

FIRST AID POLICY

Contents

MONITORING AND REVIEW	2
AIMS	2
WIDER REFERENCES	3
RELATED INTERNAL POLICY	3
INTERNAL MANAGEMENT	3
INSURANCE	3
EQUAL OPPORTUNITIES	4
FIRST AIDERS	4
TRAINING	5
FIRST AID BOXES	6
AED (Automated External Defibrillator)	8
MEDICATION AND PRE-EXSISTING CONDITIONS	8
PROCEDURE IN THE CASE OF ACCIDENT/INJURY/ILLNESS - AT SCHOOL	8
PROCEDURE IN THE CASE OF ACCIDENT/INJURY/ ILLNESS - ON TRIPS ORGANISED BY SCHOOL	9
EYFS	10
INFECTIOUS ILLNESSES / DISEASES	10
RECORDING	10
ADMINISTRATION OF MEDICINES	10
RESPONSIBILITIES	11
STAFF INDEMNITY	11
RECORDS	11
ADMINISTRATION OF THE MEDICATION	11
ADMINISTRATION OF SCHOOL SUPPLIED OVER THE COUNTER MEDICATION	13
ADMINISTRATION OF SCHOOL SUPPLIED OVER THE COUNTER MEDICATION IN PREP AND EYFS	13
CONTROLLED DRUGS	13
SCHOOL SPARE EMERGENCY MEDICATIONS	14
School spare salbutamol inhaler	14
School spare emergency adrenaline Auto-injector	14
INTIMATE OR INVASIVE TREATMENT	14
LONG-TERM MEDICAL NEEDS	14
SAFE STORAGE OF MEDICINES	14
RECORDS	15

TRAINING	15
SUPPORTING STUDENTS AT SCHOOL WITH MEDICAL CONDITIONS	15
INTERNAL MANAGEMENT	15
STUDENTS	16
PARENTS.....	16
STAFF.....	16
STAFF TRAINING.....	16
PAIN RELIEF	17
ANTIHISTAMINES	17
MEDICATION	17
ANTIBIOTICS.....	17
SAFE STORAGE OF MEDICINES.....	18
RECORD KEEPING	18
TRIPS AND RESIDENTIALS.....	18
APPENDIX ONE – HANDLING BODY FLUIDS	19
APPENDIX TWO – ANAPHYLAXIS POLICY	20
APPENDIX THREE - ASTHMA	21
APPENDIX FOUR - DIABETES	22
APPENDIX FIVE - EPILEPSY.....	24

MONITORING AND REVIEW

Person Responsible	Patricia Adams (Headmistress)
Reviewed by	SLT and The School Nurse
Approved by	SLT
Frequency of Review	Annually
Date of Last Review	September 2023
Date of Next Review	September 2024

The School refers to all staff and students in St Mary's School, which includes the Early Years/Foundations Stage (EYFS), the Preparatory Department (Years 1-6), Senior House (Years 7-11) and the Sixth Form (Years 12-13).

The term 'parent' refers to those who have parental responsibility for a child.

AIMS

- To ensure that the school has adequate and appropriate equipment, facilities and procedures to provide appropriate first aid
- To ensure that the first aid arrangements are based on a risk assessment of the school

WIDER REFERENCES

This policy operates within a wider national framework. It operates with due regard to:

- First aid in schools, early years and colleges. Feb 2022
- Supporting pupils with medical conditions in schools Aug 2017
- The Equality Act 2010
- Children and Families Act 2014
- <https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-call-999/>
- <https://www.gov.uk/government/publications/emergency-planning-and-response-for-education-childcare-and-childrens-social-care-settings>
- <http://www.nhs.uk/NHSEngland/AboutNHSServices/Emergencyandurgentcareservices/Pages/responding-to-emergencies-FAQ.aspx>

RELATED INTERNAL POLICY

This policy should be read in conjunction with

- Admissions Policy
- Health and Safety Policy
- Risk Assessment Policy
- Educational Trips and Visits Policy

INTERNAL MANAGEMENT

The internal management responsibility for first aid is delegated to the Headmistress by the governors. The Headmistress must ensure that parents and staff are aware of the school Health & Safety and First Aid policies.

The School has a School Nurse and First Aid Officer who share responsibility for first aid provision, they will:

- Ensure that the first aid provision is adequate and appropriate
- Ensure that the number of first aiders/appointed persons meets the assessed need
- Ensure that the equipment and facilities are fit for purpose

INSURANCE

The School governors must ensure that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

EQUAL OPPORTUNITIES

Appropriate risk assessments for students will be done by the person in charge of first aid, and suitable provision will be made in liaison with the Headmistress. In the case of staff, this should be done jointly with first aid and their line manager.

FIRST AIDERS

The School is identified as a 'low risk'. In this School, the ratio of first aider to student is approximately 1 to every 40 students in Senior House and 1 to every 20 in the Prep Department. Seven members of staff are First Aid at Work (FAW) qualified, nine are trained in Paediatric First Aid and approximately 56 further members of staff are Emergency First Aid at Work (EFAW) trained. Information about the First Aid policies will be distributed so that everyone is aware of personnel. Those who are specially trained in First Aid can be quickly identified via their green lanyard.

The School will ensure that there is always at least one qualified person on each school site when children are present;

School Nurse:	Melissa Tomblin
First Aid Officer	Tina Joyce

Trained First Aiders:

Harvi Chahal - FAW
Emma Warburton – FAW
Nicola Smith – FAW
Grace Stacey – FAW
Fiona Crossland - FAW
Melissa Tomblin – FAW
Tina Joyce - FAW
Joanne Burton – Paediatric First Aid
Lynda Gibson - Paediatric First Aid
Olivia Trangmar - Paediatric First Aid
Melissa Tomblin – Paediatric First Aid
Tina Joyce – Paediatric First Aid
Kate King - Paediatric First Aid
Tim Cavill - Paediatric First Aid
Tanya Smith - Paediatric First Aid

Duties of a First Aider

They must:

- Complete an approved HSE (FAW/Paediatric First Aid) training course
- Give immediate help to casualties
- Ensure that when necessary an ambulance or other professional medical help is called
- Take charge when someone is ill or injured
- Look after the First Aid equipment
- Ensure that medical help is called when necessary
- Update records

First Aid at Work (FAW)

Course lasts 18 hours – staff that have successfully completed this course should be able to:

- Provide emergency First Aid at work
- Administer First Aid to a casualty with:
 - Injuries to bones, muscles and joints, including suspected spinal injuries
 - Chest injuries
 - Burns and scalds
 - Eye injuries
 - Sudden poisoning
 - Anaphylactic shock
- Recognise the presence of major illness and provide appropriate First Aid (including heart attack, stroke, epilepsy, asthma, diabetes)

Paediatric First Aid

Course lasts 12 hours – staff who have successfully completed this course should be able to:

- Provide child and infant resuscitation
- Respond to a child/infant:
 - Who has a foreign body airway obstruction
 - With external bleeding
 - With injuries to bones, joints and muscles
- Recognise the presence of major illnesses and provide appropriate First Aid (asthma, diabetes, allergic reactions, meningitis, febrile convulsions, sickle cell crisis)

Emergency First Aid at Work (EFAW)

Course should last 6 hours – staff that have successfully completed this course should be able to:

- Understand the duties of a First aider including reference to:
 - The importance of preventing cross-infection
 - The need for recording incidents and actions
 - Use of available equipment
- Assess the situation and circumstances in order to act safely, promptly and effectively in an emergency
- Administer first aid to a casualty who is unconscious (including seizure)
- Administer cardiopulmonary resuscitation
- Administer first aid to a casualty who is wounded and bleeding
- Administer first aid to a casualty who is suffering from shock
- Provide appropriate first aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters)

TRAINING

In 2022 staff were EFAW trained and the certificates are valid for 3 years. At the time of this policy being published 53 current staff members have certificates in EFAW. Towards the end of the 3-year certification period, first aiders need to undertake an FAW requalification course or another EFAW course, as appropriate. As strongly recommended by HSE, this School ensures that all FAW trained first aiders undertake annual refresher training to maintain their skills.

- The School will provide adequate and appropriate training for first aid staff and appropriate information for all staff to enable them to carry out their duty of care
- The governors will ensure that there are sufficient trained staff to meet statutory requirements and the assessed needs, allowing for staff who are absent or off-site
- The School holds an INSET day for staff, every three years, to gain an Emergency First Aid at Work certificate which is valid for three years. The next session is due in September 2025.

FIRST AID BOXES

The first aid boxes will be located as agreed by the Headmistress. All staff should know where the first aid boxes are kept. Information about the first aid policies will be distributed so that everyone is aware of location of equipment. The boxes must contain a 'sufficient quantity' of first aid material and nothing else. The first aid boxes will be checked during staff inset days.

The School requires the following items to be in the box as a minimum:

- Guidance card
- Individually wrapped 'assorted sizes' sterile adhesive dressings
- Sterile eye pad
- Triangular bandage
- Safety pins
- Medium size, sterile unmedicated dressings
- Large, sterile unmedicated dressings
- Disposable, surgical gloves – to be worn by any personnel administering first aid
- Sterile wipes
- Resuscitation face shields

The person in charge of first aid will determine whether there should be more than the minimum items.

For trips organised by the school a first aid box will be prepared. Where no special risk has been identified, the first aid box will contain the same items as a minimum.

First aid boxes are situated in:

BOX NUMBER	LOCATION	
1	PREP - SCIENCE LAB. SMITH BUILDING	
2	PREP – THE HUB - after-school supervision	
3	PREP - OAKDENE HALL	
4	PREP- OAKDENE 1 st FLOOR CLASSROOMS	
5	PREP - OAKDENE ICT SUITE	
6	MEDICAL ROOM	
7	PREP- RECEPTION LANDING	

8	S.H – FOOD & NUTRITION (slip room)	
9	S.H - DRAMA DEPARTMENT	
10	S.H – ART ROOM	
11	Mini bus 5	
12	S.H - SCIENCE DEPARTMENT - BIOLOGY LAB.	
13	S.H - SCIENCE DEPT. - CHEMISTRY LAB.	
14	S.H - SIXTH FORM CENTRE – CEDAR HOUSE	
15	S.H – STAFF KITCHEN	
16	S.H - PE - MAIN HALL	
17	SH – SCIENCE DEPARTMENT – PHYSICS LAB.	
18	S.H – LIBRARY	
19	MINI BUS 1	
20	MINI BUS 2	
21	S.H – MUSIC ROOM	
22	LITTLE ST. MARYS	
23	SH – MAIN HALL	
24	PREP PE - SPORTS HALL	
27	PREP – 1 st Floor SMITH BUILDING	
29	SH – ICT CEDAR HOUSE	
30	SH – ground Floor CHERRY TREE	
31	SH – 2 nd Floor CHERRY TREE	
32	MINI BUS 3	
33	MINI BUS 4	
34	YR 1 CLASSROOM	
40	FOREST SCHOOL	
Trip 1	MEDICAL ROOM	
Trip 2	MEDICAL ROOM	
Trip 3	MEDICAL ROOM	
Trip 4	MEDICAL ROOM	

One additional first aid box can be found in the kitchen, this box is maintained by the catering company Holroyd Howe.

AED (Automated External Defibrillator)

The school currently operates one AED. This is located at the front door of the Senior House by reception. Staff who have completed the EFAW training are aware on the basic operating procedure and further staff training on the specific model is given annually.

MEDICATION AND PRE-EXSISTING CONDITIONS

A list of students suffering from asthma and other allergies is held centrally. A copy of all prescribed medication, including asthma inhalers and adrenaline auto injectors, are kept with the School Nurse. In the majority of cases, Senior House students will carry their emergency medication with them (i.e. adrenaline auto injectors, inhalers, diabetic kit). In Prep Department, a bag is kept with classes which contains their emergency medication.

Medication is used in accordance with the individual healthcare plan of each student and consent of each student. All medication provided and administered will be recorded. Please see the School policy on Supporting Students with Medical Conditions and Administration of Medicines Policy for further information.

PROCEDURE IN THE CASE OF ACCIDENT/INJURY/ILLNESS - AT SCHOOL

A Mobile Casualty

All mobile casualties should report to either the main office or the School Nurse; they should be accompanied by a member of staff or a fellow student. All students who are unwell or who have had an accident should be given privacy, this will normally be in the 'Sick Room'.

In the event of accidents and/or injuries, the Bursar and the Headmistress should be informed. If the casualty recovers, send back to class.

If a student has an accident or becomes unwell, in such a way as to need further monitoring (e.g. in the event of an asthma attack or head injury), follow up checks should take place at break time and at the beginning of lunch time (or the end if the event occurred close to the start of lunch) with instructions to the student to return to the medical room or office if she needs to. These checks should be recorded with the School Nurse/First Aid Officer. If there is an incident in the afternoon, then parents should be advised that they need to keep an eye on their daughter in the evening.

In the event of an accident, injury or illness, whoever carries out treatment must update the School records in line with 'Recording Procedure'.

For EYFS students, it is the duty of the school to inform parents of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and any first aid treatment given.

Immobile Casualty

Do not leave casualty, get someone else to get a first aider who will carry out the appropriate action as above.

Sending a Casualty Home

In the event of an accident or of a student reporting to the office or nurse as unwell (to the extent that we think she may possibly need to be sent home in the course of the day) the following people will be informed:

- The student's Form Tutor or Class Teacher

- Jacqui Deadman (Senior Deputy Head)
- One of the following - Mairead Carney (Prep) / Katie Cork / Relevant Head of Year or Section
- The Office who will update iSAMS attendance (The School information management system)
- Record details in Accident Book

Sending a Casualty to Hospital

If the nature of the accident/injury/illness is such that the casualty requires to be sent to the hospital;

Student

- Parents should be contacted via phone immediately
- The Headmistress or a Deputy Head should be notified
- The student's Form Tutor or Class Teacher
- One of the following - Mairead Carney (Prep) / Jacqui Deadman / Katie Cork / Relevant Head of Year or Section
- The Office who will update iSAMS attendance (The School information management system)
- Record details in Accident Book

Staff

- Inform Bursar, Headmistress or a Deputy Head
- Inform Jacqui Deadman, Senior Deputy Head, so that suitable cover can be arranged if required
- If the staff member is unable to drive, arrange transport. Their emergency contact should be called by either the member of staff or the Office (telephone numbers with Heads PA or HR Admin)
- Record details in Accident Book

When to Call an Ambulance

Always call 999 in a medical emergency that is if someone is seriously ill, injured and their life is at risk.

For example, if someone has:

- Lost consciousness
- Fits that are not stopping and is in an acute confused state
- Persistent, severe chest pain
- Breathing difficulties
- Severe bleeding that can't be stopped
- Fear of overdose
- Significant bone break

PROCEDURE IN THE CASE OF ACCIDENT/INJURY/ ILLNESS - ON TRIPS ORGANISED BY SCHOOL

A record must be kept of the accident/injury/illness as set out above and any medication issued in the duration of the trip.

During School hours any trips should contact the School Reception immediately in an emergency. All trips outside of School hours have a designated member of the Senior Leadership Team as an emergency contact. This should be contacted immediately.

Staff should follow the individualised risk assessment for the given trip. All trips will have a designated first aider, who will carry a first aid kit and list of students and their medical needs.

EYFS

- A student must not return to school after symptoms of vomiting or diarrhoea for 48 hours after symptoms have ceased.
- The School must be notified immediately if a child contracts any notifiable disease.
- Written permission must be obtained before any medicine is administered to EYFS pupils.
- Any medicine given to EYFS pupils, along with the timing of the dose, will be reported to their parents on the same day, or as soon as reasonably practicable.
- There will always be a trained paediatric first aider on site, and on outings when EYFS pupils are present.

INFECTIOUS ILLNESSES / DISEASES

Depending on the illness, remember that in cases of infectious illnesses/diseases the School and/or Environment Health Authority may have to be informed. See RIDDOR for further guidance - <https://www.hse.gov.uk/riddor/reportable-incidents.htm>

RECORDING

The school will keep a record of any first aid treatment given by first aiders and appointed persons. This will include:

- The date, time and place of incident
- The name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of the first aider or person dealing with the incident.

The school acknowledges that the information in the record book can:

- Help the School identify accident trends and possible areas for improvement in the control of health and safety risks
- Be used for reference in future first aid needs assessments
- Be helpful for insurance and investigative purposes

ADMINISTRATION OF MEDICINES

The governing body recognises that many students will at some time need to take medicines during the school day. For some students such medication will be essential as it would be detrimental to the child's health if medicine were not administered during the school day.

The governing body also recognises that some students will have long-term or permanent need for regular medication. Such students would be put at a disadvantage if the School did not arrange for these students to take medicines.

While parents retain responsibility for their child's medication, the School has a duty of care to the students while at school, and the governing body wishes to do all that is reasonably practicable to safeguard and promote children's health and wellbeing.

RESPONSIBILITIES

The governing body takes responsibility for the administration of medicines during school time in accordance with the government's policies and guidelines. The Headmistress will implement this policy and report as required to the governing body. Medication will normally be administered by the School Nurse/First Aid Officer or by specially trained staff.

All teachers are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The governing body does not require staff to administer medication.

However, some specified staff (e.g. PE or staff taking educational visits) that volunteer their services, and/or those support staff managing the administration of and administering medicines, will be given training to administer First Aid and/or medication to students.

STAFF INDEMNITY

The governing body fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines. The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The governing body will meet any claims in these circumstances.

RECORDS

On admission of a student to the school, all parents are required to provide information giving full details of:

- Medical conditions
- Allergies
- Any regular medication
- Emergency contact numbers
- Name of family doctor/consultants
- Any special requirements (e.g. dietary)

At the beginning of each academic year all parents will be required to up-date the medical form.

ADMINISTRATION OF THE MEDICATION

The School expects that normally parents will administer medication to their children outside the school setting. The School will only manage the administration or administer medicines **when essential**, that is where it would be detrimental to the child's health if medicine were not administered during the school 'day'.

Any requests for medicine to be administered must come from a parent in writing on the school's 'Authorisation to Administer Medication Form' and each request will be considered on an individual basis.

The Form will include:

- Name of parent and contact number
- Name of child and class
- Name of medicine
- Name of prescriber and contact details

Although parents should give detailed information, as set out below, the school will follow the instructions as provided on the original medicine container as dispensed by the pharmacist, in regards to:

- How much to give
- How it should be kept and stored
- How it is to be administered
- When to be given
- Any other instructions

The form will end with the following consent statement:

'The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information. It will be signed and dated by a parent or someone with parental control.'

A separate form must be completed for each medicine to be administered.

Parents will be expected to notify any requests for the administration of medicines at the earliest opportunity and if appropriate to discuss the request with the Headmistress and the School Nurse. In some circumstances a discussion involving the consultant community paediatrician or the child's consultant will be required to see what can be done in the school, before the Headmistress makes a decision.

The Headmistress (or person authorised by the Headmistress) will decide whether any medication will be administered in school, and by whom. In appropriate cases the Headmistress and parents in consultation with the health professional (GP, paediatrician, nurse consultant or dentist) responsible for the child and anyone else the Headmistress deems necessary will draw up a healthcare plan.

The medicine must be in the original container as dispensed by a pharmacist with the child's name and instructions for administration as supplied by the pharmacist on the label.

The School will not deal with any requests to renew the supply of medicine. This is entirely a matter for the parents.

If the student is required and able to administer her own medicine (e.g. inhaler for asthma) a designated member of staff will supervise the administration dependent on the age and understanding of the particular child.

Normally medication will be kept under the control of a designated member of staff unless other arrangements are made with the parent.

Normally the administration of medication will only be done in school at the following times:

- Immediately before school
- Breaks and lunch time
- Exceptionally, immediately after the end of the school day

In particular circumstances, such as for children with diabetes, medicines will be administered at times as advised by the child's consultant or specialist nurse.

All personal non-prescription medicines, including painkillers, must be kept in the Medical Room. Parents are required to supply the School Nurse with written consent to administer. This written consent should state the name of the product and instruction for dosage. Personal non-prescription medicines may be kept long-term, in a secure place, by the School Nurse, for students with specific medical needs.

Any medicines provided to the school by parents should be in their original container/packaging as bought/dispensed, including instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

ADMINISTRATION OF SCHOOL SUPPLIED OVER THE COUNTER MEDICATION

On admission to the School, parents of students of Years 7 and above are given the opportunity to sign a consent form which gives the School permission to administer over the counter medication Paracetamol and Ibuprofen for mild pain, antihistamine cream for insect bites and stings, and antiseptic cream for minor cuts and grazes. Specific details will be recorded by the School Nurse/ First Aid Officer or member of staff administering the Paracetamol, this will include the time given and dose. **Under no circumstances will aspirin be given to a child under 16 years without a doctor's prescription.**

ADMINISTRATION OF SCHOOL SUPPLIED OVER THE COUNTER MEDICATION IN PREP AND EYFS

Parental consent for the administration of over the counter medication to Prep (including EYFS) students is not obtained on admission to the school. However, occasions may arise whereby students in the Prep Department require liquid paracetamol (Calpol). If the need for Calpol has been assessed by the School Nurse or First Aid Officer parental consent will be sought in writing before **each** administration of the medication. An ongoing consent from parents to administer Calpol as and when required will not be accepted for Prep (including EYFS) students. A written record of the time and dose will be kept for each girl where Calpol has been administered.

CONTROLLED DRUGS

The Medical Team (school staff on trips), may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. St Mary's School will record all controlled medicines administered to individual children, stating what, how much was administered, when and by whom in a controlled drug record book. The record book is kept in the medical room. Any side effects of the medication to be administered at school should be noted in school.

On trips, the medication will be signed out of the medical room, to the trip leader, by the Medical Team. The trip leader will sign a record document for each child, which contains details of the amount of

medication supplied for the trip. This document will be used to log medication administered and stock levels whilst on the trip. The trip leader will oversee the administration of the medication and record the stock level. Any remaining controlled medication, at the end of the trip, will be returned immediately to the medical room by the trip leader and will be logged back into the controlled drugs record book and stored in the locked cupboard.

SCHOOL SPARE EMERGENCY MEDICATIONS

School spare salbutamol inhaler

The School holds one spare emergency Salbutamol inhaler for use in emergencies. The spare school inhaler is only available for use for students who have been prescribed an inhaler and whose own personal inhaler is not immediately available and written parental consent has been given. All parents who have a student in school with a prescribed inhaler are given the opportunity to consent for the use of the school spare inhaler. The school spare inhaler is stored alongside other emergency medication in an unlocked cupboard in the medical room. Emergency access to the medical room is available to all staff via a universally known key code.

School spare emergency adrenaline Auto-injector

The School holds two spare emergency adrenaline auto-injectors for use in emergencies. The spare school AAI is only available for use for students who have been prescribed an AAI, whose own personal AAI is not immediately available and written parental consent has been given. All parents who have a student in school with a prescribed AAI are given the opportunity to consent for the use of the school spare AAI, stating clearly which dose of AAI they are consenting to. The school spare inhaler is stored alongside other emergency medication in an unlocked cupboard in the medical room. Emergency access to the medical room is available to all staff via a universally known key code

INTIMATE OR INVASIVE TREATMENT

The school will not normally allow these to take place in school. However, in exceptional circumstances the Headmistress can authorise intimate or invasive treatment. Two adults should be present when these take place, at least one of whom should be of the same gender as the student.

Should the number of disabled students become significant, reference will be made to 'CDC Dignity and Inclusion: Making it Work for Children with Complex Needs' for an Intimate Care Policy.

LONG-TERM MEDICAL NEEDS

The governing body and Headmistress will do all they reasonably can to assist students with long-term needs. Each case will be determined after discussion with the parents, and in most cases the family doctor. The governing body also reserves the right to discuss the matter with the school's medical adviser. Please see the Supporting Students at School with Medical Conditions Policy for further information.

SAFE STORAGE OF MEDICINES

Medicines with the exception of adrenaline pens, emergency diabetic kits and asthma inhalers will be stored in a locked cupboard - in the original container in which they were purchased. The access code is known by the School Nurse and designated first aid staff. Students know where their medication is stored and who to contact in order to have their medication administered.

Emergency medicines and devices such as asthma inhalers, emergency diabetic kits and adrenaline pens are stored in an unlocked cupboard in the medical room. Emergency access to the medical room is available to all staff via a universally known key code.

A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Medical Room refrigerator (which is behind a locked door, all staff know the code to), a weekly temperature log of the refrigerator will be taken during the period of storage.

An audit of student's medication will be undertaken monthly, disposing of any medication that has expired or is no longer required. It is the parent's responsibility to ensure their child's medication remains in date. The school will remind parents where possible when their child's medication is due to expire.

It is the responsibility of parents to ensure that the school is provided with emergency medication (e.g. AAI, inhalers and diabetes kit) that is in date for their child before going on a trip. If this is not provided the child will not be able to take part in the trip.

RECORDS

All medication administered will digitally be recorded within the student's individual medical records area of the school data base.

The form will record:

- Name of the student
- Date and time of the administration
- Who supervised the administration
- Which medication
- How much was given
- A note of any side-effects

Medical records will be archived until the student is 25 years old. The record of administration of medication will be updated every academic year.

TRAINING

The governing body is committed to providing appropriate training for staff that volunteer or are contracted to participate in the administration of medicines.

SUPPORTING STUDENTS AT SCHOOL WITH MEDICAL CONDITIONS

INTERNAL MANAGEMENT

The internal management responsibility is delegated to the Headmistress by the governors.

The School Nurse:

- Ensures that students medical conditions are highlighted appropriately to staff
- Ensures that sufficient plans are in place to care for students with pre-existing conditions

STUDENTS

Required students with medical conditions will be consulted to provide information about how their condition affects them. They will be involved in discussions about their medical support needs and contribute where possible to the development of, and compliance with, their individual Healthcare Plan. The majority of Senior House students will carry their own emergency medication (e.g. adrenaline auto injectors, antihistamines, inhalers and diabetic equipment), in Prep Department this emergency medication will be contained in a bag that travels with the group of students. Students should not carry any routine medication, such as paracetamol, as this should be administered by the School Nurse.

PARENTS

Parents include any person who is not a 'parent' but who has parental responsibility for or care of a child. Parents have the prime responsibility for their child's health.

- Parents should provide the school with sufficient and up to date information about their child's medical needs
- Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional
- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their child
- Parents should provide medicines and equipment as required by the Healthcare Plan
 - Ensure students bring their emergency medication with them to school each day
 - Replace medication before the expiry date
 - Dispose of expired items safely
 - Ensure any medication that would be beneficial to take before school is taken (e.g. anti-histamines during periods of high pollen count)
 - Keep their child at home when they are acutely unwell: informing the school office of the absence
- Acknowledge that it only requires one parent to request that medicines are administered. This will be the parent with whom the school has day-to-day contact with. Parents should ensure that they or another nominated adult are contactable at all times.

STAFF

All members of staff may be asked to provide support to students with medical conditions. They should know what to do and how to respond accordingly if they become aware that a student with a medical condition needs help. Staff must not give prescription medication or undertake healthcare procedures without appropriate training.

STAFF TRAINING

Specific medical staff training needs will be identified by the School Nurse and agreed with the Headmistress and Bursar. This will have been identified based on the current needs of the student body. Training will be provided by appropriate healthcare professionals (including the school nurse), so that staff are fully competent and confident in meeting the needs of a student's Healthcare Plan. Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. A First Aid certificate DOES NOT constitute appropriate training in supporting children with medical conditions.

Staff will report to parents in cases where they note a student may need to have their medical condition re-examined, such as using an inhaler more frequently than usual.

PAIN RELIEF

The school holds a supply of paracetamol and ibuprofen, which may be issued to students in Senior House upon request, provided that the parents have consented on the school admission form. Paracetamol and/or ibuprofen will be given by the School Nurse, First Aid Officer or designated First Aiders. The member of staff will ensure via questioning that the girl has had a sufficient 4-hour gap since her last dose either via the student or by speaking to parents. Ibuprofen will be administered after food.

The school holds a supply of Calpol, which may be issued to a student in the Prep Department only once a parent has been spoken to on that day and has provided written consent. No prior or standing consent can be given.

ANTIHISTAMINES

The school does not hold a supply of antihistamines. If a student requires them then these should be provided to the school in the original packaging, in date and should be accompanied by a signed medical consent form.

MEDICATION

The school will only accept medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The permission to administer medication form must accompany the medication. The exception to this is insulin which must still be in date, but will be available inside an insulin pen or a pump, rather than in its original container.

The designated person will administer medication at the appropriate time, checking the authorisation to administer medication form against the medication label and following the principle of 5 rights:

- Right person, right time, right medication, right dose, right route
- Double check it has not already been administered by someone else
- Administer and observe it being taken
- Record date, time, name of child, dose, signature
- A record of the name, time and dose of medication administered is recorded on iSAMS
- Any possible side effects will be noted
- The medicine is returned to appropriate storage

If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine but check with the parents or a health professional before taking further action.

If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and act in accordance with the individuals' Healthcare Plan and contact parents.

ANTIBIOTICS

The school will support students who have been prescribed antibiotics by a medical professional and when the timing of this medication would be impacted by the school day.

CONTROLLED DRUGS

(See above)

SAFE STORAGE OF MEDICINES

(see above)

RECORD KEEPING

The school will keep a record of all medicines administered to individual students, including:

- Name
- Dose administered
- Time administered
- Whom administered

Any side effects of the medication administered at school will be reported to parents. A record of administration of medicine will not be recorded where the student has taken responsibility for their own medication, e.g. asthma inhalers.

Parents of girls in Senior House are notified of medication administered via an e mail sent home. It states the medication, dose, time and reason for the medication along with which staff member administered it. No medication is given to girls in the Prep Department without first contacting parents as stated above.

TRIPS AND RESIDENTIALS

The school will actively support students with medical conditions to participate in school trips and visits; by making reasonable adjustments and these will be included in the risk assessment for the event. Some students may need to take precautionary measures before or during some activities, and may need access, for example, to asthma inhalers. Staff supervising activities will be made aware of relevant medical conditions and will consider the need for a risk assessment to be made. One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Healthcare Plans (including information about consent), medicines, equipment and copies of the relevant appendix will be taken on school visits. Medicines are administered and witnessed and added to the record of administration of medication on return from the visit.

It is the responsibility of parents to ensure that the school is provided with emergency medication (e.g. AAI, inhalers and diabetes kit) that is in date for their child before going on a trip. If this is not provided the child will not be able to take part in the trip. The school will remind parents, where possible, when their child's medication is due to expire.

APPENDIX ONE – HANDLING BODY FLUIDS

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection, both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

Clean Up Procedure

- Estates Manager and/or Site Team to be contacted speak to Estates Manager for information
- Remove students from the area or position a member of staff on duty to guard the area
- Wash hands
- If a student or staff member has any body fluids on them they should be sent to the medical room
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home
- Wash hands
- Site team and Estates Manager arrange for a member of their team to clean the area appropriately

If a member the site team is not available for any reason:

- Get some disposable gloves from the nearest first aid kit. Gloves are to be worn at all times
- Place absorbent paper towels over the affected area and allow the spill to absorb
- Wipe up the spill using the absorbent paper towels and then place in a bin (which has a bin liner)
- Put more absorbent towels over the affected area
- The bin liner that has had the soiled paper towels put in, then needs to be tied up and double bagged and put in an outside bin
- The area then needs to be cordoned off until cleaned
- Wash hands
- If a cleaner is not immediately available then a disposable cleaning kit will need to be used
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly
- The area must be cleaned with disinfectant following the manufacturer's instructions
- A 'Wet Floor Hazard' sign then needs to be put by the affected area
- The area should then be ventilated well and left to dry
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions
- Wash hands
- All rubbish bags to be disposed of in outside bins
- Wash hands

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin
- Exposure to broken skin e.g. abrasions and grazes
- Exposure of mucous membranes, including the eyes and mouth

Action to Take

- If broken skin encourage bleeding of the wound by applying pressure – do not suck
- Wash thoroughly under running water
- Dry and apply a waterproof dressing
- If blood and body fluids splash into your mouth – do not swallow
- Rinse out mouth several times
- Report the incident to the School Nurse or First Aid Officer and Senior Leadership Team
- If necessary take further advice from NHS Direct
- An accident form will need to be completed and it may need to be reported to RIDDOR

APPENDIX TWO – ANAPHYLAXIS POLICY

Allergies are an increasing problem, ranging from mild reactions to serious life-threatening anaphylaxis. The school takes its responsibility very seriously. This policy has been developed to ensure that all members of staff are aware of the condition and how to proceed in an emergency.

On admission parents are asked to inform the school of any known medical conditions. This includes allergies and particularly any anaphylactic reaction. Parents must keep the school informed of any change in circumstances.

Care of the Student with Anaphylaxis

Allergic reactions may be minor requiring anti-histamine medication or severe requiring adrenaline injection (commonly described as 'Epipens' or Adrenaline Auto Injectors (AAIs)). For those requiring anti-histamines parents can send in medication with a completed 'Authorisation to Administer Medication' consent form, stating how and when it is to be used. This will be stored in the medical room. Medication will only be administered with parental consent.

Adrenaline Auto-Injectors (Epipens, Emerade, Jext)

Students who are known to have anaphylaxis will be prescribed an adrenaline auto-injector for use in an emergency. The School, in line with the Medicines and Healthcare Products Regulatory Agency, requests that each girl has two AAIs available to her in school at all times.

In Senior House the student is responsible for ensuring that one AAI is carried with her at all times. She should carry it with her to the games field and on school trips. A spare adrenaline auto-injector will be kept in the Medical Room for each girl as a back-up. In the Prep Department one pen will be kept in the classroom and one at the Medical Room for each girl.

The School holds one school spare AAI in the medical room which parents can consent to their daughter having access to providing their daughter has a known risk of anaphylaxis and for whom medical authorisation has been provided.

Students have access to their spare adrenaline auto-injector at all times. However, the school cannot accept responsibility for any loss or damage to auto-injectors and parents should check details such as condition of the product and expiry date etc. regularly.

Responsibility

The school will take reasonable steps to ensure a safe environment. The school canteen does not consciously use any nuts in food preparation.

Training is offered to all members of staff so that they can recognise the symptoms, know how to administer the adrenaline auto-injector and deal with an emergency situation. This is undertaken on a voluntary basis. Training will be offered to all new members of staff as the need arises and there will be regular updates for all staff.

Staff must make sure they are aware who the students at risk are. A list will be displayed in the staff room and in Dining Room / Kitchen.

Parents and students have a responsibility to ensure that their adrenaline auto-injector is available at all times and that it is not out of date. Parents will be asked to complete and sign a consent form giving permission for staff to administer medication in an emergency.

School trips / Residential Visits

All personal medications, a copy of the anaphylaxis appendix, a first aid prompt sheet and the Individual Healthcare Plan (including consent information) must accompany the student and the member of staff in charge of administering the medicine for the trip. Any medication to be administered whilst on school trips/residential visits must include the students full name, name and dosage of the medication to be given as well as time and route of administration. If a student could require an adrenaline injection at least one member of staff accompanying the trip must have been suitably trained to administer this.

Students who are attending off-site co-curricular activities, such as an away sports fixture, must take their personal medication as the school does not organise for medication to accompany these activities. Any staff accompanying these types of activity will remind students to bring their personal medication.

APPENDIX THREE - ASTHMA

The school takes its responsibilities to students with asthma very seriously and all students with asthma are encouraged to take a full part in all activities of the school. This policy has been developed to ensure that all members of staff are aware of the condition and how to proceed in an emergency.

On admission parents are asked to inform the school of any known medical conditions. This includes asthma. Parents must keep the school informed of any change in circumstances.

Use of Inhalers

All students should have their own labelled, reliever inhaler with them at all times. They must take an inhaler with them into the Sports Hall, onto the sports field and on any school trip or journey. A spare, labelled, reliever inhaler is to be kept in the Medical Room. The spare inhaler will be for emergency use and to go out on school trips.

Students have access to their spare inhaler at all times. However, the school cannot accept responsibility for any loss or damage to inhalers and parents should check details such as condition of the inhaler and expiry date etc. regularly.

The School holds one school spare inhaler in the medical room which parents can consent to their daughter having access to providing their daughter has a known risk of asthma and for whom medical authorisation has been provided.

Asthma and the PE Lesson

All students take part in PE lessons. Asthmatic students are responsible for taking their reliever inhaler to the lesson and should not leave it in the changing room. Labelled, reliever inhalers can be given to the teacher in charge at the start of the lesson for safekeeping, or, as in cross-country running, carried with the student.

In specific incidences it may be necessary to make individual appropriate arrangements.

Asthma and the Science and Art & Design Lessons

Fumes from Science experiments can trigger symptoms or attacks in students with asthma. Fume cupboards will be used, whenever possible, to avoid this. When a fume cupboard is not available, asthmatic students will be asked to sit near an open window, to the back of the classroom.

In Biology lessons asthmatic students will be reminded not to sit near to animals, birds or pollen experiments.

In Art and/or Textile Design lessons asthmatic students will be reminded to be aware of solvents or irritants that can trigger symptoms or attacks in students with asthma. Asthmatic students will be asked to sit near a window or an open door.

School trips / Residential Visits

All prescribed medications, a copy of the asthma appendix, a first aid prompt sheet and the Individual Healthcare Plan (including consent information) must accompany the student and the member of staff in charge of administering the medicine for the trip, this must include name, dosage and frequency of the medicine to be administered.

APPENDIX FOUR - DIABETES

What is diabetes?

Diabetes is a condition in which the body cannot make its own insulin. Insulin enables the body to use glucose and therefore produce energy. Without insulin the blood sugar will rise and the person will become very unwell.

This condition is controlled by the administration of insulin by injection. The blood sugar must be closely monitored at all times. If too much insulin is given, too little food is eaten or exercise is undertaken, the blood sugar may fall dangerously low.

Responsibility

Parents are asked to inform the school of any known medical conditions on admission. Diabetes is one we must be aware of.

Parents must inform school if their daughter is unwell or if there is any change to their circumstances or treatment which may affect them during the school day.

Staff who teach or care for a diabetic student have a responsibility to be aware of what to look for and how to deal with an emergency situation. This includes being aware of signs and symptoms of hypoglycaemia and hyperglycaemia and steps required to treat this situation.

The school will liaise closely with parents, student, diabetic nurse and doctor.

Students must act responsibly and ensure that they eat regularly and sufficiently to maintain their health and wellbeing.

Implications for School

There are no learning problems associated with diabetes. A student with diabetes must eat at regular times. This may mean having to be flexible at lunchtime and allowing students to eat between lessons, in class or even during exams if necessary.

The student may need extra food if undertaking exercise.

If the student is unwell, this may affect their blood sugar, causing them to be unpredictable.

If the blood sugar falls below a normal level this is called hypoglycaemia (hypo). This is a very serious situation and must be treated urgently as it may lead to rapid unconsciousness.

Signs, Symptoms and Treatment of Hypoglycaemia (Hypo)

- Drowsiness and lack of concentration
- Pallor, sweating, shaking
- Difficulty in communication
- Stomach ache and vomiting
- Aggression and confusion

Most diabetics recognise when their blood sugar is low and will have something sweet to eat or drink.

If any of these symptoms are seen or there is any concern:

- Do not leave the student alone
- Call for the Nurse or a First Aider – The Nurse or First Aider should go to the student
- Follow the steps on their Individual Healthcare Plan (this can be found with their emergency diabetic kit in the Medical Room)
- The student will need to rest until recovered.

If they become unconscious, place in the recovery position and call 999.

Inform the parents as soon as possible.

Special Provision

There is no reason why a diabetic should not take a full and active part in all activities in and out of school.

Allowance must be made for students to be able to check their blood sugar at any time. They may carry their testing kit with them or leave it in the medical room.

If a student needs to inject insulin during the school day, appropriate provision must be made for this.

The student must be responsible for carrying her own snacks and is advised to keep extra snacks or drinks in the medical room.

School Trips / Residential Visits

All prescribed medications, a copy of the diabetes appendix, a first aid prompt sheet and the Individual Healthcare Plan (including consent information) must accompany the student and the member of staff in charge of administering the medicine for the trip, this must include name, dosage and frequency of the medicine to be administered.

If for any reason a girl cannot give her own injection, she will only be able to travel if a suitably qualified adult accompanies her.

Staff accompanying students on all visits must be aware of their need to have a regular routine of meals. If there is a change of time as on international travel, any difficulties must be addressed by student, parents and staff before travel.

APPENDIX FIVE - EPILEPSY

St Mary's School is committed to fully meeting the needs of pupils who have epilepsy, keeping them safe, ensuring they achieve to their full potential, and are fully included in school life. We will do this by:

- Tackling any problems early
- Ensuring that all pupils with epilepsy are fully included in school life, activities and outings (day and residential) and are not isolated or stigmatised
- Giving voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school
- Making necessary adjustments e.g. exam timings, coursework deadlines, timetables
- Liaising fully with parents and health professionals (with the parent's permission) to share information about the pupil's education, healthcare, medication and any affects this has on their school life (for example epilepsy medication and seizures can affect a person's ability to concentrate). This will be an ongoing process
- Ensure that staff are epilepsy aware and know what to do if a pupil has a seizure.
- If needed, there will be a trained member of staff available at all times to deliver emergency medication
- Every student with epilepsy will have an Individual Healthcare Plan in place which will include information on the pupil's seizures, medication, and emergency protocols
- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents

General Advice for Seizure First Aid

- Stay calm
- If the child is convulsing then put something soft under her head
- Protect the child from injury (remove harmful objects from nearby or guide away from danger)
- NEVER try to put anything in her mouth or between her teeth
- Remove all other students from the area

- Try and time how long the seizure lasts - if it lasts longer than usual for that child or continues for more than five minutes then dial 999
- When the seizure is over stay with her, reassure her and call for the school nurse.
- Do not try to move the child unless she is in danger.
- Do not try to restrain the child
- Do not give her food or drink until she has fully recovered from the seizure
- If the child is still very drowsy after the seizure aid breathing by gently placing the child in the recovery position once the seizure has finished

Sometimes a child may become incontinent during the seizure. If this happens, try to put a blanket or cover around her when their seizure is finished to avoid potential embarrassment.

St Mary's School recognises that children with epilepsy can have special educational needs because of their condition. If this is the case, the procedures for helping children with additional needs will be put in place. We also recognise the importance of having a school environment that supports the needs of children with epilepsy. Any child suffering with epilepsy will be able to rest, supervised, in the medical room if necessary.

School trips / Residential Visits

All prescribed medications, a copy of the epilepsy appendix, a first aid prompt sheet and the Individual Healthcare Plan (including consent information) must accompany the student and the member of staff in charge of administering the medicine for the trip, this must include name, dosage and frequency of the medicine to be administered.