



Managing Medical Needs and First Aid Policy & Management Procedures

Presented to Governors: September 2020

Review Date: September 2022

FIRST AID POLICY

1. Policy Statement

The Health & Safety (First-Aid) Regulations 1981 place a duty on employers to provide adequate first aid equipment, facilities and personnel to their employees. However, this obligation under these Regulations does not extend to non-employees, including pupils. In its guidance, the HSE strongly encourages employers to consider others when carrying out their assessment of first aid needs and to make provision for them. A first aid risk assessment has been completed and held by the School Business Manager. First Aid guidance is set out in appendix 1.

Giving consideration to the factors detailed in the Health and Safety (First Aid) Regulations 1981, Barr's Hill School is committed to providing adequate first-aid personnel, equipment and facilities to deal with ill health and injuries to pupils, staff, visitors and contractors on site.

All staff are instructed that if there is any doubt as to the severity or extent of any injury, and a first aider is not readily available, the first response must be to dial 999. (If you urgently need medical advice and it is not a life-threatening situation dial the NHS 111 service).

2. Management Procedures

- The number of first aiders and appointed persons meets recommendations and adequate cover is available to cover for annual leave and unexpected absences.
- All first aiders and appointed persons hold a valid certificate of competence, the school maintains a register of all qualified staff and will arrange re-training as necessary.
- First Aid notices are clearly displayed around the school.
- Sufficient numbers of suitably stocked first aid boxes are available and checked monthly to ensure they are adequately stocked.
- A suitable area is available for provision of first aid.
- Staff are informed of first aid arrangements within school, through induction, teacher training days and the staff handbook which is issued annually.
- Where first aid has been administered this is recorded in the first aid treatment book.
- Correct reporting procedures are followed.
- Individual risk assessments have been carried out which consider first aid provision for lone workers and employees who travel in school vehicles that carry passengers.
- Information, instruction and training will be provided to staff on any specific medical conditions of pupils and the procedures to follow in case of emergency (see Appendix 3).
- If a staff member sustains an injury, a referral to a senior member of staff should be made for them to assess what medical assistance or other support may be required. Where appropriate guidance should be sought from Occupational Health.
- If a First Aider receives a call to attend a person showing COVID-19 symptoms appendix 4 must be followed

Appendix 1 - First Aid Guidance

First aid definition:

First aid is defined as the skilled application of treatment for the purpose of preserving life and minimising the consequences of injury and illness, until medical help arrives. First Aid at Work covers the initial management of any illness or injury suffered at work. **It does not include the administration of medicines or tablets.**

First aid training and qualifications: Delivering appropriate first aid to a casualty is essential, training must be of a sufficiently high standard for the work place. First Aiders receive training through the local authority where the council's Occupational Health service lead on the provision of first aid training and advice to ensure continuity and a high standard of training.

The school's insurance policies provide cover for administering first aid in the course of employment, to employees and others acting within the parameters of the training undertaken.

Transport of students to hospital:

The first aider and/or a senior member of staff will determine what is a reasonable and sensible action to take in each case. Where the injury is an emergency an ambulance will be called immediately followed by the child's parents/carers. Where medical treatment is considered appropriate but it is not an emergency the parents will be contacted and expected to take responsibility for their child. If the parents cannot be contacted then the Head teacher may decide to appoint members of staff to transport the pupil to hospital. When a child is transported the following points will be observed:

- Only staff cars insured to cover such transportation would be used.
- No individual member of staff should be alone with a pupil in a vehicle.
- The second member of staff will be present to provide supervision for the injured pupil.

Medication

The school does not as a matter of course administer any prescribed or non-prescribed medication to any of its pupils but will undertake this task to enable regular attendance, under the conditions outlined in Appendix 2 – Procedures for medicines in school.

The first step would involve an interview with the parent. A healthcare plan would need to be completed with the parent/carer by a member of staff taking into account appropriate guidance. If all were in agreement that a medical condition needed the school to provide medication, the appropriate steps would be put in place.

First aid equipment and facilities

Managers need to ensure that first aid equipment is suitably marked and easily accessible and available in all places where working conditions require it.

Reporting accidents and keeping records

All accidents are recorded in the school's first aid record. All first aiders should record incidents which they have attended in a First Aid Report Book (Treatment Book) that complies with the requirements of data protection. The recorded first aid information should be kept for a minimum of four years.

First aid boxes

- First Aid boxes are the minimum level of first aid equipment, the number of boxes required will vary according to the circumstances of the premises and work involved. A risk assessment will establish requirements.
- Every first aider should have a box in his/her charge or jointly where there are two or more first aiders to cover one area. Managers should ensure that all employees have reasonable rapid access to first aid treatment. Where possible boxes should be placed near to hand washing facilities.
- All first aid boxes must be identified by a white cross on a green background.
- First aid boxes must not be locked.
- First aid boxes should only stock items for the administration of first aid. **Tablets and medication must not be kept in the first aid box.**
- It should be the responsibility of the first aider to ensure the contents of the first aid boxes is in a usable condition and stocked to a satisfactory standard.
- Care should be taken to dispose of items safely after the expiry date has passed.
- Contents should be replenished as soon as possible after use and an adequate supply should always be available.

Additional first aid equipment

Plastic bags for safe disposal of soiled/used first aid dressings are available and must always be sealed before discarding in the refuse.

Automated External Defibrillator (AED) – Storage and Use

The school has an AED located in the main school office. The regular maintenance of the equipment is the responsibility of the office manager. An AED is designed for use by all members of the general public and those with associated training. People with no previous training have used AEDs safely and effectively. Whilst it is highly desirable that those who may be called upon to use an AED should be trained in their use, and keep their skills up to date, circumstances can dictate that no trained operator (or a trained operator whose certificate of training has expired) is present at the site of an emergency. Under these circumstances no inhibitions should be placed on any person willing to use an AED.

Eye Wash Bottles

Where there is provision of running water, no additional solution is required. Position the casualty's head under the tap to irrigate the eye where possible. Where risk assessment indicates the need for eye wash bottles the solution will be poured directly from the bottle to irrigate the eye. Eye baths/ Eye cups/Refillable containers **must not be used.**

Vehicle first aid kits

Mini-buses should carry first aid boxes to correct standard which take into account the number of persons being transported

Personal travel kits (i.e. Duke of Edinburgh participants)

https://www.dofe.org/wp-content/uploads/2017/11/Expedition_First_Aid_Kit_List-1.pdf

First aid rooms

Managers must provide a suitable room where the assessment of first aid needs identify this is necessary, i.e. any clothing that needs to be removed to administer first aid.

Informing employees

All employees must be informed of first aid arrangements in his/her area of work, including at induction.

First Aid Notices should be posted in all work places giving the location of first aid equipment and personnel and must be kept up to date.

Managers and supervisors should ensure that those with reading and language difficulties are also kept informed and aware of their first aider within their work place.

Intranet announcements, e-mails, digital screens, staff meetings and individual briefings for appropriate Teachers and Tutors are the medium whereby staff are informed of significant illness/conditions of pupils for risk assessment purposes.

Further Information

Health and Safety Executive; First Aid at Work Regulations 1981

<http://www.hse.gov.uk/pubns/books/l74.htm>

Department of Education

<https://www.gov.uk/government/publications/first-aid-in-schools>

Coventry City Council - Occupational Health, Safety and Wellbeing Services

People Directorate

3 City Arcade

Coventry

CV1 3HX

Telephone: (024) 7683 3285

Appendix 1 Form A: individual healthcare plan

Name of school/setting		
Child's name (and attach photo if available)		Attach photo here
Group/class/form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Data Protection GDPR Legislation (May 2018).

- Barr's Hill School collects the information on this form to ensure the safety and well-being of course participants.
- We will not share the information with anyone – except medical professionals and essential staff in the event of a need for treatment.
- The information will be securely stored at the school securely.
- Information provided on this form will be kept for the period required by the Limitation Act 1990 (7 years for adults, 25 for a young person, 99 years for Looked After Children). The original paper copies will be destroyed at the end of the period.

If you wish to access the personal information that we hold contact Barr's Hill School.

Appendix 2 – Procedures for medicines in school

This document outlines the operational management and safety implications of medicines brought into Barr's Hill School.

Aims

- Ensure the safety of students in the school.
- Provide a framework that staff MUST follow to allow medicines to be brought into school for students.

Legal Framework

• **Disability Discrimination Act 1995:** (as amended by the SEN and Disability Act 2001) makes it a requirement for schools not to unjustifiably discriminate against children with disabilities, including those with medical needs.

• **Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999:**

School managers have a responsibility to ensure that safety measures are in place to cover the needs of all children in the school. This may mean conducting risk assessments and making special provision for children with particular health needs.

• **Control of Substances Hazardous to Health Regulations 2002:**

COSHH covers the use and storage of hazardous substances. Some medicines fall into this category.

• **Medicines Act 1968:** This covers all aspects of the supply and administration of medicines. It allows any adult to administer a medicine to a third party as long as they have consent and administration is in accordance with the prescriber's instruction. This includes the administration of some forms of injection (with appropriate training).

• **Misuse of Drugs Act 1971:** This act and its associated regulations cover the supply, administration and storage of controlled drugs. At times schools may have a child who has been prescribed a controlled drug.

This policy covers the following areas:

- Procedures for managing prescription medicines that need to be taken during the school day.
- Procedures for managing prescription medicines on trips and outings.
- Roles and responsibilities of staff managing and supervising the administration of medication.
- Responsibilities of parents in respect of their child's medical needs.
- The need for prior written agreement from parents before medicines can be administered.
- The circumstances in which non-prescription medicines can be administered.
- Policy on assisting children with long term and complex medical needs.
- Policy on children carrying and administering their own medication.
- Staff training.
- Record keeping.
- Safe storage.
- Access to emergency procedures.
- Risk assessment and management procedures.

Supply

Before giving medication to any student the school must have written agreement from the parents. This agreement should include the student's name, the name of the medication, the

required dose and agreed time of administration. It should also be clear whether the medication is on-going or to be taken up until a particular date. Any possible side effects should be listed and/or the information leaflet that is normally supplied by the manufacturer made available.

Parents should bring the medicine into school and hand it to an appropriate person, who should then record that it has been received.

It is absolutely essential that you only accept medication that is in its original labelled container.

It is good practice for the person receiving the medicine to check that the label indicates the name of the student, that the dose parents have stipulated coincides with that detailed on the label and that the medicine is 'in date'. Where the medicine is in tablet or capsule form, they should if possible check the number provided.

Storage

All medicine brought into School will be kept locked in the designated cupboard in the Medical room. This room is to be kept locked at all times, unless a member of staff is working in the room. This room has a cabinet and a fridge – so medicine requiring refrigeration can be stored in the room.

The Office Manager has responsibility for receiving / logging / storing / administering / checking parental consent for medicines. In the event she is not available this duty falls to the School Business Manager.

Medicines can be classed as substances hazardous to health and as such must be stored securely. It is also important to note that some need to be stored at particular temperatures or away from light. This information will be on the medicine label and in the manufacturer's information leaflet. Most medicines should be kept in a locked cupboard. Students should know where their medication is and who can access it.

If medicine needs to be kept cool, then it should be placed in a fridge where students cannot freely access it. Store medicines in a labelled airtight container to keep them separate from food products.

Some emergency medication such as adrenaline pens (for students who suffer from allergies) and asthma inhalers should not be locked away as students need quick access to these.

Administration

As a general guideline before administering medication to a child the staff member should:

- Wash their hands
- Ensure that a drink is available if appropriate (some tablets can irritate and damage the throat and oesophagus if administered without a drink)
- Check the label on the medication: name of child, dose, route of administration (e.g. by mouth, into ear/eye, rubbed on the skin), any special instructions and expiry date.

If there is any doubt about any procedure staff should not administer, but seek advice from parents or health professionals.

Disposal

When a student leaves the school, ceases to need medication or if a medicine has passed its expiry date, return any that is unused to the parents. If this is not possible take it to a pharmacist for disposal.

Prescription Medicines

Prescription medicines only will be given in line with this Policy. Aspirin or ibuprofen will NOT be administered unless prescribed by a doctor. Parents are welcome to come in and give their child medicine if they wish.

Parental Responsibilities

For medicines to be administered in school, they must be properly labelled with the name of the student, the required dose and the appropriate time at which they should be administered.

Medicines are not accepted out of the container in which they were originally dispensed and must include the prescriber's instructions.

A parent/carer or guardian must complete the appropriate form, required under Health and Safety regulations, before medicines can be accepted into school.

Administration Staff Responsibilities

Medicines required to be taken when a student is on a school trip will be administered by the class teacher or other designated person in accordance with the written instructions given by the parent on the appropriate form.

When a student is given medicine he/she will first be asked his/her name and this name checked against the name on the medicine – even if the member of staff knows the student well. The appropriate form, signed by the parent, must be checked for the time the medicine is required and the dosage. The record Book must be checked to ensure that another member of staff has not already administered the dose. If the administration of prescription medicines requires technical or medical knowledge, then individual training will be provided to staff from a qualified health professional.

Record Keeping

The date, name and class of the student, the type and dose of the medicine and the time of administration of the medicine, will be recorded in the Record Book together with the initials of the administrator.

An up to date list of all children with on-going medical conditions is kept on SIMS.

Storage of Medicines

Medicines will be kept in the locked medical room with the key accessible to all Staff.

Medicines requiring refrigeration will be kept in the refrigerator in the medical room. They should be in an airtight container and clearly labelled.

Appendix 3 – Supporting Students with Medical Conditions

Summary

Barr's Hill School will seek to ensure that children with medical needs receive proper care and support in school so that they can access and enjoy the same opportunities as any other child.

Parent/Carer Role

Parents/carers must provide the Headteacher with sufficient information about their child's medical condition and support and care required at school.

Individual Healthcare Plan (see Form A).

Parents of children with complex health needs will be invited into school to complete an IHP, drawing on support from medical professionals where relevant. A named member of the Hub Team or SEN/Inclusion Team will be responsible for agreeing and managing this plan.

Staff Role

Staff who accept responsibility for supporting children with medical needs will receive proper training and will understand

- a. The nature of the condition, signs and triggers to look out for.
- b. The level of support needed (children will be encouraged, where possible to take responsibility for their own health-care needs after discussion with parents and this will be reflected in IHPs). Where a child is reluctant to take on this responsibility, the school will support the child to reach the level of responsibility agreed and documented in the IHP. If a child is self-managing their medication the school will make appropriate arrangements for monitoring.
- c. Where the pupil may need extra attention, including special facilities or testing equipment. (This information is to be provided by the pupil's parents.)
- d. The likelihood of an emergency.
- e. The action to take in the event of an emergency, including emergency contact details.

Whole staff awareness training will be delivered as part of annual safeguarding training. This will be included in the induction programme for all new staff.

Student Role

Where possible children will carry their own medicines or devices or be able to access them quickly. No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

Appendix 4 – Dealing with a symptomatic person within the school community

1. Staff member informs someone from their zone to contact reception and states room and student name followed by code 'PPE'. Student is sent to wait outside of class to large external well-ventilated space

2. Receptionist informs:

- A. First Aider
- B. Leader of Communication Services – Robin Smith (RSM)
- C. Facilities Manager/ Cleaner in Charge
- D. Hub Director

A. First Aider dons PPE.

Speaks to class teacher to identify extent of illness in the classroom. Informs Receptionist who informs Facilities Manager/ Cleaner in Charge the extent of cleaning required in classroom. Escorts student to the isolation room. Isolate (if possible) behind the closed door or 2m away from others, with an open window. First Aider waits outside the room and escorts student to meet parent/carer when they arrive. Asks student to identify who they have been in close contact with in school and siblings from other schools (Appendix 1). First Aider follows PPE removal process in room A15 or A16. Informs Leader of Communication Services (RSM)

B. Leader of Communication Services (RSM)

Calls parent/ carer informing them they need to collect their child and what they now need to do. Follows this up with an email to parent/carer (Appendix 2). In the event that RSM is not available, CBE coordinates a member of SLT to do this. Ensure that any in-school siblings are collected and escorted off site when parent/carer arrives. Schools of other siblings also notified. Email appropriate Hub Director to let them know how the discussion with parent/ carer went. Notify Local Authority by emailing COVID19schools@coventry.gov.uk
Complete the Public Health England (PHE) notification form [PHE COVID-19 notification](#)
Ring local Health Protection Team (HPT) in PHE only if you have a positive case or you suspect an outbreak (2 or more symptomatic or positive individuals): PHE telephone number: 0344 2253560
Option 0 Option 2.

C. Facilities Manager/ Cleaner in Charge

Organises cleaning following the guidance detailed below:

1. Isolation room and bathroom, if used,
2. Desk, workspace and frequently touched places in classroom used by student
3. Liaise with First Aider to identify if the whole classroom needs cleaning.

D. Hub Director

Marks student as absent once they have left the building. Hub Director make follow up calls to parent/ carer (the next day) to ensure a test has been organised and that isolation guidance is being followed. (Refer to Appendix 2). Hub Director contacts parent/carer daily to identify outcome of the test and any advice they have been given as a result.

First Aider

- Follows guidance issued on the donning, doffing, cleaning and disposing of PPE.
- Liaises with class teacher and makes the decision about whether the classroom needs to be full cleaned or just the work-station accessed by the student.
- Isolates student behind closed door (2m away from others) and escorts student to meet parent/carer on their arrival.

Leader of Communication Services

- Contacts parent/carer to advise them of the incident and to inform them that their child must be collected from school quickly.
- Informs parent/carer:
 - that the person sent home must arrange a test via the [online portal](#)
 - must follow the “[Stay at home](#)” & [Easy read](#) guidance
 - self-isolate for at least 10 days (result of test may change isolation period)
 - Household members must isolate for 14 days (result of test may change isolation period)
 - If COVID test is negative, then the student can return to school when well, including fever free for 48 hours. Household can stop isolating.
 - If COVID test is positive, then person sent home must isolate for at least 10 days from the onset of symptoms AND until well (including fever free for 48 hours). Household to isolate for full 14 days.
- Follow up telephone call with an email (Appendix 2)
- Informs LA of symptomatic student including name and year group of child. COVID19schools@coventry.gov.uk
- Completes the Public Health England (PHE) notification form [PHE COVID-19 notification](#)
- Rings PHE **only if you have a positive case or you suspect an outbreak** (2 or more symptomatic or positive individuals): PHE telephone number: 0344 2253560 Option 0 Option 2.

Facilities Manager/ Cleaner in Charge:

Coordinates cleaning on site.

Refer to the detailed guidance for [cleaning of non-healthcare settings](#)

Clean and disinfect all surfaces the symptomatic person has come in to contact with and all potentially contaminated high-contact areas.

Use disposable cloths or paper roll and disposable mop heads.

Use a detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or household detergent followed by disinfection.

Any waste from suspected cases and cleaning of areas should be double bagged and stored for 72 hours in a secure and separate place, before disposal as normal.

Appendix 1: Internal track and trace form (First Aider to ask student to complete. Information to be scanned and sent to Robin Smith and appropriate Hub Director)

Date	
Name of student	
Year group	
Who have you been in close contact (Appendix 3) with at school today? (Students and staff)	
Do you have any siblings at Barr's Hill School and if so, what year are they in?	
Do you have any siblings at another school and if so, which school and what is the name of your sibling?	

Appendix 2: Email to parents/carers in the event of a symptomatic student

Barr's Hill School School information for parents/carers:

This information is being provided because you have received a call from Barr's Hill School to inform you to collect your child from school because they are displaying COVID symptoms.

The information below will help you understand what you now need to do.

Government guidance requires you to:

- 1) arrange a test for your child using the online portal at <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- 2) Follow "Stay at Home" guidance, which can be accessed at <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Your child must self-isolate for at least 10 days and household members must self-isolate for 14 days. The result of the COVID test may change the isolation period.

If you have any queries, please contact 111.

In the event your child become seriously ill, please contact 999.

Please, ensure that you update the school as to when the test has been arranged for. We also need to know what the test result was (positive, negative or inconclusive) and what advice you have been given as a result. Please, contact the Hub Director with this information.

Year 7 – Mrs A. Hayer

hayer.a@barrshill.coventry.sch.uk

Year 8/9 – Mr P. Barrett

barrett.p@barrshill.coventry.sch.uk

Year 10/11 – Miss V. Wright

wright.v@barrshill.coventry.sch.uk

Year 12/13 – Mr A. Michael

michael.a@barrshill.coventry.sch.uk

Please, do not send your child (or other children) to school until you receive confirmation that it is safe to do so.

Appendix 3: Close contacts definition

Close contact means:

Direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)

Proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual

Travelling in a small vehicle, like a car, with an infected person