR going through Bill Crocker at Delegated Services if an agreement for service is in place.
- OFSTED if it is a serious incident and there are safeguarding issues.
- The LA if it is a serious incident and there are safeguarding issues.
- If there is a serious disease The appropriate GP or Public Health England at https://www.gov.uk/phe or through Bill Crocker at Delegated Services if an agreement for service is in place.

3 Dealing with Medicines Safely

a) Some medicines may be harmful to anyone for whom they are not prescribed. Where an establishment agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. In line with COSHH (Control of Substances Hazardous to Health) Regulations, there must be a system of checks in place to ensure that all medicines are issued to the correct pupil.

b) **Headteachers/Managers** should make adequate provision for the safe and appropriate storage of medication. This will normally be a locked cupboard / fridge. Medicines must be supplied, clearly labelled with person name and dose and stored in the original containers. However, certain emergency medicines such as adrenaline pens must not be locked away in a manner that makes them inaccessible to staff. Case-by-case risk assessments will be needed to identify the safest and most appropriate way to store these.

c) Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. The only exception to this is certain medications for diabetes. The **headteacher /headteacher delegate** is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key.

d) Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. The establishment must restrict access to a refrigerator holding medicines.

e) It is wise to have two adrenaline pens for each child at risk of anaphylaxis in the establishment - one stored with the child, and the other in the establishment office. Each adrenaline pen would ideally be stored in a plastic wallet that also contains the name of the child, her/his photograph, and a copy of the child's individual healthcare plan.

f) Establishment staff should not dispose of medicines. **Parents/carers** should collect medicines held at establishment at the end of each term. **Parents/carers** are responsible for disposal of date-expired medicines. If **parents/carers** do not collect all medicines they should be taken to a local pharmacy for safe disposal at the end of each academic year.

g) Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by **parents/carers** on prescription from the child's healthcare practitioner. A waste contractor must collect and dispose of the boxes.

h) All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves, aprons and masks as necessary, (some carry them at all times in a pouch) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. This is clinical waste and has to be disposed of by a suitable contractor. If PPE is required for the administration of a medication, all the necessary PPE should be alongside e.g. gloves to encourage use.

i) As part of general risk management processes all establishments should have arrangements in place for dealing with emergency situations. A member of staff should always accompany a pupil taken to hospital by ambulance, and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when the **parent/carer** is not available. Staff are not usually advised to take a pupil to hospital in their own car. Should they do so, in exceptional circumstances, they must be insured and also accompanied by an additional adult. It is usually safer to call an ambulance.

j) Individual health care plans should include instructions as to how to manage a pupil in an emergency. All members of staff, including SMSAs, need to be briefed on what to do, or who to contact in the event of an emergency. There may be pupils who have a "do not resuscitate" instruction, and this information should be sensitively communicated to all staff members involved.

Appendix A- Guidance in Carrying Out Medical Techniques

The following is given as guidance on the appropriate persons to carry out various medical techniques. Please note these are only guidance, staff have the right to refuse to administer any medication, unless it constitutes part of their terms of employment.

PART A To be carried out by Doctor, Nurse or other qualified practitioner or by a member of staff who has volunteered/had a duty(s) identified in their job description, received appropriate training and had written consent from the parent/carers only:

- Injections (apart from Adrenaline pens)
- Inserting or removing catheters
- Setting up of new oxygen cylinders
- Routine insertion of suppositories
- Enemas
- Operating home dialysis machinery and
- Changing complex dressings covering major conditions/wounds.

PART B The following may be carried out by an employee who has received appropriate Information, Instruction and Training.

Techniques

- Washing out urinary catheters
- Setting up and/or fitting inhalers and nebulisers
- Routine tracheotomy tube cleaning
- Changing urinary catheter bags
- Changing colostomy bags
- Replacement of oxygen cylinders not involving any changes to the current set up
- Applying oxygen by giving a face mask and turning on a cylinder
- Changing simple dressings, covering minor conditions/wounds only
- Emergency tracheotomy tube suction/emergency suction (oropharynx)
- Emergency change/reinsertion of tracheostomy tube and
- Tube feeding

Medication

- External application of prescribed ointments and skin patches
- Application of ear, eye and nose drops
- Physically assisting service users to take medication by mouth
- Emergency administration of Diazepam (e.g. Valium or Stesolid) by rectal infusion or suppository, but only in the case of epilepsy
- Emergency administration of Midazolam into the buccal cavity (cheek), but only in the case of epilepsy
- Emergency administration of prescribed adrenalin in cases of anaphylactic shock - ie as with an Epipen
- Assistance with administration of inhalers and nebulisers and
- Administration of medication as indicated by section.

PART C Procedures that can be carried out by other persons:

- Collecting prescriptions if authorised
- Fetching and opening bottles, containers or press through tablet sheets to enable pupils to self administer.

Appendix B- Hygiene Procedures

Blood and body fluids from any person may contain viruses or bacteria capable of causing disease.

The following precautions must be adhered to when dealing with body fluid:

(a) Hand washing - a thorough hand washing technique using soap and hot water (Liquid soap is preferable to bar soap). Disposable hand towels are recommended. Handwashing should take place even if gloves were worn.

(b) Skin - any cuts or abrasions must be adequately covered with a water proof dressing.

(c) Items of Personal Protective Equipment /Clothing, e.g.

Gloves - single use gloves should be worn when contamination of the hands is anticipated (this does not remove the need for hand washing).

Masks - advice should be sought if unclear about the appropriate type for the task in hand.

Containers - advice should be sought if unclear about the appropriate type for the task in hand.

Safety Spectacles - should be available and worn in circumstances where body fluids might possibly contaminate the eyes.

Aprons - single use plastic aprons are advised if any contamination of the body area is possible.

(d) Spillage - all blood and vomit spills should be covered with disposable paper towels then treated with a solution, such as Sanitaire, as advised by an Infection Control Nurse. Such solutions can be an irritant to the skin. For this reason, a proper risk assessment on the use of them must be carried out and clear instructions on its use available for staff. Gloves and aprons should be worn whilst it is being used.

Spills of urine and faeces should be cleaned up promptly. Use disposable paper towels to soak up the majority of the spill and then wash the area with a fresh solution of detergent and water. Again gloves and aprons should be worn.

(e) Fouled laundry - fouled and infected laundry should be securely bagged and taken directly to a washing machine. Again gloves should be worn.

(f) Waste - small quantities of waste contaminated with body fluids comparable to those encountered in normal domestic use should be flushed away or bagged and disposed of in the normal fashion. Significant quantities of waste must be disposed of by a recognised contractor.

(g) Education Establishments should have an adequate system of disposal of clinical waste matter. There are various categories of waste and legislation that governs disposal. If assistance is required on these matters contact the safety advisors or the client unit.

Appendix C – Sample forms

Consent to Give Medication in School

Child's Photograph

Child's Details:
Child's Full Name:

Address:

Home telephone No:

Date of birth: Allergies:

Contact details of parent / carer.
Name:

Relationship to Pupil:

Daytime telephone numbers:

Address:

Medicines to be given in School:

1. **Name of Medicine (as described on container):**

   Strength and form of Medicine: Dose in mg:

   Method of administration: Time to be given:

   Medicine is long term / short course. If short course when does course end?
   (Please delete as appropriate)

   Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

Name of Child:

2. **Name of Medicine (as described on container):**

   Strength and form of Medicine: Dose in mg:

Method of administration: Time to be given:

Medicine is long term / short course. If short course when does course end?
(Please delete as appropriate)

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

3. **Name of Medicine (as described on container):**

Strength and form of Medicine: Dose in mg:

Method of administration: Time to be given:

Medicine is long term / short course. If short course when does course end?
(Please delete as appropriate)

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

4. **Name of Medicine (as described on container):**

Strength and form of Medicine: Dose in mg:

Method of administration: Time to be given:

Medicine is long term / short course. If short course when does course end?
(Please delete as appropriate)

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

(declaration below to be completed by a person with parental responsibility for the child)
I give my consent to an education / health worker who has received appropriate training to administer the above medication on my behalf during school time.

Signature: Print Name:

Date:
Parents / carers should note that they will be contacted if their child shows any adverse reaction to medicines given in school. If their child vomits or spits out medicines then the dose will not be repeated, and parents / carers will be informed.

Record of Medicine Administered

Child’s Name: Date of birth:

Name of Medicine: Dose in mg:

Date:	Time:	Signature:	Date:	Time:	Signature:	Date:	Time:	Signature:

Individual Healthcare Plan

Date written:

Name:

Address:

Date of Birth:

Name of School:

Class/Form:

Medical Condition:

PHOTO

Date plan drawn up:

Review date:

CONTACT INFORMATION

Family Contact 1
Name:

Phone No:
(work):
(home):
(mobile):

Relationship:

Family Contact 2
Name:

Phone No:
(work):
(home):
(mobile):
Relationship:

GP
Name:

Phone No:

Please note: a specialist nurse or healthcare practitioner must be responsible for producing Individual Healthcare Plans

Clinic/Hospital Contact
Name:

Phone No:

Describe medical condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport/at lunchtime):

Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (State if different on off-site activities)

Form copied to:

Signed:

Healthcare Practitioner (please state)

……..... **Date…….**

Parent/carer…… **Date…….**

Head teacher …… **Date…….**

SENCo…… **Date…….**

Appendix D - Safeguarding and child protection

a) If a member of staff is treating a pupil and there is evidence of or disclosure of anything relating to child protection the relevant child protection leads should be contacted.

b) Information and photographs of children with medical support needs will be circulated so that no staff or visiting professionals or volunteers are unaware of any critical issues. The information and photographs will be treated with care respecting the rights of the children and their families.

c) In some circumstances such as building maintenance it will be appropriate to remove or cover information temporarily if confidentiality cannot be guaranteed.

Appendix E - Identification of Suitable Employees for First Aid Training

Headteachers/Managers must ensure that candidates for First Aid training are physically and educationally suited and are willing to undergo training and act as a qualified First Aider.

Headteachers/Managers must ensure that candidates are fully briefed on the role and requirements of being a First Aider. They must understand the health risks associated with rendering First Aid and be prepared to receive appropriate health and immunisation advice.

Headteachers/Managers must designate a lead individual with responsibility for the first aid kits (both fixed and mobile).

A completed application form for a place on a training course must be signed by the **Headteacher/Manager** in order to confirm that the candidate has been fully briefed.

Appendix F - Role and Responsibilities of First Aiders and Appointed Persons

The First Aider's and Appointed Person's role includes:

- administration of First Aid, up to but not exceeding the level of their training
- ensuring that any incident and any treatment given is recorded in a suitable local register
- accident reporting
- ensuring that all spillages of body fluids are cleaned up promptly

maintaining stocks within the First Aid kit/box (see Appendix M) and ensuring, in liaison with management, that appropriate documentation is completed and that reportable accidents are reported to the line Manager as soon as possible after dealing with the immediate effects.

The First Aider's and Appointed Person's, (or other title) responsibilities include:

- ensuring that their own recommended immunisations/injections are up-to-date and
- reporting any illnesses or injuries which would preclude their abilities to administer First Aid, to local management to arrange alternative cover.

First Aiders must ensure their qualifications are kept up to date.

Appendix G - Responsibilities of the Training Provider

Any First Aid training must be carried out by registered and approved providers (Training Approval Service Consortium certificate holders).

DS will provide advice on a number of training providers available.

The role of the training provider:

- provide advice and information relating to First Aid at Work, including any changes in regulations or employer requirements
- provide First Aid training in line with the Health and Safety (First Aid) Regulations 1981 (updated 2013)
- provide refresher training and
- assess and certify students as competent to approved standards.

Appendix H - Payment for First Aiders

We recommend an allowance will be paid to all First Aiders who have a valid current First Aid at Work Certificate. This payment acknowledges the individual's training and commitment and acts as an incentive.

This payment will be stopped if the First Aider:
- chooses not to continue as a First Aider, or
- does not attend the 12 monthly refresher courses, or
- on attendance at the refresher course is found not to be competent, or
- allows their certificate to lapse, or
- relocates to a unit/establishment which already has sufficient First Aiders, or
- leaves the organisation.

At the **Headteacher**'s or local **Manager**'s discretion, the allowance may be stopped or suspended if the First Aider is likely to be away from the work base for a considerable period of time, e.g. long term sickness, home working, unpaid leave etc.

Appointed Persons, (or other title) do not receive an allowance.

Appendix I - Example outline first aid risk assessment.

What are the hazards?	Who is mainly affected?	When are they more likely to be affected?	Control measures: First aid and medical assistance	Remaining risk level
On establishment property: Typical childhood activity hazards such as falling over,	Children of all ages.	0830-1900 hours approx	Staff trained in adult and paediatric first aid on duty. All staff and	**Low**

bumping into another person, football bruises.			children given basic first aid training as life skills.	
Likely if uncommon incidents such as choking on food, allergic reactions.	Children of all ages. Some adults.	0830-1900hours approx	Staff trained in adult and paediatric first aid on duty. Staff trained in emergency first aid for certain circumstances such as lunch times. Epi-pen® trained Identification of vulnerable children by photo, bracelet etc.	**Low**
Vehicle related collisions in the car park or near the establishment.	Children mainly due to lack of awareness and small size.	Start and finish of the day.	Vehicle and parking management, supervision, enforcement. Plus first aid as above.	**Medium**

			Vehicle movements restricted to reduce conflict e.g. main entrance gates closed at peak times, signage etc.	
Accidents whilst on establishment trips.	Children and adults.	Anytime.	Risk assessment done as part of trip planning.	**Low**
Illness or accident whilst playing sport on or off site.	Mainly children. Some adults.	During the sporting activity.	Risk assessment done as part of the planning for the lesson or activity.	**Low**
Medical need occurrence or crisis.	Mainly children. Some adults	0830-1900hours approx.	Staff trained in administering medicine or related support. First aid as above.	**Low**
Unexpected illness or accident near to the establishment (or to a establishmen	A member of the community of any age.	0830-1900hours approx	First aid as above. This may include community facilities	**Low**

t party on an off-site activity)			such as a defibrilla tor.	
Well-being issues.	Staff, pupils	Any time.	Address work-load issues, use HSE Stress guidance , support such as mindfuln ess training.	**Medium**

Appendix J - Human resources for first aid

Human resources for managing first aid and medical support in an example mainstream school of 480 to 840 pupils.

Resource	***Recommended ratio***	***Actual number to cover the day, trips and staff holidays.***
First Aiders on the staff qualified to give help to adults as "First Aid at Work".	1:50 staff	3 (Included in the '8' below)
First Aiders with Adult and Paediatric training on the staff to give help to adults and young children.	1:50 staff and pupils.	8
Adult staff trained in emergency first aid.	No ratio.	Aspiration: All staff eventually through a rolling programme over 3 years.
Parent/carers or other relatives, volunteer helpers, Church staff etc with basic life-saving skills.	No ratio	Aspiration: All eventually through a rolling programme over three years.
Staff trained to give medicine and help with medical support.	1:50	8
Parent/carers or other relatives, volunteer helpers, Church staff etc.	No ratio	Not specified at this time.
Pupils trained in First Aid as a life-skill.	No ratio	Aspiration: All eventually with skills developing over their academic career.
Pupils trained in medical support issues as a life-skill.	No ratio	All eventually with skills developing over their academic career.

PLEASE NOTE: The HSE is no longer involved in assessing first aid providers but gives a useful first aid assessment tool at http://www.hse.gov.uk/firstaid/assessmenttool.htm

Appendix K - Human resources for managing first aid only. The Health and Safety Executive published the following draft guidelines as a case study for *consultation* in April 2013 over new first aid training:

This is a mainstream primary school of 320 pupils which also includes an attached preschool that takes children from the age of three. Across the site there are 26 staff on duty at any one time. While the majority of hazards in this setting are considered low there is, for example, a higher-hazard area in the on-site kitchen. The school is aware that four pupils have asthma and two hold Adrenaline pens.

The first-aid needs assessment indicates that the minimum requirements are:

Information to all employees about what they need to do in case of an emergency.

First-aid personnel	**Required Yes/no**	**Number needed**
First-aider with a first aid at work (FAW) certificate	No	N/A
First-aider with an emergency first aid at work (EFAW) certificate	Yes	At least 1 on duty at all times while people are at work
First-aider with additional training (specify)	Yes	First-aiders should have training in major illness, paediatric first aid and anaphylaxis. Training can either be provided to existing EFAW qualified staff or alternatively additional staff can be trained in paediatric first aid
Appointed person	No	N/A
First-aid equipment and facilities	**Required Yes/no**	**Number needed**
First-aid container	At least 2	1 in the pre-school area and 1 in a central location easily accessible to the rest of the school
Automated external defibrillator AED)	Highly recommended	One, accessible to after-school activities as well.
Travelling first-aid kit	N/A	N/A
First-aid room	Yes	1

Appendix L - Physical resources needed to support first aid and SP with MC

Resource	Number and location
First aid and medical room (FA&M room)	One room, properly equipped will be available on the main establishment site. The Principal First Aider will manage stocking and maintenance in conjunction with the team.
First aid equipment boxes, bags etc. Contents based on commercially available items using BS 8599 supplemented if necessary	A first aid box will be provided at Reception and in two other locations to give ready access quickly. Lunchtime/playtime staff will have portable first aid kits for minor injuries.
Trips and sporting events first aid	Additional equipment in bags to go with trips.
Trips and sporting events medical support e.g. for asthma, heart conditions etc.	Personal medical equipment taken by the individual if necessary for critical incidents. Other items can be put in a suitable pack with staff member. Depending on the requirements additional bags or boxes including cool boxes if needed will be provided for trips.
Medicines cabinet	A secure medicines cabinet and fridge will be available in the FA&M room or nearby. Records forms and identification of people needing medical support along with contact details for further advice.
Personal medicines and equipment: non-critical	A secure cabinet will be available for items that may be needed but do not have to be carried on the person.
Personal medicines and equipment: critical	These will be carried by the individual. Care Plan will be drafted and used.
Adrenaline injectors	Located at suitable places to cover site depending on who needs them.
Defibrillator (subject to discussion)	Located in Reception.

Appendix M: Contents of main first aid boxes

There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- two sterile eye pads
- four individually wrapped triangular bandages (preferably sterile)
- six safety pins
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings, and
- one pair of disposable gloves.

Equivalent or additional items are acceptable.

Before undertaking any off-site activities, the headteacher should assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of first-aid items for travelling first-aid containers is:

- six individually wrapped sterile adhesive dressings
- one large sterile unmedicated wound dressing approximately 18cm x 18cm
- two triangular bandages
- two safety pins
- individually wrapped moist cleansing wipes and
- one pair of disposable gloves.

Equivalent or additional items are acceptable.

Additional items may be necessary for specialised activities.
Transport Regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have onboard a first aid container with the following items:

- ten antiseptic wipes, foil packaged
- one conforming disposable bandage (not less than 7.5 cms wide)
- two triangular bandages
- one packet of 24 assorted adhesive dressings
- three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm)
- two sterile eye pads, with attachments
- twelve assorted safety pins and
- one pair of rustless blunt-ended scissors.

This first-aid container shall be:

- maintained in a good condition
- suitable for the purpose of keeping the items referred to above in good condition
- readily available for use and
- prominently marked as a first-aid container.

Appendix N: Anaphylaxis guidance document

1. Introduction

Anaphylaxis is a serious reaction to some foods and some other substances such as bee stings. In some cases it can be life threatening.

It is not clear why some people have a serious reaction to everyday foods or relatively mild insect stings. Until they have a reaction the person concerned may not be aware that they are sensitive in this way.

Sometimes the sensitivity can begin when previously there was no effect.

Not all reactions to food or other materials are "anaphylaxis". Some people may have food intolerance, a mild allergy or a personal emotional reaction to food or other substances. The significant aspect of anaphylaxis is the extreme level of reaction and the possible risk to life.

A national organisation which gives helpful guidance is:
www.anaphylaxis.org.uk

2. Parental duties for their children

Once parents are aware that their children are very sensitive to certain substances they should have been in contact with their GP and other medical advisors. All the information they have needs to be provided to the establishment in written form and discussed between the establishment, parents and the child.

The presumption is that full inclusion in the life of the establishment community is the objective. The child needs to be aware of their condition and involved in the decisions on managing it. They will grow up with it and will need to manage it themselves as adults.

Parents are naturally anxious about what will happen to their child at the establishment or on off site visits. Support for the pupil and the establishment is essential. The parents can encourage their child to be confident in dealing with their condition. Parental partnership with the establishment in reviewing the management of the condition is very helpful.

3. Establishment duties towards pupils and students

Anyone with a serious allergy which might cause anaphylaxis provides challenges in a number of establishment activities:

Catering on and off site
Food and snacks during the establishment day or roundabout
Curriculum lessons and trips
Casual contact with substance(s) to which the person reacts

It is impossible to reduce the risk of exposure to a common substance to zero. Risk reduction to an acceptable level is possible. The person concerned in discussion with their parent/carers, medical advisors and the establishment must decide on what is an acceptable level.

Even with the best controls over contact with a food for example to which the person is very sensitive there may be accidental exposure. The care plan must, therefore, include what to do if there is contact followed by a serious reaction.

4. Catering on-site

The Catering Manager will be involved in the Care Plan at an early stage. A suitable approach to meals and drinks can be worked out that is practical and achievable. Parent/Carers may wish to see the canteen and other food areas.

It may be appropriate to avoid using certain foods. The needs of all the pupils and staff should be considered as well as those who cannot eat certain foods. Nuts and fish for example are well-liked foods and are options for those who do not eat other items such as red meat.

5. Catering off-site in the UK

The establishment approach for the pupil when using the canteen can be used as the basis for catering at other sites. A note can be forwarded to the establishment or other venue. If the venue being visited cannot confirm that appropriate catering can be done then alternatives need to be provided. This may mean a packed lunch.

Plan the catering requirements in advance with advice from the Catering Manager if needed. Make sure everyone knows what is OK and what needs to be kept away from the relevant people. Pack expedition bags appropriately.

Make sure the emergency procedures are in place.

6. Catering off-site abroad

Early confirmation that venues can meet the requirements is needed and negotiation over alternatives when may be necessary.

It is not possible to reduce the risk to zero that pupils will bring in and share food at the establishment or on the way to and from the establishment.

Parents and pupils involved in Care Plans will need to discuss “informal food and drink” and agree what the child will do. Ideally the child will actively manage their own condition and tell their friends which food they cannot eat.

With the agreement of the parents and children the establishment can share information with other pupils and make most people aware of the issues.

7. Curriculum lessons – with food or related substances

The approach agreed with the Catering Manager can form the basis of the Care Plan application in teaching areas.

There may less control over foods and processes than in the establishment catering area and so more vigilance is required by teaching staff as well as by the relevant pupils.

Banning the use of some foodstuffs may be appropriate although it is better in the terms of life skills for the relevant pupil to learn how to function when unsuitable foodstuffs are around.

Information supplied by the makers of an adrenaline pen called Epipen®

http://www.epipen.co.uk/patient/what-is-epipen/

NOTE: There are other brands of adrenaline injectors such as Jext® and Anapen® and which type pupils are prescribed is a matter for the GP.

Appendix O - Spare inhalers in Education Establishments

Asthma is the most common long term condition in children affecting over a million children in the UK, the equivalent to two children in every classroom, so should be considered a priority. An education establishment should have in place policies and procedures to deal with students with asthma.

The Human Medicines (Amendment) (No. 2) Regulations October 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. It has been suggested that a register of those pupils suffering from asthma is kept with the emergency inhaler. This is especially important in secondary schools where pupils do not have one designated teacher, and can be accompanied by photographic record. Record of parental consent to use an emergency inhaler must be on the register too, updated annually.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.
Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

All staff should know where the spare inhaler is kept and it should be kept out of reach and sight of children and not locked away in a manner that makes it inaccessible.

The inhaler is usually used with a spacer. After each use of the emergency inhaler, the spacer must be disposed of, and the inhaler cleaned. If the spacer is not used, the inhaler must be disposed of in the correct means, and a new one must be bought.
A child may use a medicine other than salbutamol. However, the salbutamol inhaler should still be used in an emergency if their own inhaler is not accessible as it will still relieve their asthma.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed an reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

Appendix P – Automatic External Defibrillator machines

AEDs are small machines that can have a big impact. Easy to use and portable, if used in the crucial minutes before an ambulance arrives they **double the chances** of someone surviving after their heart stops.

Sudden cardiac arrest can happen to anyone who may or may not be diagnosed with a cardiac condition. A defibrillator is a life-saving machine that gives the heart an electric shock and can make a difference between life and death.

Why should you have a defibrillator?

Immediate defibrillation can be the difference between a life lost and a life saved.

- Around 30,000 people have a cardiac arrest each year outside the confines of a hospital
- The chance of survival after the heart stops falls by around 10% for every minute that passes without defibrillation
- It can take the emergency services several minutes (and sometimes longer) to arrive.

Defibrillators, like the one used on the footballer Fabrice Muamba when he collapsed on the pitch in March 2012, do not require training and can be used by anyone to shock someone's heart back into normal rhythm if they suffer a sudden cardiac arrest.

Time and again, AEDs have proven to be the difference between life and death. Yet, access to AEDs remains out of reach for most victims who have sudden cardiac arrest in public spaces.

You can't make it worse by using an AED

Modern AEDs talk users through the exact steps to take in a first aid emergency, and are very reliable. **You can't do any harm with an AED,** as they read the casualty's electrical system and will only give a shock if their heart has stopped.

Anyone can use an AED

You don't need training to use an AED as they give audible instructions. However, we recommend that people who might need to use them, such as workplace first aiders, are trained to reduce possible anxiety during an emergency.

The importance of AEDs in schools

Sudden Arrhythmic Death Syndrome (SADS) affects children as well as adults. AEDs have saved numerous young people in schools across the country, yet deaths can happen if this life saving equipment isn't in reach, and many schools don't have one.

The American Heart Association claims an 80-100 % survival rate for children who have cardiac arrest when an AED is used within the first few minutes of the incident.

Schools are often located at the centre of communities, with sports fields and facilities used outside school hours. Locating public-access AEDs on school grounds puts the equipment in reach of the whole community. Other well-accessed locations are care homes, commercial premises and work places.

Appendix Q – Dealing with Bereavement

However unfortunate, it is a fact that some headteachers, during the course of their professional career, will have to deal with the circumstances that follow the death of a pupil and/or a member of staff.

Certain procedures MUST be followed in the event of a sudden death at the establishment but, in general terms, procedures will vary dependent upon where the death occurs and the age of the victim. The aim of this document is to set down those procedures and so this guidance has a number of sections.

1. **Coping with the sudden death of a pupil/ student at establishment**
2. **Coping with the sudden death of a member of staff at establishment**
3. **Working with the police**
4. **Telling pupils/ students**
5. **Telling teachers and other staff**
6. **Telling parents and carers**
7. **Dealing with the media**
8. **Helping the establishment recover**
9. **Planning for business continuity**
10. **Help and assistance**
11. **Useful links**

1. Coping with the sudden death of a pupil/ student at the establishment

Unless it is plainly apparent, do not assume death. Dial 999 and seek immediate medical help. Whilst waiting, administer first aid and life support. When paramedics arrive, allow them to take over and let them decide on action needed or whether death has occurred.

If death is obvious, dial 999 and ask for immediate police attendance. Preserve the scene in case the police wish to investigate.

In either case, remove all pupils present to another room and keep them there; your intention is to limit the opportunity for rumours to start and to actively control the developing situation. If pupils need a lavatory, they must be accompanied so any opportunity for them to talk to others is limited and controlled. Do not allow anyone to use a mobile phone or any other equipment to communicate with anyone outside the establishment.

Arrange for additional staff to be present to support any pupils who witnessed the event. Remember that staff will need support in due course too (see below).

Instruct staff who normally receive incoming telephone calls not to answer any questions about the death. Tell them to say that a statement will be made in due course after further advice is taken, or (if appropriate) after police investigation.

If the death occurs immediately outside your premises and your first aider(s) is (are) involved, it is probable the victim will be unknown to you. In this case, assume the person is under 18 years, unless it is plainly obvious they're not! The reason for this, is that procedures differ for children (those under 18 years).

2. Coping with the sudden death of a member of staff at the establishment

The procedure is similar for dealing with the sudden death of a pupil. It is repeated here as it is recognised that there will be occasions when urgent reference is made to this document and time will not allow reader to seek information from several parts of it.

As previously stated, unless it is self evident, do not assume death. Dial 999 and seek immediate medical help. Whilst waiting, administer first aid and life support. When paramedics arrive, allow them to take over and let them decide on action needed or whether death has occurred.

> If death is obvious, dial 999 and ask for immediate police attendance. Preserve the scene in case the police wish to investigate.
>
> In either case, remove all pupils present to another room and keep them there; your intention is to limit the opportunity for rumours to start and to actively control the developing situation. If pupils need a lavatory, they must be accompanied so any opportunity for them to talk to others is limited and controlled. Do not allow anyone to use a mobile phone or any other equipment to communicate with anyone outside the establishment.

Arrange for additional staff to be present to support any pupils who witnessed the event. Remember that staff will need support in due course too (see below).

Instruct staff who normally receive incoming telephone calls not to answer any questions about the death. Tell them to say that a statement will be made in due course after further advice is taken, or (if appropriate) after police investigation.

3. Working with the Police

The police will normally investigate every case of sudden death, although procedures will vary according to the circumstances.

As previously indicated, take steps to preserve the scene and evidence it may contain.

Be prepared to provide a room, or a space in which the police can work, if requested.

Normally, the Police will inform the child's parents/carers, or the member of staff's next of kin of the death. In some cases, particularly in the case of staff death, the headteacher may want to inform the next of kin him/herself. Only do so if you are sure that you want to because you will have to cope with a very difficult and traumatic situation. Seek the advice of the police and consider it very carefully before proceeding. Remember, most constabularies will have specially trained offers who regularly delivery this type of news and who will be less affected by this task, than others who knew the deceased well or worked with them. In a few cases, it's likely that the police will insist on delivering the news themselves.

The police will want to talk with the person(s) who discovered the body. This will be a difficult and traumatic (to varying degrees depending on the person(s) concerned) and it is most likely that they will need someone with them, and will probably have to stay at the establishment.

The Police will almost certainly tell you that you must not speculate on the cause of death. But remember that the media are under no such restriction.

4. Telling Pupils

You actions will be dependent upon the circumstances.
In the unlikely event of a pupil or member of staff collapsing at the establishment when other pupils are present, is rushed to hospital and subsequently dies, those pupils will need to know what's happened before they leave at the end of the establishment day. If the death occurs off site or at the pupil's home the pupils/members of staff should be told first thing the next morning.

It is important to agree with the police the timing and content of the information given to pupils and staff to meet their needs whilst not impeding any police investigation (if any is to take place).

Are there any siblings, close relatives, or boy/ girl friend who needs to know first? If so, you should advise them first, but make arrangements to support them when they are told; have parent/carers ready to collect them from the establishment straight away. In some cases, the parent/ carer will wish to break the news to them, themselves; respect that decision.

Timing is everything. Gather the whole year group together about 20 minutes before the final bell. You will find that pupils will listen intently until you tell them that the pupil has died. Then, normally, they stop hearing. If the pupil has died as the result of an accident, ask them not to speculate about the cause of the accident and ask them not to spread rumours. Staff in special schools will need to tailor the approach to their circumstances but even the pupils with the most profound needs have been shown to take the news on board at some level, usually on a basic emotional level (noticing the change in people's mood etc).

Getting them to hear and comprehend everything you want to tell them will be difficult. Allow pupils ten minutes or so, to just be together as a year group. The gathering will be highly emotional and most will need to cry; some will need counselling.

Be prepared for some pupils to contact local media. It is best to repeat, in different forms if necessary, what can be said (e.g. expressions of sympathy) and let them know what cannot be talked about (due to it being speculative or confidential). Advise pupils and staff to avoid answering supplementary questions or talking about it on social media.

5. Telling Staff

Recognise that this may be after key pupils have been told, but tell staff as soon as practicable thereafter.

Tell staff who were nearest to what happened first. Depending on who that staff member is, they will probably need someone with them or to support them.

If you decide that staff members should tell other pupils, have a statement ready for them to read out before you advise them. Advise staff members to avoid answering supplementary questions or making comment if they are asked to do so when leaving the establishment site.

6. Telling Parents

Normally, the police will tell the parents/carers of the child who has died (unless death has occurred in hospital, in which case staff there will deal with the situation).

If you can do so, send a letter home to parents/carers of all pupils the same day as the death. If time doesn't allow it that day, do so the following day. The letter, on the establishment's headed paper, should express sympathy and give factual information about the death. This will reduce the likelihood of rumour, which could be intensely hurtful to the bereaved, other pupils, parents/carers and staff members.

Send (or hand deliver) a letter to the parents carers of the pupil/ student (or the next of kin, if a staff member) who died the following day. You are best placed to decide on the content, but remember to express sympathy. Ask to be kept informed of the funeral arrangements so the establishment can be represented. However, if the parents/carers do not tell you of the funeral, carefully consider whether you ought to attend (much will depend on the circumstances).

If there is a sibling on roll, send them a card to demonstrate you recognise their loss too. The form teacher may wish to send a separate card to that sent by the establishment.

In the event of a pupil's death and after a short interval, write to the parents/ carers and ask if they would like any of the pupil's work. Be prepared for a delayed reply, but in the meantime, store that work in a safe place.

7. Dealing with the Media

VA schools, Academies, Trust and Free Schools may also want to seek advice from the appropriate Diocese, Federation, etc.

Some establishments may already have a member of staff nominated as press officer. If not, decide whether you need to designate a colleague as press officer or hire an external PR organisation. Remember that your designated press officer may be required for some considerable time and (if a member of establishment staff) may not be able to undertake duties that cannot be immediately delayed, if media enquiries arise.

In all cases, your Business Continuity/ Critical Incident Recovery Plan, needs to set down local procedure. (When time allows and after the incident, you might want to review the local procedure in the light of experience gained.)

Be aware that the media may contact the parents/carers and might speculate about the cause of death. This may be very difficult to deal with, especially if distraught parents/carers are seen on TV. Pupils, if they see it, may find it difficult too; psychological support is available if it is needed.

If the media broadcasts any such report, you may be approached for comment; this could be with little or no warning and you may have no time to prepare. If you are faced with this situation, keep expressing sympathy for the parent/carers so that editors will find it hard to cut this part of your statement.

If there is a post mortem, this may happen very quickly and almost certainly within 48 hours. Ask the police to tell you the results as soon as possible.
The best way to stop media speculation is with the use of facts.

8. Helping the Establishment Recover

Accept that recovery will take some time. In most cases, holding a memorial service or special assembly will help. Celebrate the person's life and achievements and the difference they made to the establishment's daily routine. Consider whether psychological support needs to be provided.

Recognise that the pupils and staff who receive counselling may not necessarily be those who need it most. In the case of a pupil's death, any sibling at the establishment may have intense needs that appear later.

Before the sibling returns, prepare his/ her classmates. Tell the class not to ask questions, but wait for the pupil to talk about their loss. Some will want to talk about their loss and others won't; both are normal, but be prepared for either. Generally a pupil will decide when they feel comfortable to talk and will choose the person(s) most trusted.

The class teacher should ask the pupil during the first day how they are coping and ask if anything specific might be needed. The teacher should then keep a careful watch in a supportive way rather than an intense one. Books dealing with such matters are available and should be used if you feel they will help the pupil concerned or their peers.

Ensure the pupil and his/ her parents/carers know they can talk to the class teacher, the Headteacher, or other supportive person at any time if they would like to do so. Provide support for as long as the family needs it.

Seek advice if you need it as it is very difficult for the establishment to know when to stop making allowances.

9. Educational Visits

No-one in the group should speak to the media. Do not give names of anyone involved in the incident as this could cause distress to their parents/ carers and/or other relatives/ friends.

10. Coping with an expected death

Establishments value pastoral care highly. Quite correctly, there is concern not only for the academic and intellectual development of pupils, but also for their social, emotional, physical and spiritual needs.

Stating the obvious, establishments which consider, and/or develop local policies and procedures for dealing with death will be better prepared and probably more

supportive to pupils if tragedy strikes. Such policies and procedural documents will also specify responsibilities allocated to specified members of staff which then allows discussion and preparation for a difficult task.

Depending on the age/ maturity of pupils, Headteachers may make death an integral part of the teaching programme; this allows consideration of the matter in a less emotional environment than would be present with an unexpected death.

Consider dealing with the subject in whole establishment and/or class assemblies, as well as in RE lessons. Acknowledge that it's natural for feelings and emotions to run high and that they may be difficult to control. Emphasise the supportive nature of the establishment's ethos and that the establishment will be supportive towards the bereaved pupil.

Bereaved parents/carers (and grandparents) will appreciate the establishment's thoughtfulness, planning and effort that goes into the care of their children, especially at times of great distress for all in their family.

11. Useful links and further information

From the Department for Education website;

Child death review process An overview of the child death review process and access to legislation and resources (February 2011).

The child death review - A guide for parents and carers This leaflet is for parents and carers of a child under 18 who has died. It outlines what happens in the child death review, although local practices may vary a little (March 2010)

This concludes document 2 of the Policy and Procedures for the Administration of Medicines, First Aid and Dealing with Bereavement