KINGS PARK SCHOOL

FIRST AID AND MEDICATION POLICY

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POLICY OWNER	HEADTEACHER
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	SIGNED	DATE
HEADTEACHER MISS S J WATSON		**01/09/2025**
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RATIFIED BY CHAIR OF GOVERNING BOARD MR ALEX RICHARDS		

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LIST OF TRAINED FIRST AIDERS		
NAME	**DATE AWARDED**	**RENEWAL**
Miss A Hatch	**16.1.25**	**16.1.28**
Miss C Mantle	**16.1.25**	**16.1.28**
Mrs L Morgans	**16.1.25**	**16.1.28**
Miss SJ Watson	**16.1.25**	**16.1.28**

1.0 INTRODUCTION

A copy of this policy will be available on the school website

2.0 AIMS

Kings Park School is committed to protecting the health, safety and welfare of our employees. It is our policy to ensure, as far as is reasonably practicable, that all required tasks and activities are carried out with the minimum of risk to our employees, pupils and visitors.

The Health and Safety (First Aid) Regulations 1981 requires the school to provide adequate and appropriate equipment, facilities and personnel to ensure that people receive immediate attention if they are injured or taken ill at work.

Kings Park School will always maintain the following standard of provision:

- To make practical arrangements for the provision of First Aid at school, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their approved qualifications at least every three years.
- To have a minimum of two trained First Aiders on site at any one time.
- To ensure that a trained first aider accompanies every off-site visit and activity.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) when necessary.
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport activities.
- To record and make arrangements for students and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste, accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill, or an accident has occurred.
- • To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor.

3.0 LOCATION OF FIRST AID FACILITIES

The medical room is located adjacent to the staff room area. It is for first aid treatment and for rest/recovery if a person is feeling unwell. The following can be found;

- a bed
- first aid supplies
- gloves
- paper towels
- a medical fridge
- A water supply and sink are situated in the adjacent staff room.
- An allocated toilet is situated near the staffroom where hygiene supplies such as gloves and paper towels are also kept.

Pupils are not permitted in this area and must be always accompanied by a staff member.

Additional first aid kits can be found in the School Office and mounted on the wall at both opposite ends of the school.

Portable first aid kits are to be taken with classes on school visits.

4.0 RESPONSIBILITIES

RESPONSIBILITIES OF THE TRAINED FIRST AIDERS:

- Provide appropriate care for pupils or staff who fall ill or sustain an injury.
- Record all accidents and/or First Aid Administration in full detail
- In the event of any injury to the head, however minor, ensure that parents/guardians are informed in a timely manner and a record is made on the pupil's file.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the appointed person of all incidents where first aid has been administered.

RESPONSIBILITIES OF THE APPOINTED PERSON:

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed, as necessary.
- Maintain adequate First Aid provision facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and off-site visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee.
- Fulfil the school's commitment to report to RIDDOR, as described below.
- Liaise with external providers, when appropriate, to ensure first aid provision is available.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

5.0 PROCEDURE IN CASE OF AN ACCIDENT, INJURY OR ILLNESS

- A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above).
- The school office should be contacted if the location of a trained first aider is uncertain.
- Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who provide immediate first aid and summon additional help as needed.
- The pupil or member of staff should not be left unattended.
- The first aider will organise an injured pupil's transfer to the medical room if possible and appropriate and to hospital in the case of an emergency.
- Parents should be informed as necessary by telephone by the first aider or school office.
- This will be followed up in writing and a record kept at school.

CONTACTING PARENTS

Parents should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including:

- Head injury
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for students, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the pupil is unwell

Parents can be informed of smaller incidents at the end of the school day by the class teacher.

CONTACTING THE EMERGENCY SERVICES

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconscious (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

ACCIDENT REPORTING

“Accident, Incident or Near Miss” must be reported and completed for any accident or injury occurring at school or on a school trip. This includes any accident involving staff or visitors. A form must be submitted on the day of the incident and will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

PUPILS WHO ARE UNWELL IN SCHOOL

Any pupil who is unwell cannot be left to rest unsupervised in the medical room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the class teacher, school office or the relevant member of SLT.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out.
Any person who has diarrhoea or vomiting must remain off work/school for at least 48 hours after their last episode.

FIRST AID EQUIPMENT AND MATERIALS

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked. The first aid boxes will also be checked monthly.

The minimum contents the kits will contain:

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape

- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves
- Yellow clinical waste bag

FIRST AID FOR SCHOOL TRIPS

The trip leader must ensure that at least one adult accompanying the trip has an appropriate first aid qualification and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. Any accidents/injuries must be reported to the appointed person and to parents and documented in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury, the appropriate health & safety procedure must be followed.

6.0 PUPILS

PUPILS USING CRUTCHES OR HAVING LIMITED MOBILITY

Parents must inform the school of the nature of injury and the anticipated duration of immobility. A risk assessment will be carried out by a member of the SLT. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transition around the school building.

Parents must inform the school of any particular difficulties.

EMERGENCY CARE PLANS AND TREATMENT BOXES

The appointed person ensures that staff are made aware of any pupils with an emergency care plan. These care plans are kept in the office. A copy is also kept in the medical room and school office. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the medical room.

PUPILS WITH MEDICAL CONDITIONS

A list is available of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to any school trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists, please inform the appointed person.

7.0 DEALING WITH BODILY FLUIDS & INFECTIOUS DISEASES

To maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the guidelines below should be followed:

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.

Bodily fluids include:

- Blood
- Faeces
- Nasal and eye discharges
- Saliva
- Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and bodily fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all First Aid boxes) then placed in the waste bin in the medical room. Avoid getting any bodily fluids in your eyes, nose and mouth or on any open sores. If a splash occurs, wash the area well with soap and water.

INFECTIOUS DISEASES

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines (Appendix 1) to reduce the transmission of infectious diseases to other pupils and staff.

8.0 MEDICATION IN SCHOOL

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day, however, it should be noted that:

- No child should be given any medication without their parent's written consent.
- No Aspirin products are to be given to any student at school.
- Parents must be given written confirmation of any medication administered at school, a copy of which will be kept on the student's file.

Children may need to take medication during the school day e.g. antibiotics. However, wherever possible, the timing and dosage should be arranged so that the medication can be administered at home.

NON-PRESCRIPTION MEDICATION

These are only to be administered by the appointed person or a designated person if they have agreed to this extension of their role and have been appropriately trained.
Staff may administer non-prescription medication on a residential school trip provided that written consent has been obtained in advance. Parents are asked to complete a consent form at the start of the academic year to cover the administration of non-prescription medicines when deemed necessary by a school first aider. In all cases which rely on such on-going consent, parents must, nevertheless, be informed in writing that the administration of medication has taken place.

All medication administered must be documented, signed for and parents informed in writing. This may include travel sickness pills or pain relief (Paracetamol/Ibuprofen).

PRESCRIPTION-ONLY MEDICATION

Prescribed medicines may be given to a pupil by the appointed person or a designated person if they have agreed to this extension of their role and have been appropriately trained.
Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course.
The school will accept medication from parents only if it is in its original container.
A form for the administration of medicines in school is available from the appointed person.

ADMINISTRATION OF MEDICATION

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.
- Complete the form which goes back to parents
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of students.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the medical room. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out-of-date medication.
- Used needles and syringes must be disposed of in the sharps box kept in the medical room.

EMERGENCY MEDICATION

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents.

9.0 GUIDELINES FOR REPORTING

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive.
Major injuries from schedule 1 of the regulations:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury lasting over 3 days
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.

Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:

- Acute illness requiring medical treatment; or
- Loss of consciousness

- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Death
- A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

APPENDIX 1 – HEALTH PROTECTION AGENCY GUIDELINES FOR INFECTION DISEASES

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	
Threadworms	None	Treatment is recommended for the student and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the student and close contacts if live lice are found, “Head Lice Letter” to be sent home
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis.
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in situations where shoes and sock are removed
Glandular fever	None	
Tonsillitis	None	

APPENDIX 2 – GUIDANCE TO STAFF ON PARTICULAR MEDICAL CONDITIONS

GUIDANCE TO STAFF ON PARTICULAR MEDICAL CONDITIONS

(i) Allergic reactions Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(ii) Anaphylaxis Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction, the onset is usually sudden, with the above signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil MUST be taken to hospital for further checks. Epi-pen treatment must only be undertaken by staff who have received specific training.

(iii) Asthma management

The school recognises that asthma is a serious but controllable condition, and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in every classroom and offices. The school has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

General considerations:

- Pupils with asthma need immediate access to their reliever inhaler.
- Younger pupils may require assistance to administer their inhaler.
- It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom (or with the pupil if appropriate), not locked away and always accessible to the pupil.
- Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause them to have an asthma attack.
- It is the parents' responsibility to provide a new inhaler when out of date.
- Pupils must be made aware of where their inhaler is kept, and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the pupil's inhaler is lost or forgotten.

Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil

3. Encourage the pupil to adopt a position which is best for them- usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed person or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

(iv) Diabetes management

Students with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any student with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The student should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken
1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them). Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:
1. Place pupil in the recovery position and seek the help of the appointed person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated.
It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken
1. Inform the appointed person or a first aider
2. Inform parents
3. Pupil to test blood
4. Call 999

(v) Epilepsy management

How to recognise a seizure
There are several types of epilepsy, but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.
- A pupil diagnosed with epilepsy will have an emergency care plan.

Action to be taken
1. Send for an ambulance: If this is a student's first seizure, if a student known to have epilepsy has a seizure lasting for more than five minutes or if an injury occurs.

If agreed in advance by parents and their GP.

1. Seek the help of the appointed person or a first aider.
2. Help the pupil to the floor.
3. Do not try to stop seizure.
4. Do not put anything into the mouth of the student.
5. Move any other pupils away and maintain pupil's dignity.
6. Protect the pupil from any danger.
7. As the seizure subsides, gently place them in the recovery position to maintain the airway.
8. Allow patient to rest, as necessary.
9. Inform parents.
10. Call 999 if you are concerned
11. Describe the event and its duration to the paramedic team on arrival.
12. Reassure other pupils and staff.
13. Accompany pupil to hospital and await the arrival of a parent.