



# ST MARY'S SCHOOL HAMPSTEAD

**First Aid and Administration of Medicines POLICY**

**September 2023**

Reviewed September 2023  
Next Review Date: September 2024

## **MISSION STATEMENT**

St Mary's School seeks to provide an education firmly founded on Christ and the Catholic Faith.

Spiritual and moral principles are nurtured in a way that is reflected in daily life.

Within a happy and caring environment and based on the recognition of the dignity and worth of every child, high standards are expected and pursued. Intellectual development is emphasised and fostered along with the pursuit of academic excellence.

St Mary's values the unique contribution of every child within the School community.

St Mary's aims to encourage an active partnership between home, school, parish and the wider community.

## **Introduction**

First aid can save lives and prevent minor injuries becoming major ones. Under Health and Safety legislation, employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

Teachers and other staff, including those in charge of Early Years Foundation Stage (EYFS) 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.

This policy sets out the first aid arrangements and the arrangements for administering medicines at St. Mary's School, Hampstead, including the EYFS. It should be considered in conjunction with the other key policies of the School which ensure the health, welfare and safety of its pupils, employees, staff, and all those on the premises at all times.

Regard has been given to the following regulations, guidance and frameworks:

- EYFS Statutory Framework
- ISI Inspection Standards
- DfE – Guidance on First Aid in Schools
- DfE – Health and Safety: responsibilities and duties for schools (2018)

## **Objectives**

- To ensure that there is an adequate provision of appropriate first aid at all times while people are:
  - On School premises, and;
  - Off the premises whilst on school visits.
- To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.
- To ensure that the School administers medicines in an appropriate manner by:
  - Having authorised persons in place to administer the medication; and
  - Having contingency plan in place for issues which may arise from the administering of medication.

## **Responsibilities**

The Bursar and the Premises Manager are responsible for the implementation of this policy.

The Bursar, in collaboration with the Premises Manager, will be responsible for undertaking a risk assessment to determine the first aid needs of the School. This will include consideration of the following:

- Size and layout of the School;
- Location of the School;
- Specific hazards or risks on the site;
- Staff or pupils with special health needs or disabilities;
- Previous record of accidents / incidents at the School.

- Timings of the school day, including for lunchtimes and breaks;
- The number of staff, pupils or visitors likely to be on site at any time;
- Provision for leave / absence of First Aiders;
- Off-site activities, including PE trips;
- Practical departments, such as Science, Technology and PE;
- Out of hours activities, such as clubs and event;
- Work and other activities undertaken on site during school holidays;
- Contractors on site and agreed arrangements.

The Deputy Head Teacher is responsible for identifying and planning staff training for first aid.

The Premises Manager is responsible for ensuring that all contractors working on site are made aware of the first aid arrangements for the School. This is covered in the induction/planning paper-work that must be completed before the contractor commences work or as part of a formal contract for larger maintenance and building works.

### **Appointed Persons and First Aiders**

The Appointed Persons are responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate; and
- Looking after first aid equipment (e.g., restocking of supplies) in the absence of the Premises Manager.

The First Aiders are responsible for:

- Ensuring that pupils and staff requiring first aid or care are seen promptly and any further treatment is identified;
- Giving immediate help to casualties with common injuries or illnesses;
- Record keeping for first aid administered;
- Passing a child / member of staff to the care of a member of the Administrative Team, SLT or Premises Manager, in the event that more than quick, basic first aid is required;
- Alerting the Premises Manager or Appointed Person(s) when first-aid equipment needs attention (e.g., restocking first-aid boxes etc.); and
- Where necessary, co-ordinating with the Appointed Person and Headmistress (or in her absence a member of the SLT or SMT) to ensure that an ambulance or other professional medical help is summoned when appropriate.

A First Aider (Paediatric First Aider for EYFS pupils) will accompany pupils on visits out of school.

Lists of First Aiders, including Paediatric First Aiders, and Appointed Person(s) are updated on a regular basis and are made available in the:

- 1) Staffroom;
- 2) Medical Room;
- 3) at the School Office; and

4) in the EYFS, for Paediatric First Aiders.

### **Paediatric First Aiders**

When there are EYFS pupils on the School premises, at least one person on the School premises will be a trained Paediatric First Aider. At least one Paediatric First Aider will accompany every EYFS outing.

### **Qualifications and Training**

It is the policy of the School that as many staff as is practicable are trained on a regular basis in first aid so ensuring that there is a First Aider present during all on and off-site school activities and allowing for the absence of staff due to illness or leave. The level and type of training given reflects the varying levels of responsibility and regulatory requirement.

Staff training is valid for three years. The School uses approved HSE courses. The training courses are child specific and, to meet regulatory requirements for EYFS, Paediatric First Aid training (12-hour course) is given to at least one member of staff.

Whole school / group or individual training is also given, on a regular basis, for such aspects as administering EpiPens, managing Anaphylaxis and any more specialised care that may be required to meet pupil needs.

The Deputy Head Teacher is responsible for managing the first aid training for staff.

### **Medical Room**

We believe that where practicable every effort should be made to support children to stay at school when they have minor injuries. To this end, the Medical Room remains open throughout the school day to meet the needs of children at work and at play.

Responsibility for maintaining all aspects of the Medical Room lies with the Premises Manager, overseen by the Bursar and the Head's PA.

A child can access first aid care from the playground or classroom. Children should not go independently to the Medical Room. EYFS staff will always escort EYFS children to the Medical Room.

Care provided includes:

- Assessing, implementing and evaluating care needs;
- Providing a place to lie/sleep;
- Providing a place to sit quietly to recover from physical injury;
- Providing plasters/bandages and ice packs;
- Cleaning up after sickness or diarrhoea;
- Administering prescribed medicines;
- Providing pastoral care and attention;
- Giving first aid.

## **First Aid Boxes**

First aid boxes will be provided in areas of the school where accidents are considered most likely.

A first aid box will also be taken when pupils leave the school on organised trips or participate in sports events. The trip organiser must place a request for a first aid kit to be prepared with the Premises Team, who are responsible for preparing the kit when requested.

First aid boxes will be replenished as necessary. The Premises Manager has primary responsibility for checking and replenishing the first aid boxes; however, all staff using the boxes are responsible for alerting the Premises Manager when stocks begin to run low.

The contents of a first aid box will be in accordance with the guidance given in HSE document "Basic advice on first aid at work" INDG 347.

## **Defibrillator**

There is an Automated External Defibrillator (AED) located in the Reception Area by the Visitor's Toilet. This is checked regularly (and checks recorded) by the Premises Manager to ensure that the pads are in date and that it is fully charged and operational.

Whilst training is advisable, anyone can use the Defibrillator in a time of emergency as it automatically gives prompts and guidance when in use.

## **Adrenalin Auto-Injectors (AAI/ "EpiPens"/"Jext")**

AAI for pupils in Reception to Year 6 are located in the blue cupboard on the wall of the Medical Room, marked 'EpiPens'. As pupils in Pre-Nursery and Nursery eat in their classrooms, AAI for these pupils are located in a cupboard within the Head of EYFS's Office. The cupboards are unlocked so that the EpiPens can be accessed swiftly in an emergency. The EpiPens have been given to the School by parents/carers who have given written permission for use.

The School also has its own emergency-use EpiPens for use in the event that the child's EpiPen does not work, and a list of children whose parents have given their permission for these to be used in an emergency is displayed inside the cupboard(s) and with the School's emergency EpiPens.

The child's EpiPens are taken with the School staff escorting the relevant child when going to off-site PE or on trips.

The Head's PA, together with the Deputy Head Teacher, monitor the expiry dates and liaise with parents to request up-to-date supplies.

## **Salbutamol Inhalers ("Asthma Pumps")**

Asthma Pumps are located in the blue cupboard on the wall of the Medical Room, marked 'Asthma Pumps'. Asthma Pumps for Pre-Nursery and Nursery pupils are kept with the AAI for these pupils (in a cupboard within the Head of EYFS's Office) to avoid any confusion. The cupboards are unlocked so that the Asthma Pumps can be accessed swiftly in an emergency. The Asthma Pumps have been given to the School by parents/carers who have given written permission for use.

The School also has its own emergency-use Asthma Pumps for use in the event that the child's Asthma Pump does not work, and a list of children whose parents have given their permission for these to be used in an emergency is displayed inside the cupboard and with the School's emergency Asthma Pumps.

The child's Asthma Pump is taken with the staff escorting the relevant child when going to off-site PE or on trips.

The Head's PA, together with the Deputy Head Teacher, monitor the expiry dates and liaise with parents to request up-to-date supplies.

### **First Aid Provision**

Where possible, it is good practice to manage first aid in the Medical Room; this has the equipment that is needed, and is a clean, safe, private area. Apart from first aid boxes, all equipment should be stored in the Medical Room.

However, it may be necessary to carry out first aid where the pupil is located.

All staff must make themselves aware of how to contact Ambulance Services (see Appendix 1 – Contacting the Ambulance Service).

If a pupil needs to go to Accident and Emergency, staff should not drive pupils in their own car. An ambulance should be called to transport, or advice taken from the Senior Leadership Team. The Headmistress (or in her absence two members of staff) will travel with a child to hospital if they must be taken directly from school without a parent. (If two members of staff are taking the child to hospital and it is not possible for both members of staff to travel in the ambulance with the child, one should travel with the child and the other should travel by taxi to meet the child and member of staff at the hospital).

The Headmistress should always be informed if there has been an accident requiring the child to be taken home or to hospital.

The Headmistress should always be informed if there is a confirmed or suspected case, or cases, of an infectious disease and she will agree the communication to staff and parents, which will normally be made by email.

### **Seeking urgent medical attention**

Urgent medical attention should always be sought in the following circumstances:

- Profuse and unstoppable bleeding;
- Blunt injury which could be associated with internal bleeding e.g., abdomen;
- Head injury (nausea, vomiting, altered vision, if pupils are not equal and not reacting to light, increasing and persistent headache, altered consciousness or unconscious and or increasing bump at site of injury, inability to move limb/limbs);
- Suspected meningitis (note, the onset of this illness is usually abrupt and is characterised by: fever, malaise, unexplained vomiting, back or joint pains, headache, confusion and a rash);
- Collapse from any cause and / or turning blue;

- Difficulty in breathing, or choking, acute asthmatic attack (which does not respond to an Asthma Pump). If the person has recovered from a choking incident, they should still receive medical attention to ensure there is no lasting, or incidental, damage from the incident;
- Gross allergic reaction (suspected anaphylactic shock);
- Seizure (first seizure or in a known epileptic that lasts for more than 5 minutes);
- If a diabetic has a hypoglycaemic episode which is not corrected by sugar intake followed by a complex carbohydrate (bread, cake, pasta etc.) or a diabetic who has hyperglycaemia and may go into a coma (note, be alert if they have any of these: lethargy, thirst, abdominal pain, passing a lot of urine, with or without a high temp, sweet smell on breath);
- Suspected broken bone;
- Excessively high temperature (over 39°C);
- Severe vomiting;
- Severe burns or scalds;
- Persistent and increasing pain (e.g., stomach pain);
- Sudden and severe headache.

Where urgent medical attention is required, the School will call the Ambulance Service, or if time will allow, the parents will take the child to obtain urgent medical attention. Where the School has advised the parents to take the child for urgent medical attention, this will be recorded in the School Accident & Illness Register.

### **Allergies**

Information on allergies and allergic reactions is given in Appendix 3.

Staff are informed of children with allergies and those with IHCPs at the start of each term by the School Administrator using lists. Copies will be displayed in the Staffroom and via staff email. Children prescribed AAI/EpiPens/Jext must have 2 up-to-date devices in school. Children prescribed an Asthma Pump must have an up-to-date Asthma Pump in School.

The School has its own emergency EpiPens and Asthma Pumps and these may be used by any adult or child prescribed with one in an emergency (provided the right consent has been obtained). Whilst every endeavour will be made to replace a used emergency EpiPen or Asthma Pump as soon as possible after its use, an emergency EpiPen or Asthma Pump cannot be relied on to be available to a child who does not have their own up-to-date EpiPen/Jext or Asthma Pump in School. Pupils who do not have their own up-to-date EpiPens/Jexts and/or Asthma Pump in School, may therefore be required to be at home.

### **Infection Control in School**

The School follows the Guidance on Infection Control in Schools: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522337/Guidance\\_on\\_infection\\_control\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf)

Parents and staff are informed if there is a confirmed case, or cases, of an infectious disease by letter.

Children should not return to school until 48 hours after their last episode of diarrhoea or vomiting to prevent any further infection spreading. This applies to the whole school, including EYFS pupils.



It is vital that staff observe strict rules regarding personal cleanliness, using hand washing and protective clothing where needed, to ensure no infection is transmitted from one child to another or from one member of staff to the next.

Hygiene procedures during first aid (including dealing with spillages of bodily fluids are set out in Appendix 2).

### **Informing Others**

If a pupil is injured, the child's class teacher should be informed if she/he is not already aware.

The First Aider or class teacher, supported by the School Office, will always contact the parents or emergency home contact if a child suffers anything more than a trivial injury, or if she or he becomes unwell, or the School has any concerns about her or his health on the same day. Children who fall ill during the day or have an injury are cared for in the Medical Room.

The general advice for calling parents is that parents are called whenever they are likely to be shocked by their child's appearance, their child requires ongoing care/watching and or the parents need to take further action.

A parent will always be telephoned or e-mailed if their child receives a head injury, however minor.

If the child has been taken to hospital, the School Office will give the parents or emergency home contact the address and telephone number of the hospital.

If a member of staff is injured, the Headmistress should contact the closest relative and follow the same procedure as for a pupil.

The Headmistress should always be informed if there has been an accident requiring a child or member of staff to be taken home or to hospital.

### **Record Keeping**

Details of any incident which requires treatment will be recorded in the School Accident & Illness Register which is kept in the Medical Room. These will be stored for seven years (this is a statutory accident record). Incidents for pupils within the EYFS are highlighted within the School Accident & Illness Register.

An investigation should be made to try and establish causes and careful consideration be given to remedial measures.

Following a serious accident or incident, a formal investigation will be carried out by the Headmistress together with another member of the Senior Leadership Team and, where appropriate, the Premises Manager.

### **Procedure Following Day-to-Day Accidents**

The following should always be asked and answers recorded fully in the school accident book. This must be clearly signed.

- i) Where did the accident take place?

- ii) When did the accident happen?
- iii) Who was injured? (Give full name and class)
- iv) Nature and location on body of injury
- v) Who else was involved?
- vi) Who witnessed the accident?
- vii) What was the injured person doing at the time of the accident?
- viii) Were there any relevant environmental factors?
- ix) Were protective measures available and appropriate? Were they used? If not why not?
- x) Was there supervision in force?
- xi) Was a defect or design fault in the premises involved?
- xii) What first aid was given (note times, observations and whether parents have been called etc.)?

The amount of time and effort put into an investigation should be proportional to the potential severity of the consequences of a recurrence, not to the severity of injury in the case itself.

All data is recorded, stored and used in an appropriate manner as required under Data Protection legislation. Accident Books are archived for at least 3 years.

The information collected is used not only as a record of an event, but can be used to help minimise and manage risk. Accident statistics can indicate the most common injuries, time, locations and activities at a particular site. These can be a useful tool in risk assessment, looking at trends and highlighting areas to focus upon and so tailoring first aid provision. It is also essential for insurance and investigative purposes.

### **Reporting Incidents – RIDDOR**

The School complies fully with the obligation to report incidents that happen in schools, or during education activities out of school, to the health and safety executive (HSE) under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). This applies to employees, pupils, staff and visitors to the school.

For a full list of RIDDOR reportable injuries and diseases please see:  
<https://www.hse.gov.uk/riddor/reportable-incidents.htm>

Fatal and major injuries and dangerous occurrences must be reported to the Health & Safety Executive without delay (e.g., by telephone 0345 300 99 23) and then followed up, within 10 days by a written report (done on-line). For accidents resulting in the over-seven-day incapacitation of a worker, the enforcing authority must be notified within 15 days of the incident, using the appropriate online form.

The Headmistress is responsible for ensuring that a report under RIDDOR is made, but may delegate the duty to the Bursar or Premises Manager.

The School must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident reports. Records are kept for a minimum of 3 years.

## **Medical Information and Consents**

Parents must complete a Medical Information and Consent Form prior to a child starting at the School. Amongst other things this gives the school the vital permission to administer emergency medication/procedures. Parents are asked to update this information annually. The Admissions Registrar is responsible for advising the relevant school staff of any children declaring medical information on their Medical Information Form. The Admissions Registrar is responsible for following up with the parents to ensure that an Individual Health Care Plan (IHCP) is prepared and for ensuring that information has been added onto SIMS and that information is kept up-to-date.

Medical records are confidential but for the safeguarding and proper provision of care of children, staff are aware of medical conditions.

Every member of staff has a duty to be aware of the medical information of all children for whom they are regularly responsible. All staff are expected to be aware of all the pupils with serious conditions and details of such children shared with staff regularly via staff email. Catering staff are expected to be aware of children with food allergies - their photographs are in the area near the kitchen for identification.

The School Administrator is responsible for creating and distributing this information.

Where medication is required on an ongoing basis, the School Administrator, together with the Deputy Head Teacher, monitor the expiry dates and liaise with parents to request up-to-date supplies.

## **Arrangements for Children with Particular Medical Conditions**

Individual Health Care Plans (IHCPs) are prepared for all types of conditions in school. These are kept in the shared area under medical notes in HUBMis. IHCPs for pupils with any medical condition affecting school work are found there. The Admissions Registrar together with the Deputy Head Teacher is responsible for preparing IHCPs and ensuring the information is stored and shared in accordance with this policy.

Guidance for staff on supporting pupils with anaphylaxis and asthma are included in the Appendices.

The School is also committed to ensuring children's emotional needs are met. This is done through the curriculum, clear guidance and strong, supportive pastoral care.

## **Accepting Children Back into School Whilst on Crutches (or other walking aid, e.g., walking frame, moon boot) or When Using any Medical Support (such as arm or hand supports, e.g., slings)**

We endeavour to support all pupils returning to school after an accident or illness. We therefore ask parents to discuss their child's return in advance to ensure that it can be managed safely for both the child themselves and other staff and children at our School. The return of pupils using crutches or other walking aid poses a particular challenge due to the nature and layout of the building.

Looking after children on crutches/walking aid, or with another medical support, is not a responsibility taken lightly by the School and without clear medical information, potentially puts the student and School at risk. We cannot accept responsibility for a child using crutches or another walking aid unless we have received adequate information regarding their needs and have been able to discuss these with the parent(s).

We ask that, before a child returns to school whilst using crutches/other walking aid or other medical support (such as a sling), parents provide a letter from a medical professional (GP, hospital etc.) detailing:

- What injury has been sustained;
- Whether the student is required to use crutches/walking aid/support in school and approximately how long for;
- When weight bearing/the removal of the support should begin; and
- Any follow-up appointments (fracture clinics, physiotherapy etc.).

Parents should also ensure that they have spoken with the Headmistress on or before their initial return to School, so that the following can be discussed/explained/checked:

1. Any requirement for leaving lessons early;
2. Any assistance required in lessons and around the School;
3. Any required medication (particularly analgesia);
4. Arrangements for collecting from School;
5. Details of any follow-up appointments; and
6. Any emergency contact details are up-to-date.

The School will then create a Personal Emergency Evacuation Plan for the child addressing how the child will be evacuated safely in an emergency.

### **Administration of Medicines**

This includes: age-appropriate over-the-counter medicines and prescription medicines. The School does not administer homeopathic remedies.

When children are unwell, the best place for them is at home with an adult. A sick child will not be able to cope with school activities and if the illness is infectious there will be a serious risk of other children and staff becoming ill.

Occasionally, a doctor regards a child fit to return to school provided prescribed medicine is taken. There are also children with long-term illness who can only attend school if medication is either given during the school day or is available in an emergency. A small proportion of epilepsy sufferers require drugs at midday and children suffering with asthma or anaphylaxis need prescribed medication urgently in an attack.

There are legal implications involved when agreeing to dispense drugs and therefore the following rules must be observed:

- The parent must be responsible for providing written consent together with the medicine in question in the pharmacist's original container with information leaflet enclosed, clearly labelled with the child's name and directions for administration and for replenishing supplies if necessary. The medicine must be given to the School Administrator by the parent so that she can ensure that the consent form is correctly filled out and that the medication is suitable for administration in school. In the absence of the School Administrator, another named person will be responsible for receiving and administering medicine.
- Except for medicine that may be needed in an emergency (e.g., allergy medication, EpiPens), medicine must be kept under lock and key and are stored within the locked fridge or locked

cupboards within the Medical Room. Allergy medication, EpiPens/Jext and inhalers are kept in an unlocked cupboard in the Medical Room. Medicines are stored strictly in accordance with the product instructions and in the original container in which they are dispensed.

- One designated member of staff (the School Administrator) is responsible for administering the dosage. In her absence, another named member of staff is responsible. Administration of medicines is always supervised.
- Unused medicine should be returned to the parent, who should arrange for safe disposal at the chemist.
- Parents are responsible for ensuring that the medication held in school is in date; however, the School Administrator will regularly check the dates on the medication and will liaise with parent to ensure this is kept in date and disposed of when no longer required or out-of-date
- When a pupil suffers from any disease or any medical need, all members of staff who may come in contact with the child will be made aware of the disease or medical need and of any limitations and/or precautions that need to be applied to the child's activities as well as what to do in an emergency.
- All asthma sufferers are supplied with the appropriate reliever with their name and dosage clearly marked on the label. The School also holds its own spare Salbutamol inhaler.
- Pupils suffering from anaphylaxis are supplied with two EpiPens/Jexts and other medication (such as Piriton). The School also holds its own spare EpiPens/Jexts.

A list of pupils with asthma or anaphylaxis, together with the child's photo, is provided in the Staffroom and Medical Room. Information about children with other serious conditions is shared with all staff regularly via staff email. Care should be taken to ensure that this data is used in an appropriate manner. Staff must ensure that they know the particular needs of their pupils. All cover staff are shown the specific medical information relating to the children in their care when they receive their induction on arrival at School. The Catering staff are aware of all pupils with allergies.

Any relevant medical information for each pupil can be found on HUBMis. Individual Health Care Plans can be found in the file in the Medical Room and a copy is provided to the class teacher as well as with the child's medication. All EpiPens/Jexts also have a copy of the Individual Health Care Plan stored with them. All Asthma Inhalers have a copy of the child's Asthma Plan stored with them. Staff that have children with an EpiPen/Jext or Asthma Inhaler in their form are shown where they are kept and how to use it. Staff practise use of the EpiPens/Jexts in the Medical Room.

The staff body and relevant persons are circulated electronically with the pupil dietary and medical needs on a regular basis and this list is reviewed and updated by the School Administrator.

In addition to specific medication provided by the parents to the School for administration to their child, the School holds a small range of non-prescription medication, such as Paracetamol, Ibuprofen, Piriton, and other over-the-counter remedies. All parents are invited to give their permission for the School to administer these non-prescription medication and other over-the-counter remedies under School protocols for treating minor ailments. In giving their permission, parents are requested to identify any medication or remedies they do not want their child to receive. The consent and any medication that a child may not receive are logged within HUBMis. The School always checks with a parent before administering over-the-counter medication under this consent to ensure the position

has not changed and to ensure that an earlier dose has not already been taken that day. If the parents cannot be contacted, advance consent has been given and it is felt that the child should receive an appropriate dose of an over-the-counter medication, School protocols are followed to remove the risk of an overdose being given, including ensuring that sufficient time has elapsed since the child arrived in school for the child to be eligible for a further dose of the medication and cross-checking with a member of the SLT before giving the recommended dose. Where the School has administered medication under this advance consent, the School will send an email to the parents advising the parents of the medication administered and the time and dosage given. Parents of children in the EYFS are also told on the same day at pick up or by a telephone call.

A written log is kept by the School Administrator noting when, what and what dosage of medicine has been administered to any pupil together with written consent documentation. EYFS pupils are highlighted in yellow.

This file is kept in the Medical Room. These records are kept for a minimum of 25 years and are then securely destroyed.

### **Staff Medicines**

Employees must ensure that personal medication is kept out of reach of pupils at all times. Medication must be locked securely in cupboards or kept in the staffroom / pigeon holes.

Risk assessments will be prepared for any member of staff with more complex medical needs / chronic conditions and arrangements made where necessary.

### **Linked Guidance, Policies and Procedures**

Guidance on Keeping Children Safe in Education:

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Guidance on Working Together to Safeguard Children:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Guidance on Supporting Pupils with Medical Conditions at School:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Guidance on First Aid for Schools: <https://www.gov.uk/government/publications/first-aid-in-schools>

Statutory Framework for EYFS: <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

**Contacting the Ambulance Service**

1. Dial 999 and ask for the Ambulance Service.
2. Be prepared to give the following information:
  - School telephone number: 020 7435 1868
  - School address:  
St Mary's School, Hampstead  
47 Fitzjohn's Avenue  
London  
NW3 6PG
  - Exact location of person requiring assistance;
  - Name of person requiring assistance;
  - Your name;
  - Brief description of symptoms (reiterate that this is a child, if relevant, and it is an emergency);
  - Let the Ambulance Service know that they cannot fit through the School gates so need to park outside.
3. Ensure someone has been sent to the gates to let the Ambulance Service in (reminding them not to bring the ambulance onto the site – as they can get stuck).
4. Contact parents/emergency contact.
5. Record timings of phone calls, and when situation is safe, ensure that a record of the incident is documented in the pupil's records.

### Hygiene Procedures during First Aid (Including Dealing with Spillages of Bodily Fluids)

All staff should take precautions to avoid infection and must follow basic hygiene procedures:

Single-use disposable gloves are always available in the Medical Room and in all first aid boxes (additional gloves are situated in the EYFS toilets and with the Premises Manager). Gloves should be worn for procedures involving blood or body fluids to prevent spread of infection. When treating blood injuries for multiple casualties, staff should wear a new pair of gloves for each casualty. All rubbish contaminated with blood or body fluids are disposed of in the yellow clinical waste bin located in the Medical Room.

Thorough hand-washing is paramount when carrying out first aid.

### Cleaning Up Body Fluid Spills / Injuries

The DfE/DoH guidance contains the following advice:

- Spills of body fluids: blood, faeces, nasal and eye discharge, saliva and vomit must be cleaned immediately;
- When cleaning, always wear disposable gloves, disposable apron and take care not to get any of the fluid that is being cleaned up in one's eyes, nose, mouth or any open sores, cuts or abrasions. Face masks and visors are available if required;
- Clean and disinfect any surfaces on which body fluids that have been spilled;
- Ensure cuts and open wounds are covered with a waterproof dressing and if contaminated, should be washed with copious amounts of soap and water, cleaned and dressed;
- Discard fluid-contaminated material, along with the gloves worn in the hazardous waste bin;
- Mops and buckets used to clean up body fluids should be cleaned in a cleaning equipment sink (not kitchen sink), rinsed with disinfecting solution and dried and stored appropriately;
- Ensure that contaminated clothing is hot laundered (minimum 60°C).

The Premises Manager maintains a stock of equipment dedicated for this type of cleaning including 'Spill Dry Powder' which quickly absorbs the contaminant, is bacteriostatic (kills germs) and instantly deodorises. Protective equipment is also available in the Medical Room.

At all times staff must ensure that the privacy and dignity of a pupil is maintained. If a pupil needs to be changed then they can be taken to the Medical Room where appropriate equipment is situated. If a pupil is very soiled, there is a shower (or shower attachment) available in the EYFS and Main School. Other appropriate washing facilities are available in the Medical Room. Parents must be called to gain permission before a child that is very soiled is cleaned in this way and staff should not work alone under these circumstances.

### Personal Hygiene (Pupils and Staff)

The DfE/DoH guidance contains the following advice:

- Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting;
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild liquid soap;



- Rub hands together vigorously until soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered;
- Rinse hands under warm running water and dry with a hand dryer or clean paper towel;
- Discard disposable towels in a bin;
- Encourage use of handkerchiefs when coughing and sneezing;
- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable dressings.

The School ensures that toilet areas are kept clean throughout the day and a daytime cleaner is employed to clean the staff and pupil's toilets so keeping hygiene standards high. There is a detailed cleaning regime at the end of the day whereby desks, door handles and other high-use areas are disinfected on a regular basis.

Pupils are taught the importance of hygiene as part of their day-to-day routines.

## Allergy and Anaphylaxis

The School takes allergies very seriously and procedures are in place to ensure the safety of all its pupils and staff.

Common allergens include: peanuts, tree nuts, egg, milk, kiwi fruit, fish, soya, latex, insect stings and medicines (e.g., Penicillin).

Allergic reactions can range from mild symptoms to a life-threatening anaphylaxis.

### Mild Allergic Reactions

#### Symptoms

Mild allergic symptoms can include:

- Tingling to lips and mouth;
- Slight external facial swelling;
- Nausea;
- Urticaria (nettle rash or hives);
- Abdominal pain;
- Shortness of breath.

#### Treatment

Mild allergic reactions are treated with:

- Oral anti-histamine, e.g., Piriton;
- Ventolin inhaler, if prescribed.

### Anaphylaxis

Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum. Symptoms may be fatal if not treated with adrenaline (also known as epinephrine). The whole body is affected, often within minutes of exposure to the allergen but occasionally the reaction may occur some hours later.

#### Symptoms

The symptoms of anaphylaxis include:

- Generalised flushing of the skin;
- Urticaria (nettle rash or hives) anywhere on the body;
- Sense of impending doom;
- Swelling of mouth and throat;
- Difficulty in swallowing or speaking;
- Alterations in heart rate;
- Severe shortness of breath or difficulty of breathing;
- Abdominal pain, nausea and vomiting;
- Sudden feeling of weakness (caused by rapid fall in blood pressure);
- Collapse and unconsciousness.

## Treatment

Intramuscular adrenaline is the front-line treatment for anaphylaxis.

### **School Procedures**

Pupils with allergies are identified from the Medical Information and Consent Forms. The Admissions Registrar liaises with the parents to ascertain the full extent of the allergy and, if required, will request a treatment protocol from the pupil's consultant in the case of potential anaphylaxis.

All pupils identified as having serious allergies will have a named emergency medication box kept for them at school. These emergency medication boxes will contain a photo of the child and the individual treatment plan as well as any emergency medication the child may need.

Parents are responsible for maintaining valid medication at school. Reminders are sent to parents prior to the expiry of any medication to facilitate this.

For safety reasons, students will not usually be allowed to attend school if they do not provide the School Administrator with valid emergency medication.

### **Training and Information**

All members of staff have regular refresher sessions on allergies and have the opportunity to practise using a Training EpiPen. Lists of children with serious allergies are available in the Staffroom and in the Medical Room. Staff are reminded that all children with serious allergies are allowed to leave lessons without delay to seek medical attention. This should be followed up by the class teacher.

### **Allergies and Food in School**

The Catering Manager is provided with a list of children with food allergies. The Catering department makes every effort to provide a safe school lunch for all pupils.

Parents are asked to take into account children who have allergies when sending in cakes for birthdays etc. The parents of allergic children take responsibility for providing safe alternatives on these occasions.

### **School Trips**

When going on school trips, the teacher in charge is responsible for checking which children have allergies and collecting their emergency medication.

If a child has an allergic reaction on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called. If there is any doubt whatsoever, it is better to be safe and administer adrenaline in the form of an EpiPen

Staff must also complete an accident form and report the incident to a member of the SLT as soon as possible.

For residential trips, planning must take place well in advance. The trip leader needs to liaise with parents and the centre at which they'll be staying, to ensure caterers are aware of girls with specific

allergies. Accompanying staff need to be trained and feel comfortable with dealing with allergies. The SLT will offer support and extra training as needed.

### **Emergency Procedures in School**

School staff need to know what to do in an emergency - how to recognise the symptoms of an allergic reaction, and what to do if it happens. In any case of allergic reaction:

- A member of staff must always stay with the child concerned;
- The child should not be moved as that can increase the severity/speed of the allergic reaction;
- Another member of staff or another child, should be sent to get the Headmistress (or other First Aider in her absence) who should bring the child's emergency medication box;
- The child's treatment plan in the box must be followed.

If there is any doubt whatsoever, it is better to be safe and administer adrenaline in the form of an EpiPen.

If in doubt, an ambulance should be called, and always if an EpiPen is administered.

### **EpiPen Procedure**

- Form fist around EpiPen and pull off blue safety release;
- Hold the EpiPen at 90° approximately 10cm away, with the orange tip pointing towards the outer thigh;
- Place the orange end firmly into the outer thigh at a right angle;
- Hold firmly for 10 seconds, before removing and safely discarding;
- See [How To Use: Administering Your EpiPen® | EpiPen®](#)
- Arrange immediate ambulance to hospital;
- Give used EpiPen to ambulance crew.

NB. The pen can, if necessary, operate through light clothing (NOT denim).

## Asthma Guidelines for Staff

### Asthma Treatment

There are two types of treatment:

Preventers – these inhalers are usually taken twice daily at home and are normally in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school.

Relievers – these are the inhalers used in an acute attack to relieve the symptoms of asthma.

If a student becomes breathless and wheezy or coughs continually or has a tight chest:

- Keep calm. It is treatable. Call a member of SLT, stating the child's name and her condition. Reassure the student;
- Let the child sit down in the position she/he finds most comfortable;
- Do not make the child lie down;
- Ensure the reliever inhaler (usually blue container) is taken promptly and properly. Take 2 puffs immediately. Use aerochamber / spacer if the child has one;
- Encourage the child to take slow regular breaths;
- If the symptoms disappear, the pupil can go back to class;
- If the symptoms have improved but not completely gone, give another dose of the inhaler (usually 2 puffs) and contact the child's parents.

### Signs of a Severe Asthma Attack

Any of these signs means 'severe':

- Normal reliever inhaler does not work;
- The student cannot speak normally / in full sentences;
- Blue tingeing around the mouth;
- The student's breathing is getting faster and they feel like they can't get their breath in properly;
- See [Asthma attacks | Asthma UK](#)

If in ANY doubt, call an ambulance.

What to do in a severe asthma attack:

- Sit the child up straight (don't let them lie down);
- Keep calm;
- Keep using the reliever inhaler – one puff every 30-60 seconds until symptoms improve. Use the spacer if possible. The child can take up to ten puffs. Do not worry about possible over-dosing;
- If the child does not start to feel better or you are worried, call an ambulance, and arrange for a member of staff to accompany the child to hospital;
- Contact the child's parents to meet at the hospital;
- Continue to reassure the child;
- If an ambulance does not arrive within 15 minutes and the child is still feeling unwell, continue giving one puff every 30-60 seconds for up to 10 puffs;

- Have School IHCP ready to give to ambulance crew;
- Try to make note of time of start of attack and all symptoms to tell ambulance crew.

### **At School**

All students should have their own labelled, reliever inhaler in school. They must take an inhaler with them when doing all off-site sports and on any school trip/journey.

### **School Trips**

Teachers in charge of trips must ensure Parental Consent forms with all relevant medical and drug treatment / information is completed and signed by parents. They must also check the Medical Database for any other information.

If a child has an asthma attack on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called. Parents must be contacted.