



EDEN PARK ACADEMY

**First Aid Policy
& Policy for Supporting Students
with Medical Conditions and for
the Administration of Medicines**

Date Adopted:	September 2024
Author/owner:	School Community Board
Anticipated Review:	September 2024

Appointed First Aiders-as at September 2024

Level 3- Sarah Hawksworth & Georgia Newman

Level 2-Clare Waters, Julia Sluman, Jodie Spearman & Leanne Squire

Pediatric First Aiders-Stacey Beer, Sarah Blight, Fiona Ackland, Jenna Nelson & Debby Lee

Duties of the Headteacher

The Head Teacher has day to day responsibility for the health & safety of pupils and takes all reasonably practicable steps to ensure the safety and well-being of students and staff.

In particular, the Head Teacher will:

- co-operate with the Board of Trustees to ensure that this policy and its associated arrangements are implemented and complied with;
- ensure the policy and other appropriate information is communicated to all relevant people;
- where appropriate, delegate tasks to others and authorise others to undertake duties on their behalf;
- report to the Board of Trustees on the effectiveness of this policy;
- monitor, take action and report accident data to the Trustees;
- report more serious accidents on Parago/Trust/RIDDOR and to the Board of Trustees
- identify the training needs of staff, ensuring that they are competent to carry out their roles and are provided with adequate information, instruction and training;
- promote a positive culture towards pupils with medical needs by leading by example.

Duties of Appointed First Aiders:

Appointed First Aiders will:

- ensure that accident logs are in place and location known to all staff;
- ensure that observations of trends in accident log are reported to SLT;
- provide the data for the HT/SLT to half termly review of accidents;
- responsible for the day to day first aid needs of children, employees and visitors;
- ensure that first aid resources are kept fully equipped through a half termly check;
- report head bumps to parents;
- ensure that first aid provision for trips and residential is provided to staff.

Duties of the School Business Manager

The School Business Manager will:

- organise for relevant training to be provided for all staff, in co-ordination with school leaders;
- ensure records are kept of medical and first aid training;
- record incidents onto Parago
- ensure that visitors to the site are aware of first aid procedures.

Duties of Staff Members

Every member of staff, so far as is reasonably practicable, is responsible at all times and in varying degrees, for the medical needs of all persons (including employees, students, visitors, volunteers, temporary staff, contractors and the general public) within their area of responsibility or control.

Each must be aware of and comply with relevant academy policies as well as the guidance applying to their specific work activities.

All members of staff will:

- apply the Academy's First Aid Policy to their own area of work;
- be directly responsible to the Head Teacher for the application of said policy, including record keeping of first aid carried out and reporting of accidents;
- liaise with the Senior Leadership Team and the Deputy/SENDCo on any matters related to medical needs or first aid highlighted by staff, parents/carers, visitors and pupils.

Duties of Pupils

Pupils, in accordance with their age and aptitude, are expected to exercise personal responsibility to observe all the rules of the academy relating to medicines and first aid, and in particular, the instructions of staff given in an emergency. These duties will be communicated to pupils by staff members in a range of ways, including through individual conversations, classroom lessons and assemblies.

Recording of Accidents

Pupils

All accidents must be recorded in the accident log. Information to be recorded:

- Date
- Name of pupil
- Description of accident
- First Aid administered

In the event of a child hurting their head:

- they will receive a 'bumped head' slip to take home ;

- Parents/carers will be advised either in person or by a telephone call

In the event of large scrapes/cuts

- Teacher will inform parents of how any substantial injury has happened.

In the event of more serious accidents:

- If a child has an accident that the named first aider or SLT member identifies that the children requires further medical attention:
 - a member of the Office Team or SLT member will call parent and explain and advise further medical attention; or
 - a member of the Office Team or SLT member will dial 999 if required in an emergency.

Staff and Visitors – Recording of Work Place Accidents

Staff and Visitors must report the accident as soon as possible by completing a log which is available from the school office.

The School Business Manager will:

- record on Parago and report as necessary;
- investigate and review relevant Risk Assessments to ensure that appropriate control measures are in place to avoid a similar occurrence;
- provide support to employee or visitor as needed.

Accidents that result in treatment from a GP/Hospital/Dentist or serious near misses will be recorded on Parago, investigated and reported in line with RIDDOR.

Delivery of First Aid and contents of First Aid boxes

All staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Levels of first aid training will be provided as follows:

- Level 2 first aider – training to obtain and maintain a current First Aid certificate every 3 years. The school will provide approved first aider training for a number of teaching assistants.
- Level 3 First Aiders – training to obtain and maintain a current First Aid certificate every 3 years. A Level 3 first aider is someone who takes charge when someone is injured or becomes ill; looks after the first-aid equipment e.g. restocking the first-aid boxes; ensures that an ambulance or other professional medical help is summoned when appropriate.

Defibrillator

The defibrillator is kept on the wall in the Staffroom with the relevant guidance information

First Aid Boxes

First aid boxes, marked with a white cross on a green background are located:

- in the Classrooms
- in the Office
- in the First Aid Room
- in the Staffroom
- in the School Kitchen

The Level 3 First Aider will refill the boxes regularly against a set list of contents. Staff members within the class oversee basic first aid. If there is bodily fluid or a more serious injury SLT are called to support.

Additional First Aid Guidance:

- Plastic gloves are to be used when carrying out first aid. These and other waste will be put in a plastic bag and disposed of in the appropriate bin.
- Injuries should be recorded in the school accident book as soon as possible following the incident
- There is an electronic school thermometer kept in the Office
- Head Teacher/ Deputy must be informed of all injuries causing concern.
- More serious injuries and near miss accidents will be reported to the Head Teacher. These will be investigated by the Head Teacher, any additional precautions taken and the relevant paperwork completed.
- Details of children with medical conditions such as epilepsy, diabetes and conditions which require the use of emergency drugs, will have their details included in the staff room and classrooms on individual Health Care Plans.
- Details of children with medical conditions such as allergies also have their details in the school kitchen
- Paper towels or cotton wool should not be used on open wounds.
- Ice packs are kept in the freezer to treat bumps – wrap in gauze before use.

Trips and Residential Visits

On school visits all staff will carry a basic first aid kit and an accident book for off-site trips. Level 3 staff will be responsible for the stocking and maintenance of these boxes.

In the event of a child hurting their head:

- they will receive a 'bumped head' slip to take home that shows the location of the bump;
- Parents/carers will be informed in person or by telephone

POLICY FOR SUPPORTING STUDENTS WITH MEDICAL CONDITIONS AND FOR THE ADMINISTRATION OF MEDICINE

1. The staff of Eden Park Academy wish to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The governing body will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions. Any pupil with serious or life-threatening conditions will be made aware to the relevant staff with individual or team briefings to communicate the procedures required in the event of a medical emergency. This is the responsibility of the Headteacher.
2. The school's insurance will cover liability relating to the administration of medication.
3. The Headteacher will be responsible for ensuring the following:
 - Procedures to be followed when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support)
 - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis
4. The above procedures will be monitored and reviewed by the Headteacher
5. Where identified as being necessary, Individual Healthcare Plans (IHCP) will be developed between Eden Park Academy, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:
 - a) The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
 - b) Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
 - c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
 - d) Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
 - e) Arrangements for written permission from parents for medication
 - f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
 - g) The designated individuals to be entrusted with the above information
 - h) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure

6. The Headteacher will have the final decision on whether an Individual Health Care Plan is required.

Students with asthma

7. Eden Park Academy has decided not to hold an emergency inhaler and spacer for the treatment of an asthma attack. Children must bring their own inhaler to school.

Students with anaphylaxis

8. Eden Park Academy currently does not hold an emergency adrenaline auto-injector for the treatment of an anaphylaxis attack as there are no pupils who have been diagnosed with anaphylaxis and are prescribed an auto-injector.

THE ADMINISTRATION OF MEDICINE

9. The Headteacher will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so.
10. Any parent/carer requesting the administration of medication will be given a copy of this policy.
11. Prescribed medication will be accepted and administered in the establishment
12. Non-prescription medication will only be administered at school;
 - When it would be detrimental to the pupil's health or school attendance not to do so
 - and**
 - Where we have parents written consent
13. Prior written parental consent is required before any medication can be administered.
14. Only reasonable quantities of medication will be accepted (no more than one week's supply).
15. Each item of medication should be delivered in its original dispensed container and handed directly to the Class Teacher or School Office
16. Each item of medication should be clearly labelled with the following information:
 - Student's name
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing

- Storage requirements (if important)
 - Expiry date (if available)
17. The school will not accept items of medication which are in unlabeled containers or not in their original container.
 18. Medication to be administered in the school will be kept in a secure cupboard or if necessary a fridge in the First Aid Room. Inhalers can be kept in the child's classrooms in a secure location. Staff are to complete the Administering of Medication sheet every time medicine is administered and retain the sheets along with the parental consent in the First Aid Room file. Staff using the First Aid Room must ensure that it is kept locked at all times.
 19. Where it is appropriate to do so, students will be encouraged to administer their own medication if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their student to carry their medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), students will not be allowed to carry these.
 20. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
 21. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service. In pre-school settings arrangements will be made through Primary Care Health Visitors.
 22. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

Confidentiality

The Head Teacher and staff will treat medical information confidentially. The Head will agree with the child/parent who else should have access to the records. If information is withheld from staff, they will not be held responsible if they act incorrectly but otherwise in good faith in giving medical assistance.

The Drugs Register for Schedule 2 Controlled Drugs

This will show:

- Drugs/medication provided and
- Drugs/medication administered

There will be a separate prescription sheet (Form 2 Yellow) for each person's medication and each page will detail:

- The name of the person for whom they were supplied
- The name of the medication/drug supplied

- The quantity or amount supplied
- The amount administered each time
- Expiry date

Health Care Plans will support the above protocol and will be formulated by the school and the parent. Copies of these will be stored in the staffroom and classrooms

Allergies, including those causing anaphylaxis

Where pupils in school are known to have allergies, this information will be included in the Healthcare plan. Parents/carers are required to provide confirmation of medical diagnosis of a child's allergy.

Anaphylaxis is an acute severe allergic reaction in a susceptible person. An attack can start within one - five minutes OR can take up to two hours in some cases. All staff are required to make themselves aware of children at risk of anaphylaxis, and these pupils will have a Health Care Plan (in the classroom and staffroom).

HOW TO RECOGNISE AN ALLERGIC REACTION

SIGNS AND SYMPTOMS of mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ALLERGIC REACTION PROCEDURE

ACTION in the case of an allergic reaction:

- Stay with the child and keep them calm, call for help if necessary
- Follow the Health Care Plan for the child
- Locate adrenaline auto injector(s)
- Give antihistamine according to the child's Health Care Plan
- Phone parent/emergency contact

WATCH FOR SIGNS OF ANAPHYLAXIS (life-threatening allergic reaction):

Airway:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, swollen tongue

Breathing:

- Difficult or noisy breathing
- Wheeze or persistent cough

Consciousness:

- Persistent dizziness
- Becoming pale or floppy
- Sudden sleepiness, collapse and/or unconsciousness

IF ANY ONE (or more) of these signs are present:

- Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- Use Adrenaline auto injector without delay, noting the time administered
- Dial 999 to request ambulance and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)



***** IF IN DOUBT, GIVE ADRENALINE. DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. *****

AFTER GIVING ADRENALINE:

- Stay with child until ambulance arrives, do NOT stand child up
- If unconscious, turn to the recovery position making sure the airway is secure by extending the neck
- Commence CPR if there are no signs of life
- Arrange for parent/emergency contact to be called
- If no improvement after 5 minutes, give a further dose of adrenaline using another auto injector device, if available, noting the time administered.
- After a second dose has been given, make a second call to the emergency services to confirm that an ambulance has been dispatched.

Severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs and/or an AAI is used.

Seizures, including those related to epilepsy

If a pupil in school is known to have seizures, the child will have a Health Care Plan

EMERGENCY PROCEDURE FOR SEIZURES

KEEP CALM

Allow the pupil to have the seizure unrestricted – but safely, i.e.

- Protect from injury against chair legs, wall etc.
- Loosen tight clothing around the neck.

- Keep the airway clear and turn the pupil onto their side and into the
- recovery position as soon as possible.
- Follow the health care plan for the child if relevant

When the fit has stopped, the pupil may be drowsy, so should be allowed to rest. Always inform the parents if a child has a fit at school.

Call for medical help:

- IF A FIT CONTINUES FOR FIVE MINUTES OR MORE
- IF IT IS A PUPIL NOT KNOWN TO HAVE HAD A FIT BEFORE
- IF YOU ARE IN ANY WAY WORRIED ABOUT THE CHILD

Remember: The Ambulance Service would much prefer several good intentioned false alarms than a late call.

The school shares data when necessary with the following agencies- Healthcare Professionals, Social Care Professionals, Medical Teams including Occupational Health, Physiotherapy, Speech & Language, Psychology Service, Medical Professionals, SEN 0-25 Team, CAMHS, MASH, Counselling Services, Integrated Children's Services, R4Children, Early Help, Schools for Transition purposes and Advisory Teachers.

Data will be processed to be in line with the requirements and protections set out in the General Data Protection Regulation