



The Hampshire School
C H E L S E A

The Hampshire School Chelsea
First Aid Policy

Early Years, Pre-Preparatory and Preparatory comply with this Policy and Guidance

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Rationale

This policy is to ensure that there is adequate First Aid provision for pupils, staff, and visitors to the school under Health and Safety legislation.

First Aid is the emergency care given to an injured person before professional medical care or an ambulance is available.

1. Aims & Objectives

- To have a clear First Aid procedure
- To identify the First Aid needs of the school in line with current legislation.
- To ensure that First Aid provision is available at all times whilst people are on the premises and on premises used by the school.
- Clear identification of staff who are First Aid trained
- To provide on-going training and ensure monitoring of training needs.
- To provide sufficient appropriate resources and facilities.
- To inform staff, parents and pupils of the First Aid arrangements at the school.
- To report, record and where appropriate investigate all accidents.
- To understand the statutory regulations regarding accident reporting in relation to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulation) guidelines

2. References

This document reflects the following guidance: from Department of Education and Department of Health (DoH):

- DoH Use of emergency inhalers in schools (2015)
- DoH Use of auto-injectors in schools (2017)
- PHA Guidance of infection control in schools and other childcare settings (2017)
- DfE Guidance on First aid in schools

And should also be read in conjunction with the following THE HAMPSHIRE SCHOOL CHELSEA documents:

- Health and Safety policy
- Educational Visits Policy

3. Trained First Aid Staff

It is considered best practice that the majority of staff have a current First Aid certificate. Full details of the staff who have received First Aid training is provided in Appendix 6. When selecting training providers, The Hampshire School Chelsea ensures that they offer specific courses in paediatric first aid which meet the standards that are set out in Annex A of the EYFS Framework and that they are approved by the HSE as a competent provider of regulated qualifications.

In addition, the school will ensure that:

- Staff who take pupils off site are responsible for ensuring that they have the correct number of First Aid staff to pupil ratio and this should be considered at the time of booking the trip.
- A list of all current First Aid trained staff is displayed within key areas of the school.
- First Aid training is undertaken every 3 years.
- A paediatric first aid trained person is on site whenever EYFS children are present and that a first aid qualified person will always be on site when children are present.
- The Lead First Aiders, who have completed a three day First Aid at Work training, are responsible for First Aid arrangements in the following sections of the school are:

EYFS	Miss Danison
Pre-Prep and Prep School	Miss Doyle

4. Location of First Aid Boxes

- First Aid boxes are located at these positions around the school site and are as near to hand washing facilities as is practicable:

Location of First Aid kits		
The Early Years		
Staffroom Miss Isabel's Room Miss Seta's Room	Miss Stephanie's Room Miss Lucy's Room Miss Jenna's Room Miss Kathryn's Room	First Aid Bags taken on all off site trips including PE and the Park
Pre-Prep and Prep		
	First Aid Boxes are located: In the Medical Room In the Kitchen In the Art Room In the Science Room By the Playground	First Aid Bags taken on all off site trips including PE and the Park

- Lists of the location of these First Aid boxes are on display throughout the school.
- A first Aid Box will be taken outside for break duty.
- Sports staff to take First Aid bags with them when teaching outside and also when they take pupils out on sport fixtures.
- Staff who take pupils off site on school visits are responsible for organising First Aid bags in liaison with the designated staff member.

5. First Aid Boxes

The First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines provided by the HSE. (see Appendix for contents list)

- EYFS and Main School lead first aiders will conduct audits of First Aid Kits bi-annually to ensure they are fully stocked and all the items contained within them are within their expiry dates.
- The First Aid boxes are only to be used in an emergency when the ill or injured person is unable to get to the Medical Room. If First Aid boxes are used, they should be taken to the Designated Lead First Aider who will ensure that the First Aid box is properly re-stocked.

6. Hygiene Procedures in the event of possible contact with blood or other body fluids

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.

The First Aider should take the following precautions to avoid risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing
- Wear suitable single-use disposable gloves when dealing with blood or other bodily fluids
- Use suitable eye protection where splashing may occur
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- Any soiled dressings etc must be put in a clinical waste bag and disposed of appropriately
- Wash hands after every procedure.
- If the First Aider suspects that they or any other person may have been contaminated with blood or other body fluids which are not their own, the following actions should be taken immediately:
 - Wash splashes off skin with soap and running water
 - Wash splashes out of eyes with tap water or an eye wash bottle
 - Wash splashes out of nose or mouth with tap water, taking care not to swallow the water
 - Record details of the contamination
 - Report the incident to a Lead First Aider and take medical advice if appropriate.
- Refer to Appendix 1 for the procedures to follow when dealing with body fluid spillages.

7. First Aid Procedure

All injuries are normally treated by the designated staff member who holds a current First Aid certificate.

- The First Aider will make an assessment of the injury and take appropriate action within their level of competence.
- All injuries that are treated must be recorded in the Medical File kept in the Medical Room. Entries into the medical file should include details of: the nature of the injury; how and when the injury was sustained; the nature of any treatment administered and advice given; destination of the casualty after treatment; and details of any communications with parents/guardians.
- Gloves must be worn at all times when treating injuries.
- Parents will be informed by email/ telephone call if further medical treatment needs to be sought for their child.
- Parents must be informed as soon as possible when a pupil has sustained a head injury and the pupil must be sent home with a Head Injury Letter (Appendix 3). Whether the pupil stays at School will depend on severity of the head injury and the decision for that has to be made by the designated staff member.

8. Minor Injuries

Often pupils will have bumps and minor injuries in the school environment. The key points to consider in the management of these injuries are:

- To give the pupil plenty of reassurance.
- To clean and get a cut covered as quickly as possible.
- To fill in the Medical File
- To inform the parent as soon as possible and always the same day

9. Medical Emergencies

This is when an injury/illness requires immediate medical help or further assessment by a doctor.

- When a pupil requires further hospital treatment but it is **not** an emergency, the parents will be contacted, one members of staff will escort the pupil to hospital by taxi or school bus. Senior management need to be informed.
- When an ambulance has to be called other people also need to be contacted and below must be considered:
 - Ideally the person who is at the scene of the accident should contact 999 /112 so clear accurate information can be given. See Ambulance Information Sheet (Appendix 4).
 - Senior leadership to be alerted and Site Manager / Receptionist to be alerted.
 - Parents must be contacted to ascertain when they can join their child and their wishes with regard to treatment should they be delayed. This will be done by a member of the senior management team.
 - As per the school's terms and conditions, the Head teacher may agree to emergency medical treatment if the parent/guardians cannot be contacted.
 - **A member of staff must accompany and stay with the pupil until the parent(s)/guardian arrives.**
 - Contact details must be taken to the hospital.

- Once at the hospital, and the pupil is registered, it is then the hospital's responsibility to undertake further medical contact with the parents.
- The accidents/incidences warranting emergency care are situations such as:
 - Head injuries where there is a loss of or suspected loss of consciousness.
 - Sudden collapse.
 - Major wounds needing medical attention.
 - Suspected fractures.
 - Spinal injuries.
 - Use of an EpiPen
 - Major asthma, diabetic or seizure events.

NB The above list is not intended to be exhaustive and First Aiders must make a judgement on a case by case basis.

10. Administering medication

Inc Anaphylaxis, Asthma, Epilepsy, Diabetes

All medication brought into and taken out of the School, both EYFS and Pre-Prep/Prep School, should be recorded and documented on an Administering Medication Form. The medication should be kept in the designated area.

All prescribed medication received by the School must be in the original container/packaging that it was dispensed in. The container/packaging should be labelled with the original, unaltered pharmacy label that clearly states:

- Name of child
- Name of medication and its strength
- Quantity and volume supplied
- Dosage and frequency
- Clear direction for administration
- Date that the medication was dispensed and its expiry date
- Contact telephone number of the dispensing pharmacy

Prescribed medication which comes into both EYFS and Pre-Prep/Prep School without a pharmacy label or one that has incorrect information cannot be accepted and the parents/carers should be informed immediately.

Parent/carer remain responsible for ensuring medication is correctly sent in from home and that there is adequate supply. Medication sent in is recorded on **Request for the School to Give Medication** form; which is then held on the Medical file.

Prescription and Non-Prescription medicines can only be administered to an EYFS child when written permission has been provided by the parent. The forms will be included in the pupil's file.

The information held by the School includes a record of pupils who need to have access to asthma inhalers, Epipens, injections or similar and this information is circulated to First Aiders and other staff on a need to know basis.

Where appropriate, individual pupils will be given responsibility for administering and storing their own equipment, but only if they have been assessed as sufficiently competent and responsible to do so. In other cases, the equipment will be kept, suitably labelled in the Medical Room or with the class teacher. Emergency auto injectors (colloquially known as Epipens) are with the class teacher or on the child if they are Year 5 or above. A school emergency Epipen and Inhaler are located in the located medicines cabinet in the medical room in the main school and also in the staff room in EYFS. Miss Rachael Blaney and Miss Lucy Collins will be responsible to check expiry dates and replace Epipens when needed.

See appendix 10 for Action plans

Other Medicines

The administration of medicine must be carried out by the designated staff member on an individual child basis. Where it is necessary to cut tablets in half, and only one half is administered, the remaining half should be retained in the original container/packaging and administered on the next opportunity when a tablet is needed or returned home with the child. Requests for a tablet to be crushed must be subject to medical/pharmacy advice. If tablets are to be crushed this must be recorded on the child's **Request for the School to Give Medication** form and the advice to do so held on the child's file.

At the prescribed time, the following steps taken:

- Check the child's name on the **Request for the School to Give Medication** form against the name on the medication package/container.
- Check the date – is the prescription valid? (name of medicine, dose and frequency and route of administration).
- Ensure the dose has not already been administered. Select the required medicine and check the label for medication name, strength, form and expiry date.
- Verify that the name of the medication, the dosage, and the time that it is being given is the same on the **Request for the School to Give Medication** form and the packaging. Identify the child.

Avoid touching the medication. Medication spoons should be used where appropriate. Gloves should be used to apply creams or lotions. Give the prescribed medication as directed to the child in the agreed manner as detailed on the Adminstrating Medication Consent form. If medication needs to be given covertly, (i.e. hidden in their food) then the UKCC statement on the 'Covert administration of Medicine (2001)' should be followed. Make clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the child/young person.

Problems in Administering Medication and Errors

The following steps should be taken:

If a child refuses medication, then this should be clearly recorded in the Medical file. Every encouragement should be given to ensure the medication is taken, however a child must not be forced to take medication. If a child refuses medication, medical advice must be sought. If medication is spat out immediately and the tablet is recovered unspoiled, give the tablet again. If a liquid medication is spat out and it is unclear if some of the initial dose has been swallowed medical advice must be sought. If a tablet is dropped, liquid spilled or spoiled prior to administration, then re-administer using a fresh dose.

Note that a second dose has been given must be. When a dose is re-administered from medication sent from home a check must be made that there are sufficient doses for the remainder of the child's stay. If there are not enough doses to re-administer, then the parents must be contacted to bring in more.

If a child vomits within 30 minutes of taking their medication, medical advice should be sought as it may be appropriate to re-administer the medication. If the vomiting occurs after 30 minutes the medication should not be re-administered and advice should be sought at the earliest opportunity.

The Head must be informed immediately of any instances of a missed dose or error in the medication process and medical advice must be sought. An incident form should be completed by the person involved.

Safe Transfer of Medication Sent to or from School

Any missing medication or inconsistent information must be checked immediately with those responsible at the location, medication has been transferred from/sent in from and with anyone responsible for the transfer (i.e. taxi service etc.). We maintain a regular liaison with parents/carers in order to ensure good information flow and swift resolution of any difficulties.

Disposal

All discontinued, expired or unused medication, creams etc. should be returned to the parent/carer for disposal. Where this is not possible, any such items for disposal should be returned to the local pharmacy.

11. Reporting of Incidents and Accidents

A school accident form (Appendix 5) and accident file should be filled out for the following events:

- When a pupil has a significant injury that requires further medical/dental intervention.

- When a pupil has sustained a head injury.
- When a pupil has been injured by an item of equipment, machinery or substances.
- When a pupil has been injured by the design or condition of the premises.
- When an accident occurs doing a school activity when off site.
- When a visiting pupil sustains an injury at the school.
- When a behavioural incident has happened and another pupil has been injured.

12. Reporting to the HSE - RIDDOR

- The school is legally required under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report certain types of accident, injuries, work-related diseases, and near misses to the HSE within three working days of an incident occurring.
- Guidance can be found at:
www.hse.gov.uk/riddor/what-must-i-report.htm
- General Guidance on RIDDOR reporting:
 - Any pupil/staff who goes directly from School to hospital and **receives** medical treatment for an injury is reported to RIDDOR.
 - Head needs to be aware that the accident is being reported
 - If the accident/incident is not clear whether to report - it is better to register a report with RIDDOR.
 - Copies of this documentation is to be kept with the accident form as well as given to the Head.
 - Parents should also be aware that the accident/incident is being reported as their child's details and home address has to be given.
 - In the event of reporting a RIDDOR incident Ken Hance (Group Health and Safety adviser) should also be informed (k.hance@wis.gemsedu.co.uk)

13. Monitoring and review of this policy

- The school's Medical file will be reviewed by the school's lead first aiders on a regular basis in order to take note of trends and identify areas for improvement. Such findings and recommendations will be reported to the Board of Governors. The information may also help identify training or other needs and be useful for investigative or insurance purposes.
- In addition, the Head will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.
- The Board of The Hampshire School Chelsea undertakes a formal annual review of this policy for the purposes of ensuring it complies with statutory requirements, assessing its effectiveness in safeguarding the welfare of employees and students, and monitoring the efficiency with which the related duties have been discharged.

1. Appendix - Body Fluid Spillage Policy

Rationale

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.

References

This document is to be used in conjunction with:

- THE HAMPSHIRE SCHOOL CHELSEA Health and Safety policy.
- Health Protection Agency guidelines on Infection Control. Up to date versions are available on the internet.
http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf
- Needlestick Injury Policy.

Staff Contact

- Facilities/Site Manager to be contacted initially so that he can arrange for a member of his team to clean the area appropriately.
- The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.
- In the event of a member of cleaning staff not being available then there are disposable clean up kits available in the Medical Room.

Initial Clean Up Procedure

- Get some disposable gloves from the nearest First Aid kit.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- Put more absorbent towels over the affected area and then contact the Facilities/Site Manager for further help.
- The bin that has had the soiled paper towels put in them needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has got contaminated with the spill should be put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- 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.

Procedure for Blood and Other Body Fluid Spillage

- Gloves to be worn at all times

- Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin (Yellow bag). If not available, then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
- When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area absorbing the spill.
- If a disposable spillage kit is available, then the instructions for use should be followed.
- If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
- 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.

2. Appendix – Needle stick injury policy

If there is any accidental injury to the person administering medicine via an injection by way of puncturing their skin with an exposed needle, then the following action must be taken:

- Bleed the puncture site
- Rinse the wound under running water for a few minutes
- Dry and cover the site with a plaster
- Seek medical advice immediately
 - You may be advised to attend Accident and Emergency for a blood test
 - Information on how the injury occurred will be required
 - Details of the third party involved will be required
 - If the third party is a pupil, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party.
 - This all needs to be undertaken with the full permission of the Head or Deputy Head
- An accident form must be completed

3. Appendix - Head Injury Letter

Head Injury Report

Name of Child: _____ Date _____

Your child bumped his/her head at _____ a.m. /p.m. Information about the injury follows:

- | | |
|--|---|
| <input type="checkbox"/> Hit by a ball | <input type="checkbox"/> Hit head on desk/table |
| <input type="checkbox"/> Hit head on bars/equipment/ground | <input type="checkbox"/> Hit head on/by another student |
| <input type="checkbox"/> Enroute to class | <input type="checkbox"/> During recess |
| <input type="checkbox"/> During P.E. class | <input type="checkbox"/> In the classroom |

Your child was observed for _____ minutes by _____ and was alert and oriented to time, place and person

- Ice pack applied to area Eyes checked and rechecked Child felt well enough to return to class

Comment:

All head injuries should be watched closely for at least 24 hours. You may allow your child to sleep, but check your child periodically that first night. He/she should wake up, walk and talk normally. After 48 hours, treat your child normally again.

Contact your family physician immediately if your child:

- ◆ Complains of a headache that continues or increases in severity
- ◆ Does not seem to respond or does not act as he or she usually does. Your child should be aware of the day and date, etc.
- ◆ Complains of a strange taste in his/her mouth or you see a fluid or blood that continually drains from his/her ears or nose
- ◆ Vomits
- ◆ Has difficulty in seeing, sees double, unusual movements of the eyes or if one pupil becomes larger than the other
- ◆ Is dizzy and difficulty in walking
- ◆ Complains of weakness or is unable to move one or both of his/her arms or legs
- ◆ Has twitching movements of the body or convulsions
- ◆ Becomes very sleepy and cannot easily be awakened NOTE: it is not necessary to keep the child awake during regular sleep hours, but **it is advisable to check the child every two hours if you are concerned**
- ◆ Before giving your child any medication for continuous pain, contact your physician

A few children will get sick from a head injury 7 to 10 days after the accident. Please keep this slip and show it to your doctor if any of the above things happen to your child at any time during the next 10 days. If your child has received two or more serious head injuries within the last year, please contact your physician.

Sincerely,

4. Appendix – Ambulance information

Dial 999, or 112 (Mobile Phones) ask for an ambulance and be ready with the following information.

1. Your telephone number: 02073527077 (Pre-Prep/Prep School)
02073707081 (EYFS)

2. Give your location as follows:

The Hampshire School Chelsea
15 Manresa Road
Chelsea
London SW3 6NB

The Hampshire School EYFS 5 Wetherby Place London SW7 4NX
--

3. State that the postcode is: SW3 6NB or SW7 4NX
4. Give exact location in the school where the incident has occurred

Ambulance to come to the stated location and a member of staff should be there to meet them

5. Give your name
6. Give name of pupil and a brief description of the pupil's symptoms.

If ANAPHYLATIC SHOCK, state this immediately, as this will be given priority.

If DIABETIC, state this immediately, as this will be given priority.

If EPILEPTIC, state this immediately, as this will be given priority.

If ASMATHIC, state this immediately, as this will be given priority as well any medication taken prior to the call.

7. Give any medical history and known medications that you know this pupil may take.

Refer to the Medical Alert list

8. If you are unsure of how to manage the casualty, you can keep the Ambulance Operator on the telephone and get them to talk you through what you should be doing.

OR you can ring them back at any time.

REMEMBER TO SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED

P.T.O

POINTS TO REMEMBER

- Get help
- If called for an ambulance then inform:

Reception and give CLEAR details of where the ambulance is coming to.

Send a Member of staff to meet the ambulance crew.

Inform Senior Management Team

- The above will then decide who informs the parents.
- Any witnesses to the accident need to stay, be reassured and available to give details to the ambulance crew or to the member of staff managing the incident.
- An Accident Form must be filled in and a RIDDOR report must be considered.

5. Appendix – Report of an accident / Report of a dug error

PART A – ABOUT YOU

Your full name	Department.....
----------------------	-----------------

PART B – ABOUT THE INCIDENT

Date of incident.....	Time of incident am/pm
Did the incident occur at school	Yes/No
If Yes, in which department/room/place/site did the incident occur	
If No, where did the incident occur (include address and details	

PART C – ABOUT THE INJURED PERSON/ About Person who was affected by drug

Full Name of injured person	Form	Male/Female
Is the injured person:		
<input type="checkbox"/> An employee	<input type="checkbox"/> A member of public	
<input type="checkbox"/> A pupil	<input type="checkbox"/> On training scheme	
<input type="checkbox"/> On work experience	<input type="checkbox"/> Employed by someone else (attach details)	
Was the injured person taken to hospital Yes/No		
If Yes, please state which hospital.....		
<input type="checkbox"/> Immediately?	<input type="checkbox"/> At a later date? When?	
Seen by a doctor Yes/No		

.....

PART F – ABOUT THE TREATMENT GIVEN

Signature if different from person in PART A

Date

PART G – OUTCOME & FOLLOW UP

.....

Date

PART H – SIGNATURES

Signature Person Part A	
Signature SMT member	
Signature Head Teacher/Principal	

PART I - REPORTABLE INSTANCES (RIDDOR)

Was this a reportable instance Y N

Has the instance been reported to HSE with regard to RIDDOR? Y N

If Yes, please insert the relevant incident report number

Date

6. APPENDIX - School First Aiders:

The School's First Aiders and their qualifications are recorded on ISAMS.

7. APPENDIX - ASTHMA:

Prior to a pupil starting at The Hampshire School Chelsea with severe Asthma the parents must have discussed with the school how their child can be cared for in the School environment.

A medically trained person will then be responsible for training key members of staff.

The parents must supply the school with a medical care plan that outlines the pupil's care should they have an Asthma attack at school.

1. Asthmatic Inhaler Procedure

- All teachers must be aware of which pupils in their classes are Asthmatic and which have duplicate inhalers held on site. This information must be available on a central health list.
- The Sports Staff must be made aware of all Asthmatic pupils.
- The inhalers for Asthmatic pupils up to and including Year 4 are kept with the class teacher in a specific medical bag
- Pupils who are in Year 5 and above are encouraged to carry their own Asthmatic Inhalers and to self-administer when they feel that it is necessary, often prior to a sports lesson.
- An emergency inhaler is kept in the medical room and parents of asthmatics must have signed an agreement for usage in case of an emergency
- Where appropriate the child's asthma action plan will be held on ISAMS and with their inhaler
- A 'Request To Give Medication Form' must also have been completed for all pupils requiring this type of medication on an ad hoc basis.
- For the majority of pupils, the inhaler that they carry is the only inhaler on site, i.e. the School does not hold a duplicate.
- Inhalers for pupils with Asthma must be taken when the pupils go off site swimming, attending sport matches and school trips. **It is the responsibility of the staff taking the trip to inform the designated staff member and to collect the inhalers.**

2. Procedure for the Administration of an Inhaler

- The pupil may request to have use of their inhaler if they are beginning to feel 'tight-chested', wheezy or have a repetitive cough. (Year 1 and above will often learn to recognize their own symptoms).
- For younger pupils the staff may hear that a certain pupil who is known to be Asthmatic may have an audible wheeze. If it appears to be bothering them or the pupil is clearly not breathing with ease then they may require use of their inhaler.
- Good practice prior to administering an inhaler, for younger pupils, is to contact the parents especially if the parents have not made the school aware that the pupil has been using their inhaler

more frequently. **If the parents are not contactable and there is a completed 'Request to Give Medication Form' then the dose that has been written on that form may be given.**

The administration of the inhaler must be documented in the Medical File. Also a 'Pupil Sick / Treatment Note' needs to be completed and given to the pupil to take home.

- Parents are asked to keep the school informed when their child is requiring their inhaler more frequently.
- Some pupils will only carry their inhalers in the summer months during the Hayfever season and again all the above procedures need to be followed.
- The HAMPSHIRE SCHOOL CHELSEA Asthma Procedure gives further details of how to manage an Asthmatic attack.

The Hampshire School Chelsea Asthma Attack Procedure

This is for children in the school who have a Reliever inhaler.

Look for Asthma Action plan (attached to ISAMS) and kept with inhaler – if they have one.

Children in Y5 and up should carry their own inhaler. Children in EYFS-Y3 should have their inhaler with the class teacher/TA.

Mild-moderate Asthma:

- Wheezing or coughing
- Chest Hurst
- Hard to breath

ACTION:

- Stay with the child, call for help if necessary
- Locate inhaler
- 2 – 10 puffs of reliever inhaler (usually blue) – this may be on the child/ teacher/TA or with reception
- All children in our school should be using a spacer for best effect
- If Inhaler seems to be working monitor child carefully

Watch for signs of Asthma Attack

- If blue inhaler isn't working
- Child can't talk or walk easily
- Breathing is hard and fast
- A lot of coughing or wheezing

Moderate ACTION – (feeling worse):

1. Stay with the child, call for help - reception if at school or another teacher if out of school
2. **SIT child up** – do not lie down
3. **Take inhaler as prescribed (recommended by Asthma UK Action plan - One puff of reliever Inhaler every 30 to 60 seconds up to a maximum of 10 puffs)**
4. If Inhaler seems to be working monitor child carefully. Parents should be informed so they can make an appointment with their doctor/asthma nurse.

SEVERE ACTION:

If child is **NOT** feeling better **afte**
Attack



**Remember to use my inhaler
with a spacer (if I have one)**

Be ready with the following

9. Your telephone number: 02073527077 (Main School)
02073707081 (Little GEMS)

nes) for ambulance and say **Asthma**

10. Give your location as follows:

The Hampshire School 15 Manresa Road Chelsea, London SW3 6NB	The Hampshire School EYFS 5 Wetherby Place London SW7 4NX
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11. State that the postcode is: SW3 6NB or SW7 4NX
12. Give exact location in the school where the incident has occurred
13. Give your name
14. Give name of pupil and a brief description of the pupil's symptoms.

If possible **Stay on the phone to Ambulance** as they will talk you through action to be taken. You can always call them back if you can't stay on the phone.

Phone parent/emergency contact – A member of SLT will co-ordinate this with Reception staff if in school or Deputy Lead Teacher if off school premises as Lead teacher will be dealing with child

If ambulance is taking longer than 15 mins repeat puffs as prescribed or follow advice of Ambulance

ONCE AMBULANCE HAS ARRIVED:

- **A member of staff must accompany and stay with the pupil until the parent(s)/guardian arrives.**
- Contact details must be taken to the hospital.
- Once at the hospital, and the pupil is registered, it is then the hospital's responsibility to undertake further medical contact with the parents.

8. APPENDIX- DIABETES:

Prior to a pupil starting at The Hampshire School Chelsea with Diabetes the parents must have discussed how their child can be cared for in the School environment. The designated staff member must liaise with the family.

Also the designated staff member will ask the parents to contact the child's Diabetes Nurse to come to the School to give the staff training.

All staff must be aware of how to manage a Hypoglycaemic (low blood sugar) episode.

The Paediatric Diabetes Nurse in conjunction with the parents must supply the school with a Medical Care Plan that outlines the pupil's meal routine, treatment plan, and action for a 'Hypoglycaemic episode' whilst at school.

1. Management of a Hypoglycaemic Episode

All school staff should be aware of the symptoms that they need to observe for which could indicate a Hypoglycaemic episode.

Common Symptoms of a Low Blood Sugar (Hypoglycaemic Attack)

- Pale, cold sweaty skin
- Bizarre, uncharacteristic, unco-operative, and possibly violent behaviour
- Confusion and memory loss

- Shallow, rapid breathing and fast pulse
- Can deteriorate quickly and become unconscious.

Should the child show any of the above symptoms or should they be found in a collapsed state then Glucogel needs to be administered.

A 'Medicine Administration Form' must be completed for Glucogel and a copy kept in the Medicine Administration folder.

The Paediatric Diabetes Nurse will show key staff how to administer Glucogel to a pupil.

It is the parent's responsibility to replace the Glucogel when it has expired or been used.

2. Glucogel (Formerly known as Hypostop)

This is medication that is routinely prescribed for Diabetics to use when they get the warning signs of a low blood sugar. The medication is an **oral** glucose gel.

If the symptoms of a Hypoglycaemic episode are seen early – these symptoms should be detailed in the Medical Care Plan - then a small sweet snack that the parents have recommended could be given prior to giving Glucogel.

3. Procedure for Glucogel Administration

The pupil should carry a 'Hypoglycaemic' pack which should contain the following items:

- Sweet snacks
- Sweet drink
- Glucose tablets
- Tube of 'Glucogel'

The medical room should also have 'Hypoglycaemic' box which has the pupil's name and a picture of them on the outside. Inside the box should be the above items plus a signed 'Medicine Form' for the administration of Glucogel.

If the Hypoglycaemic symptoms appear to be mild then some of the snacks could be given **but if in any doubt administer Glucogel.**

Check the 'Medicine Form' for Glucogel prior to giving.

If the pupil is able to they should administer the tube themselves.

Open the tube and squeeze the contents into their mouth.

If they are not able to, then gently open the child's mouth, but do not force their teeth open, then squirt the Glucogel into their mouth between the gums and the lining of their mouth. Afterwards gently massage their cheek to help with absorption.

The administration of this medication is to be recorded in the Medical Book and a 'Pupil Sick/Treatment Form' needs to be completed and given to the pupil/parents.

Parents should be contacted immediately so they are aware of the situation.

The child should respond to this medication within 5 minutes of administration.

If the child is not responding then, an Ambulance should be called and parents informed of the situation.

4. Insulin Administration Procedure

The Paediatric Diabetes Nurse will need to train designated staff member to undertake this procedure.

The Insulin Injector pen to be stored in a locked fridge along with spare cartridges.

If a pupil requires insulin at School it will normally be around the lunchtime period. The medical care plan should give clear details about the pupil's insulin regime.

Prior to Insulin injections, some pupils may be required to have their 'Blood Glucose' levels (B.M.sticks) checked. The results of this test must be recorded on a 'Pupil's Treatment Card' and in the Medical Book. **If this medication is not given it can potentially cause a medical emergency for the pupil so any problems in the administration the parents must be contacted and failing that the Hospital where the pupil is cared for.**

9. APPENDIX - SEIZURES:

Prior to a pupil starting at The Hampshire School Chelsea with a history of Seizures the parents must have discussed how their child can be cared for in the School environment. Designated staff member must liaise with the family and the local Paediatric Community Nurse Team.

A medically trained person will then be responsible for training key members of staff.

All staff must be aware of how to manage a Seizure.

The Paediatric Community nurse in conjunction with the parents must supply the school with a Medical Care Plan that outlines the pupil's care should they have a seizure at school.

1.0 Rectal Diazepam

This is medication which is prescribed for individuals who suffer with seizures normally related to Epilepsy or Febrile Convulsions. Not all individuals who have either condition will routinely be prescribed this, as it depends on the regularity of their seizures.

If the pupil does not respond to the administration of this medication, as described below, within 5 minutes of it being administered an ambulance must be called.

Key staff involved with this child's care must be shown how to administer rectal Diazepam.

It is the parent's responsibility to replace the rectal Diazepam when it has expired or has been used.

The medical care plan will give guidance as to what stage rectal Diazepam should be given.

2.0 Procedure for the Administration of Rectal Diazepam

The rectal Diazepam should be stored in a box, displaying the pupil's picture, in the medical room.

Also in the box will be a signed 'Medicine Administration Form'.

If the pupil is prescribed rectal Diazepam and the seizure fits the guidance in the medical care plan then administer following the guidelines on the packet. **If there is any concern about whether to administer or not dial 999 and further guidance will be given.**

It will require two people to help in the administration of rectal Diazepam as the pupil will have 'jerky' movements due to the convulsion itself.

The rectal Diazepam should take effect within a few minutes.

If the convulsion lasts longer than 5 minutes and does not respond to Diazepam, or if one fit follows another rapidly, then dial 999.

If you have any uncertainty, then dial 999.

10. APPENDIX- Severe Allergic Reactions

Prior to a pupil starting at The Hampshire School Chelsea with a history of 'Severe Allergy' the parents must have discussed how their child can be cared for in the School environment.

A medically trained person will then be responsible for training members of staff.

All staff must be aware of how to manage a life threatening allergic reaction (Anaphylactic Shock).

The parents / Paediatric Community Nurse must supply the school with a medical care plan that outlines the pupil's care should they have Anaphylactic Shock at school. This will be kept with the EpiPen and noted on ISAMS.

Epipens / Jext / Anapens - the generic word 'auto-injectors' will be referred to in the documentation.

Currently we only have Epipens on site.

These are Emergency Injection Pens which contain a pre-measured dose of Adrenaline (Epinephrine) which are prescribed to pupils who have a **known** severe allergic reaction to a certain trigger substance. The most likely causes of Anaphylactic reactions are listed below.

- Peanuts and other nuts
- Cow's milk
- Eggs
- Shellfish
- Insect stings
- Latex
- Drugs
- Immunisations

If a pupil does come into contact with their known trigger substance it will cause an Anaphylactic reaction and their only real chance of surviving a reaction is to be administered their prescribed 'auto-injector' as soon as any signs of a reaction start.

- All teachers must be aware of which pupils in their classes have a severe allergy and which have **'auto-injectors'** held on site. This information must be available on a central health list.
- The **'auto-injectors'** for pupils up to and including Year 4 is kept with the class teacher in a specific medical bag
- Pupils who are in Year 5 and above are encouraged to carry their own **'auto-injectors'** and to self-administer when they feel that it is necessary, often prior to a sports lesson.
- **In line with current government legislation the school will hold an Emergency 'auto-injectors' that can be administered to a known Anaphylactic child who's parents have given written consent**
- Where appropriate the child's Medical Action Plan will be held on ISAMS and with their **'auto-injectors'**
- A 'Request To Give Medication Form' must also have been completed for all pupils requiring this type of medication on an ad hoc basis.
- **'Auto-injectors'** for pupils with a Severe Allergy must be taken when the pupils go off site swimming, attending sport matches and school trips. **It is the responsibility of the staff taking the trip to inform the designated staff member and to collect the inhalers.**

IMPORTANT: All EMERGENCY PENS MUST ONLY BE GIVEN TO THE PRESCRIBED NAMED INDIVIDUAL. THEY ARE NOT TO BE LOCKED AWAY

The Hampshire School Chelsea
ANAPHYLAXIS EMERGENCY ACTION PROCEDURE

Stay with the pupil and give reassurance.

Send for the 'auto-injector' and for other adult assistance (**be aware that the pupil's (Year 5 and above) own 'auto-injector' should be in a bum bag on their person**)

As soon as a child presents with symptoms **contact reception** by Phone from the classroom or by sending a child to get help. Or get other adult help.

Look for Allergy Action plan (attached to ISAMS) and kept with EpiPen.

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s) (epi pen)
- Give antihistamine – this may be on the child or with reception
- **Phone parent/emergency contact** - Reception staff if in school or Deputy Lead Teacher if off school premises as Lead teacher will be dealing with child

**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 / pale or floppy, suddenly sleepy, collapse, unconscious

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

1. **Lie child flat:** (if breathing is difficult, allow child to sit)
2. **Use Adrenaline auto injector** (eg. EpiPen) **without delay**
3. **Dial 999 or 112 (Mobile Phones)** for ambulance and say **ANAPHYLAXIS**

Be ready with the following information:

Your telephone number: 02073527077 (Main School)
02073707081 (Little GEMS)

15. Give your location as follows:

The Hampshire School
15 Manresa Road
Chelsea, London
SW3 6NB

The Hampshire School EYFS
5 Wetherby Place
London
SW7 4NX

16. State that the postcode is: SW3 6NB or SW7 4NX

**IF IN DOUBT,
GIVE
ADRENALINE**

17. Give exact location in the school where the incident has occurred
18. Give your name
19. Give name of pupil and a brief description of the pupil's symptoms.

If possible **Stay on the phone to Ambulance** as they will talk you through action to be taken. You can always call them back if you can't stay on the phone.

After giving Adrenaline:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Make sure you have contacted Reception and given CLEAR details of where the Ambulance is coming to. A Member of SLT should be informed
4. **A Member of staff is allocated to meet the Ambulance crew.**
5. **Phone parent/emergency contact** – A member of SLT will co-ordinate this with Reception staff if in school or Deputy Lead Teacher if off school premises as Lead teacher will be dealing with child
6. If **no improvement after 5 minutes, give a 2nd adrenaline dose** using a second auto injector device, if available.

ONCE AMBULANCE HAS ARRIVED:

- **A member of staff must accompany and stay with the pupil until the parent(s)/guardian arrives.**
- Contact details must be taken to the hospital.
- Once at the hospital, and the pupil is registered, it is then the hospital's responsibility to undertake further medical contact with the parents.

All staff involved in the administration of an Auto-injector must:

- Complete an accident form.
- Be given time to be sensitively de-briefed about the situation.
- The designated staff member to inform the Paediatric Community Nurse.

Ensure the parents organize an Auto-injector replacement as soon as possible.

11. Appendix - Request for the School to Give Medication

(Only to be filled out if your child is requiring regular medication)

Pupil's First Names..... Pupil's Surname.....

Pupils Date of Birth.....

Condition or Illness.....

Pupil's GP Name.....

GP's Phone Number.....

Medication to be Given:

Name of Medicine Dosage.....

Following Times of Day (if to be given regularly).....

Or as needed for the specific relief of.....

Frequency.....

Please state any known side effects

Are there any precautions that should be taken prior to the medication being given?

(e.g. should the medicine be taken with food etc.).....

The above medication has been prescribed by my child's:

Family Doctor / Hospital Consultant / Supplied by me for exclusive use of my child (please delete as appropriate)

Children who are 'auto-injectors' users or carry inhalers must show the Lead First Aider the medication they are carrying on the first day it is brought to school.

DECLARATION

I have ensured that the medication is clearly labeled indicating contents, dosage and the child's name in FULL. I understand that on arrival at school my child must hand all medication in to the staff at reception. I also understand that it will be necessary to renew this declaration every term.

Parent's name Signature Date

12. APPENDIX - HSE recommendation for First Aid box Contents

- First Aid boxes contain:
 - 10 x antiseptic/moist cleansing wipes, foil packed
 - 1 x conforming disposable bandage (not less than 7.5 cm wide)
 - 2 x triangular bandages
 - 4 x assorted sterile adhesive dressings
 - 3 x large sterile non-medicated ambulance dressings (not less than 18 cm × 18 cm)
 - 6 x medium sterile non-medicated dressings (12.0 cm x12.0 cm)
 - 2 x sterile eye pads, with attachments
 - 12 x assorted safety pins
 - 1 x pair of blunt-ended scissors
 - 1 x asthma (salbutamol) inhaler (travel First Aid kits and Medical Room only)
 - 3 x pairs of disposable gloves
 - 1 x biohazard bag
 - leaflet giving general guidance on First Aid

13. Appendix - SCHOOL RESIDENTIAL TRIPS MEDICATION CONSENT

Routine Medication

Please could you complete the attached form for the administration of any routine medication your child takes regularly at home for whilst your child is away.

Please fill out this form indicating the name of medications required and fill in the boxes the time of day they are required as shown overleaf. The medication will be given as near that time as possible.

Pupil's Administration of Routine Medication

Name of Pupil.....

Date of Birth.....

1.	MEDICATION		WEEKDAY	DATE	TIME	DOSE	SIGNATURE
	Name of Medication		Monday				
			Tuesday				
	Reason for administration		Wednesday				
			Thursday				
	Dose	Route e.g. by mouth etc.	Friday				
			Saturday				
	Specific Details		Sunday				

In the unlikely event of your child being unwell when on holiday, the staff in charge of the trip will endeavour to make you aware of the situation and will seek appropriate medical help.

Paracetamol tablets and Calpol 6+ is provided by the school should your child require it whilst away. You will have had the opportunity to consent to this when filling out the main consent form for the school trip.

Please do not supply the school with this.

DECLARATION

I have ensured that the medication is clearly labeled indicating contents, dosage and the child's name in FULL. I understand that on arrival at school my child must hand all medication in to the staff at reception. I also understand that it will be necessary to renew this declaration every term.

Parents name Signature Date