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First Aid / Medication Policy and Procedures

This policy is reviewed annually by the Provision Committee.

To be read in conjunction with but not limited to:

Health and Safety Policy, Local Emergency Procedures, Local risk assessments, Biological Hazard Policy & Procedures, Lone Working, Whistleblowing, and other relevant policies and procedures

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Policy – First Aid and Medication

This policy should be read alongside the SENDAT Statement of Intent.

1 SENDAT Responsibilities

Heads of school and their staff, in accordance with SENDAT’s Health and Safety Policy and the relevant Health and Safety at Work Regulations, must take appropriate action when a student in their care becomes ill. In most cases appropriate action will be to secure either the attendance of a parent/carer or medical assistance, but in a few rare instances staff may need to take some limited direct action.

2 First Aid

First Aid is the immediate assistance or treatment given to someone injured or suddenly taken ill before the arrival, if necessary, of an ambulance, doctor or other appropriately qualified person.

First Aid is a skill based on knowledge, training and experience. The term ‘first aider’ is usually applied to someone who has completed a theoretical and practical instruction course and passed a professionally supervised examination.

Staff should seek guidance from a qualified first aider before administering first aid. An up to date list of qualified first aiders is displayed in the first aid room at each school/ provision.

SENDAT have staff trained in the use of an Automated External Defibrillator (AED) which is located in the main office (Priory School/ Stone Lodge) (**Ref: Appendix – AED A guide for schools**)

Each setting will have a First Aid Risk Benefit Assessment (**Appendix D**)

- 1. Risk Benefit Assessment – individual students (RBA): All diagnosed medical conditions and medication taken is recorded under the individual student’s RBA and all RBAs are monitored half termly to ensure as far as possible that the information is correct.**

2.1 Medication in schools

SENDAT follows the Royal Pharmaceutical Society’s “Handling of Medicines in Social Care 2007 Principles which states:



- 2.2 **People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.**
- 2.3 **Care staff know which medicines each person has and the social care service keeps a complete account of medicines.**
- 2.4 **Care staff who help people with their medicines are competent.**
- 2.5 **Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.**
- 2.6 **Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.**
- 2.7 **Medicines are stored safely.**
- 2.8 **The social care service has access to advice from a pharmacist.**
- 2.9 **Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish. Medication is prescribed by clinical practitioners where benefits have been identified.**

SENDAT also follow the guidelines set out in 'Supporting pupils at school with medical conditions' December 2015

2.10 Responsibility for administering medicines

- 2.11 It is the responsibility of parents/carers to administer medication to their children. There is no legal requirement for the Head of School or staff to administer medication or supervise a student taking it. However school staff are often asked to assist students who are taking medication and some staff may have the administration of medication written into their contract.

There are two main sets of circumstances in which requests could be made to school staff to deal with the administration of prescribed medicines to students at school

- 2.12 Cases of chronic or long-term conditions, such as asthma, diabetes, epilepsy.
- 2.13 Cases where students recovering from short-term illness are well enough to return to school but are receiving a course of prescribed medication, such as antibiotics, that require administration during the school day.

Following a period of illness a child's doctor is the person best able to advise whether they are fit to return to school. It is the responsibility of the parent/carer to obtain such advice as is necessary.

The fact that a student may need to take medication is not normally sufficient grounds for them to be deprived of any schooling.

2.14 Routine administration of medicines

Although staff have no obligation either to administer or to supervise students taking medication there is no reason why staff cannot help if they are willing to volunteer, have been given appropriate training, are acting with the written permission of parents/carers and are acting in accordance with the schools policy.



SENDAT staff who volunteer to act in this context should be assured that they are covered by the Trust's insurance arrangements against any claim for negligence or other liability. The insurers have confirmed that, provided staff act in accordance with the requirements of SENDAT's policy, reflecting any relevant guidance, they are fully indemnified under the terms of the Trust's Employer's Liability and Public Liability policies. Staff who are in any doubt about their position may wish to contact their professional association, which is well-placed to offer guidance and resolve queries.

- 2.15 Staff will be trained in the administration of medication and monitored until they feel competent and confident to administer medication without senior staff overseeing. The staff will retrain every 3 years. This is online training
- 2.16 Medication is to be given in a calm and controlled environment.
- 2.17 All medication must be checked and recorded by 2 members of staff, both staff witnessing the preparation and administration using the Medical Tracker system. Medication should not be masked or disguised (although in very exceptional circumstances this may be the written advice from the medical profession and/or parents/carers). Staff must regularly check students Health Care Plans and/or Emergency Medication Protocols to ensure medical records clearly state any change to medication/dosage.
- 2.18 Staff should follow the information included in the 'Request for School to Administer Medication' form (Appendix B) which is also uploaded to Medical Tracker. Hard copies remain with the medication.
- 2.19 Staff only give medicines that they are trained to give and must not undertake the following unless they have satisfactorily completed additional training:
- Rectal administration, e.g. suppositories, diazepam etc..
 - Injectable drugs e.g. Insulin, Hydrocortisone, growth hormone etc (**Ref: Appendix F – Safe use of Sharps**)
 - Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
 - Giving oxygen
 - Supporting use of catheters
- 2.20 **Medicines that have been prescribed and dispensed for one person, should not, under any circumstances, be given to another person or used for a purpose that is different from the one they were prescribed for.**
- 2.21 **If a student refuses their medication this must be clearly recorded. It may be worth waiting and offering the medication again later to see if they have changed their mind. In some cases, refusal may mean that the student returns home. NEVER force a student to take their medication and take advice from the GP or the NHS Helpline if you are concerned. Let a senior member of staff know immediately.**



2.22 It is always possible that human error may occur and staff must feel able to report any mistakes. The school will examine systems whenever human error occurs and take action to ensure these mistakes are minimized in future.

If a student is given too much medication in error, then the staff will take medical advice as to what action to take.

If a member of staff neglects to give medication at the prescribed time, then they will take medical/parental advice what to do about this.

If a student is self-medicating, then the staff must be alert to notice if they are taking too much or not enough.

Adverse Drug Reactions – If you give a new medication and the student become unwell, this may be caused by the medication. You must get medical help immediately and inform parent/carers.

3 Guidance for Parents/Carers (Ref. Appendix A)

Guidelines of the school's organization and arrangements for the administration of medication should be given to parents.

Where any doubt exists about whether or not to agree to the administration of a particular course of a medication in school, each Head of School may seek advice from the School Nursing Team, the Consultant Community Paediatrician or the child's GP.

4 The Parents/Carers Responsibility

It is preferable that parents/carers administer or supervise the self-administration of medicine to their children. This could be done by the child going home during the lunch break or by the parent visiting the school. However, this may not be practical if, particularly in rural areas, the child's home is a considerable distance from the school. In such cases parents may ask for medicine to be administered to the child in school.

Where such a request is made to the school by parents/carers, they must complete and sign a "Request for School to Administer Medication" form **Appendix B and/or Appendix C (Self-medication of reliever inhalers) form.**

All forms include a legal disclaimer.

5 Medications

All medication brought in to school must be in its original packaging, clearly identifying the student's name, the dosage and instructions for use, together with the completed and signed "Request for School to Administer Medication" form. Please do not obscure the name of the medication or the expiry date. All medication should be delivered to the school office staff, wherever possible by the parent/carer or other responsible adult, for example taxi driver.



Controlled drugs should never be brought in by the student.

- a. The adult receiving the medication will ensure the medication is logged on the on-line system (Medical Tracker) and securely stored.
- b. Under no circumstances must any form of medication be left unattended.
- c. All medication must be entered on to our medical system prior to administration.
- d. The medication should be kept safely until required e.g. in a locked cupboard/the lockable medical fridge/with the students adult support, unless permission has been given for it to be carried by the student e.g. an inhaler.
- e. All controlled drugs will be stored in a lockable container within the locked medical cupboard.
- f. Under no circumstances should medication be kept in first aid boxes.
- g. All storage areas must be clearly labelled.

Parents/carers should ensure, subject to age and physical and mental ability, that their child is familiar with the dosage and able to self-administer the medication under adult supervision, if this is appropriate.

In cases where students require medication over long periods of time, any change in the dosage or other arrangements must be made in writing by **completing** and signing a new "Request for School to Administer Medication" form (**Appendix B**).

6 Prescription medication normally administered at home

When parents/carers give permission for their children to attend school activities outside the normal school day, any medication that is required will be administered by staff providing parents/carers follow point 6 above.

7 General Guidelines

SENDAT supports all students in all aspects of school life, regardless of medical diagnosis, encouraging them to achieve their full potential.

7.1 Students with Asthma:

Medication:

When a student requires asthma treatment (e.g. inhalers) while at school, parents/carers must complete and sign **either** the "Request for School to Administer Medication" form (**Appendix B**) or the 'Self-medication of reliever inhalers' form (**Appendix C**).

It is the responsibility of parents/carers to ensure their child has the appropriate inhalers in school at all times, including when on school outings/trips.

All inhalers must be clearly marked with the child's name and be within the expiry date.

Preventative inhalers: are usually taken at regular intervals throughout the day e.g. morning and evening.

Reliever inhalers: e.g. for use during or after physical activity.



Students should keep their **reliever inhaler** with them at all times to self-administer as and when required, permission for them to do this must be given by their parent/carer (**Appendix C**).

However some students may not have the ability or understanding to self-administer and in these cases the inhaler should be kept in a secure, clearly labelled place in the classroom, medical room or residential department. Inhalers should be clearly named.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action to ensure its accessibility) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

Emergency reliever inhalers are kept on site (Ref: Guidance on the use of emergency Salbutamol inhalers in schools – **see appendix**

Poorly controlled asthma can interfere with a student's school performance. Parents/carers must inform the school if there are any changes in their child's asthma, especially if sleep is being disturbed.

7.2 Students with Epilepsy:

All relevant staff and supply staff will receive training.

First aid for the student's seizure type will be included on their individual Health Care Plan/RBAs and staff will receive basic training on administering first aid.

The following gives basic guidance:

- a. Stay calm and reassure.
- b. If convulsing try to put something soft under their head.
- c. Protect them from injury (move harmful objects/furniture from nearby if possible).
- d. NEVER try to put anything in their mouth or between their teeth.
- e. Time how long the seizure lasts. If it lasts longer than usual or continues for more than five minutes, follow the Emergency Medication Protocol.
- f. When the seizure is over, place in the recovery position, stay with them and continue to reassure them.
- g. Do not give them food or drink until they have fully recovered from the seizure.

Sometimes incontinence will occur during a seizure. If this happens, try to put a blanket around them when the seizure is finished to avoid potential embarrassment.

The above epilepsy information applies to on-site and off-site activities and any overnight trips. Any concerns held by the student, parent/carer or member of staff will be addressed prior to the activity or overnight trip.

When it is appropriate, epilepsy is covered in **PHSE or Citizenship** lessons. Students in the same class as someone with epilepsy will be introduced to epilepsy in a way that they will understand, using the Epilepsy Society posters displayed around school. This will ensure the student's classmates are not frightened if they have a seizure in class.

7.3 Emergency Medication procedures for various conditions:



Students with conditions requiring emergency medication, for example: Epilepsy, Addison's, Anaphylaxis etc will have a Health Care Plan drawn up by the appropriate Nursing Team in consultation with the parents/carers, the student where appropriate and the Head of School.

- a. Emergency medication is carried and passed on by adults and is always with the student.
- b. Emergency Medication Records: Emergency medication is recorded every time it is given and includes the name of the medicine used and a section about how to administer it.
- c. Storing additional emergency medication: Where necessary, emergency supplies of drugs can be stored in schools, e.g. Buccal Midazolam, to enable the provision to replenish medication carried with the student as and when necessary. These will be stored in a suitable place within school to enable emergency accessibility.

7.4 Long term/chronic medical/health conditions:

Information about long-term conditions should be recorded on the Education, Health and Care Plan (EHCP), for example allergies/anaphylaxis: asthma: ADHD: epilepsy etc. EHCPs are updated annually. These conditions will also be recorded on their RBAs.

8 Recording permission

All out of date paperwork must be archived to avoid confusion. The responsibility for keeping and updating records will be delegated to specific members of staff in each provision.

We do need to keep all scanned copies of permission forms for a period of time (we may be queried at a later date about the admin of meds/quantity etc) and suggest that when a signed form comes in it is scanned to medical tracker (as we do now) and a copy scanned to individual student folders on Teacher Admin. We can create an 'archived medical' folder for each student within their individual folders

Records of chronic medical conditions should be made available to all staff.

Medical Tracker automatically notifies the provision when medication is about to reach its expiry date although to date staff are responsible for physically checking the amount of medication held on site and ensuring new supplies are requested.

9 Supervision of self-administered medication

Wherever possible, arrangements should be made for the medicine to be self-administered, under the supervision of a named adult which is recorded on Medical Tracker (Ref. **Appendices B and C**)

10 Surplus medicines

Medication no longer required should not be allowed to accumulate at the school. They should be returned to the parent/carer in person for disposal or returned to the supplier so that they may be disposed of in accordance with current waste regulations. **Send everything back to parents to dispose of**

All medications should be returned to parents/carers at the end of each academic year, where possible passed adult to adult (staff to parent/carer/taxi driver)

11 Review and monitoring



The review and monitoring of individual Health Care Plans will be undertaken by the named person with advice from the appropriate medical/nursing practitioners. Individual emergency medication procedures are reviewed and monitored by the School Nursing team. **We don't think they do this any longer**

12 The position of the SENDAT staff

Some students require treatment which SENDAT staff may feel reluctant to provide, for example, the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheotomies or gastrostomies. The number of such cases will be very small and early identification and careful planning by the appropriate medical/nursing practitioners should result in detailed discussion with the receiving school and the formulation of a carefully designed individual programme to meet the needs and circumstances of each case.

Training in invasive procedures must be conducted by personnel with appropriate medical qualifications.

When students require first aid treatment to private parts of their body, staff should try to seek the assistance of an additional adult. (Ref. **Intimate and Personal Care Policy and individual RBAs**).

Disposable non-latex gloves should be worn whenever there is any risk of contamination from body fluids.

13 Injections

Injections may only be administered by a qualified nurse or doctor, or by a person who has been trained to undertake the task. Under no circumstances should an untrained person attempt an injection.

14 Anaphylaxis (Allergic reaction)

Anaphylaxis is the term used to describe a severe allergic reaction, which can be life-threatening.

- A mild reaction may result in a nettle rash or hives.
- A moderate reaction may result in swelling of the larynx leading to breathing difficulties.
- Either may progress to a severe reaction, or a severe reaction may occur without warning.
- Peanuts, nuts, cow's milk and eggs are the most common causes. Other causes may include shellfish, insect stings and strawberries.
- In general, symptoms start immediately after contact.

Features of an anaphylactic reaction may include:

- Nettle rash or hives
- Itching



- Sneezing
- Swollen lips or tongue
- Hoarse voice
- Feeling of lump in throat
- Wheezing or difficulty breathing or swallowing
- Feeling of dizziness
- Loss of consciousness
- Lack of breathing and absence of pulse

In its most severe form the condition can be life-threatening but can often be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

If staff have any cause to suspect anaphylaxis they must contact the office and request support from the Emergency Services in the normal way.

15 Complex conditions

In certain circumstances where students have complex and/or long term conditions, it may be helpful to draw up an individual Health Care Plan or add information to the individuals RBA. The purpose of this information will be two-fold:

- 15.1 To support the students regular attendance and optimum participation in normal school activities;
- 15.2 To help staff to ensure everyone's safety

16 Administration of analgesics and other over the counter medications

If students regularly require pain relief, for example for headaches or during their menstrual cycle the parent/carer should provide the appropriate medication and complete a "Request for School to Administer Medication" form (**Ref Appendix B**). These medications will be labelled, stored, administered and recorded in the same way as all other medication.

16.1 Aspirin

On no account should aspirin, or preparation containing aspirin, be given to children/young people unless it has been prescribed. **Adult first aid training says to give aspirin in the case of a heart attack. Is this the same for under 18s?**

16.2 Ibuprofen

Ibuprofen can only be given when a GP has authorised its use, unless it is an over the counter, age-specific preparation.

16.3 Other over the counter medications such as cough medicine, bonjela, throat



16.4 Lozenges etc provided by the parent carer can be given as long as the correct paperwork is in place.

17 Parental consent for treatment

Parental consent is required for any surgical medical or dental treatment.

18 Parental Wishes

SENDAT staff will not seek to override parental wishes around medical treatment. Should an emergency involving a student occur in the normal course of school life, the school should contact the emergency services in the usual way, informing them of the parent's wishes.

19 Rejecting Medical Treatment

A student may belong to a group which rejects aspects of medical treatment, for example on cultural or religious grounds.

Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem may be urgent or the parent uncontactable and an alternate course of action may be required.

Parents who reject medical treatment should make their views and wishes known to the school in writing so that the implications of their beliefs can be discussed and wherever possible, accommodated.

20 Off-site activities/school trips

If a student is being taken on a school trip where medical treatment may be needed, and the parent/carers is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school may decide that the student should not attend.

Appendices:

- A. Guidelines for Parents/Carers - Medical Conditions and Medication
- B. Request for School to Administer Medication
- C. Asthma – self-medication and using an inhaler
- D. First Aid RBA
- E. Controlled drugs
- F. Safe use of sharps policy
- G. AED guide for schools



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21 Appendix A Medical Conditions and Medication – Guidelines to Parents/Carers

Parents or carers must inform the school if their child has a medical condition or an allergy. SENDAT requires any forms relating to medical conditions and medication to be kept up to date. Even for medication that is used routinely at the same dose, a new form will be required at least annually.

If your child is in school when taking medication you continue to have responsibility for their wellbeing, but you can request that staff act on your behalf to administer prescribed or over the counter medicines.

Staff can only administer medication when details of the dosage and timings have been provided accurately and according to the instructions on the packaging.

In order to avoid the risk of improper use, parents/carers or other appropriate adults should bring medication into school. If this is not possible, then the medication should be given to the taxi driver to hand over to the main office. It should not be given to the child.

Medicines brought to school must be in their original packaging, clearly labelled with name, dosage and times to administer. Medication is stored securely when not in use.

You are asked to make sure that the office staff, class teacher, care staff (if your child boards) and the member of staff responsible for medication know that your child is bringing medication into school.

No child should be sent into school if genuinely unwell. If you know that your child is infectious, please keep them at home until the infectious phase is over.

For **every day** your child is ill, contact the school office staff to tell them why your child is absent.

If a child becomes ill during the day the following steps will be taken:

- You will be informed by telephone, using emergency numbers if necessary, and asked to make arrangements for your child to be collected. If this is not possible, Hampden House may arrange for a taxi to transport your child.
- If possible, your child will be accommodated in a classroom until they can be collected. If they cannot be accommodated in a classroom they will be supervised in an appropriate area until collected.
- If your child needs to be excused from P.E. please send in a note giving the reasons.

If your child is treated in school for minor bumps and scrapes you will be informed at the end of the day by note or telephone. Should it be necessary to take your child to hospital, you will be informed as soon as possible and asked to meet school staff at the hospital.

Our aim is to work in partnership with you to support your child's regular attendance and optimum participation in school activities and to provide a safe environment for everyone in the school.

Should your child refuse to take his prescribed medication, then you will be informed immediately.



22 Appendix B: Request for School to Administer Medication

This policy should be read alongside the Trust Statement of Intent.

Staff at SENDAT will be able to administer your child's medication when you have checked/completed and signed this form.

DETAILS OF PUPIL

Surname: M/F:

Forename(s): Date of Birth:

Address: Class/Form:

.....
.....

MEDICATION

Name/Type of Medication
(As described on the container):

Date dispensed:

Expiry Date:

Reason this medication is being given:
(E.g. Hay fever, epilepsy, ADHD, bowel condition etc.)

Full Directions for use:

- Dosage and method:
- Timing:
- Special precautions:

Side Effects:

Self-Administration:

Procedures to take in an Emergency:



Note: Medicines must be in the original container as dispensed by the pharmacy

CONTACT DETAILS

Name of Parent/Carer: _____

Daytime Phone No: _____ Relationship to pupil: _____

Address: _____

Name and phone no. of GP: _____

My child's doctor has prescribed the medication described on this form. I understand that the medication must be given to a member of staff. I accept that this is a service which the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature: _____ Date: _____ Relationship to pupil: _____

LEGAL DISCLAIMER

I understand that neither the Head teacher nor anyone acting on his authority, nor the Board of Directors will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Head teacher, the person acting on his authority or the Directors as the case may be.

Signature: _____ Date: _____ Relationship to pupil: _____

Please return this form to school within 10 days of receipt.

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23 Appendix C – Asthma

Asthma: Using an Inhaler

This policy should be read alongside the school Statement of Intent.

The school has a policy for the administration of medicines based on the recommendations of the Department for Education.

If your child requires treatment for their asthma at school, using an inhaler, please read this advice and complete the form attached.

It is the responsibility of Parents/carers to ensure their child has the appropriate inhalers in school at all times, especially when on school trips or camps.

All inhalers must be marked clearly with your child's name and be within the expiry date.

Preventative Inhalers

These are usually taken at regular intervals throughout the day, e.g. morning and evening.

Reliever Inhalers

As your child may have to keep their reliever inhaler with them at all times to self-administer, we need your signed permission for them to do this. Please fill in and sign the 'Self Medication of Reliever Inhalers' form and return it to school as soon as possible. This form will be kept in school as a record of your child's asthma treatment.

Important

Poorly controlled asthma can interfere with a learner's school performance. Parents/carers must inform the school if there are any changes in their child's asthma, especially if sleep is being disturbed.



Self-medication of reliever inhalers

Name of child..... Date of Birth.....

Please state which reliever inhaler/s are required in school and the things that may trigger an attack. (e.g. before or during games/viral infections/hay fever/allergies)

Name of **Reliever Inhaler**.....

Likely reasons for use.....

.....

Please complete the relevant statement below.

I/we give permission for to carry a reliever inhaler and self-medicate as required.

OR

I/we do not give permission for to carry a reliever inhaler.

Signed..... (Parents/Carers)

Date.....

*Please let us know if your child's regular treatment is changed at any time.
It is important that you tell us so that we can update our records.*

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24 Appendix D: First Aid RBA

25 First Aid Risk-Benefit Assessment Record

			Destination/activity: General Staff Responsible: All staff	Last updated : EHCP <i>Red – Medical</i> <i>Black – Day School</i> <i>Blue - Residential</i> <i>Re-date every time you edit/check</i> <i>There should only be one date and initial per colour</i>
Assessment compiled by: Red – Medical Black – Day School Blue – Residential EHCP			Purpose of assessment: To keep themselves and others safe – <i>for every student</i>	
<u>Please state the intended benefits and the context of this assessment</u> To ensure awareness of all needs and enable participation in school life as much as possible				
<u>SAFEGUARDING:</u> Prevention, Protection and Support. All SENDAT staff are part of our early help team, identifying and supporting students and their families. <i>Example: Child Protection Plan in place/Is a CIN/is a CIC/ open CAF etc – no detail just the statement</i>				
None of the risk sections to be deleted – all need a comment or ‘no identified risk at present’. This demonstrates that each section has been considered n/a in the “medical” sections if appropriate and n/a in the “residential” section if they do not access the residential department				



<u>Risk</u>		<u>Precautions</u>	Remaining issues	Responsibility /Notes	New/changed risk identified: Date and initial in this column
<p>List here the significant risks you have identified. Consider the venue (and transport to and from if appropriate). Medical and behavioural should also be included.</p>		<p>State here the precautions that reduce the risk to an acceptable level. Include precautions already in place, and those that need to be put in place.</p>	<p>Despite all the precautions are there issues that remain?</p>	<p>State who is responsible for checking that the precautions are in place.</p>	
<p>Inadequate provision of first aid</p>	<p>Employees, Pupils, Agency or Casual Staff Visitors, Contractors</p>	<p>The numbers of first aiders within the school establishment are monitored to ensure adequate provision is retained during the normal working hours of 0730-1800 hours. This includes Breakfast and After School Clubs.</p> <p>Managers are responsible for ensuring staff working outside these hours have adequate provision.</p> <p>Managers are responsible for assessing whether the current arrangements within the school are adequate for their staff and the areas of work for which they are responsible and, if not, take action to fulfil any gaps in local arrangements e.g. arrange specialist first aider training. New ‘Schools First Aid’ has been attended by First Aiders’.</p> <p>A number of staff have First Aid training. First Aid lists displayed in office, staff room and medical room.</p> <p>Regular specialist training for administration of Auto-Adrenaline Injector for Anaphylaxis. Up to date lists displayed in office, staff room and medical room.</p>			
<p>Unaware of how to summon first aid</p>	<p>Employees, Agency or Casual</p>	<p>Managers are responsible for ensuring any new staff are made aware of first aid arrangements by performing an</p>			



<u>Risk</u>		<u>Precautions</u>	Remaining issues	<u>Responsibility</u> <u>/Notes</u>	New/changed risk identified:
provision or an ambulance	Staff Visitors, Contractors	<p>induction which includes this. Adequate information must also be provided to contractors and visitors for whom managers are responsible.</p> <p>Managers are responsible for a list of first aiders to be prominently displayed in each work area. Office, staff room and medical room. Employees' Responsibilities:</p> <ul style="list-style-type: none"> o In the event of someone being injured, if it is considered serious and that an ambulance is required, you must ring for an ambulance using the procedure laid out below. o Locate the nearest qualified first aider (from hard copy lists on notice boards). If they are unavailable, select the next nearest first aider accordingly. o Give the location and symptoms if known to the first aider. o Keep the casualty warm, comfortable and above all as still as possible. o On arrival, the first aider will take control and issue instructions accordingly. <p>Ambulance Procedure:</p> <ul style="list-style-type: none"> o Dial 9(999) ask for ambulance service, give brief details of type of casualty and ask for the ambulance to attend main entrance. o Ensure reception/office staff are aware advising them that an ambulance has been called to an incident in the school. Arrange for someone to meet the ambulance at the main reception and escort the ambulance crew to the location of the incident. 			



<u>Risk</u>		<u>Precautions</u>	Remaining issues	<u>Responsibility</u> <u>/Notes</u>	New/changed risk identified:
		<ul style="list-style-type: none"> o Child specific protocols are in place for Anaphylaxis. Copies of this protocol are kept with child's medication in medical room, class room and there is a red folder in office. Should an ambulance need to be called for one of these children with a protocol, very specific information on the protocol is to hand. 			
Insufficient first aid supplies	Employees, Agency or Casual Staff Visitors, Contractors	<p>Managers are responsible for providing first aiders with an appropriately stocked kit to enable them to undertake their role.</p> <p>The supplies must be suitable to deal with the type of injuries likely to be received within that area. The H&S web site provides advice and guidance on this subject.</p> <p>First Aiders are responsible for keeping check on the stock levels and expiry dates on supplies within their own kits and for requesting any replenishment via their line manager or local ordering procedure. The</p> <p>First aid kits are to be stocked with the contents of a protection kit as standard e.g. gloves & resuscitate, to reduce the risk of transfer of contaminated bodily fluids.</p> <p>In addition, first aid supplies are available at controlled points within the school establishment e.g. o Office o Morris Building o Medical Room</p>			
Trips, falls & Bumps to the head	Pupils, Staff, volunteers, contractors	<p>All injured children to see a First Aider.</p> <p>Children to receive First Aid treatment & Cold Compress as required.</p> <p>ALL children to receive a 'Bump to the Head' letter, text or phone call from the school office for injuries involving</p>			



<u>Risk</u>		<u>Precautions</u>	Remaining issues	<u>Responsibility /Notes</u>	New/changed risk identified:
		<p>the head & face. Any bumps to heads are recorded in Major First Aid book.</p> <p>Letters, texts or phone calls are currently used if child has nose bleed or takes their inhaler at school.</p> <p>Minor accidents to be recorded in the Minor First Aid book.</p> <p>Serious accidents e.g. broken bones, stitches to be recorded on medicaltracker, Headteacher MUST be informed.</p> <p>Phone calls to parents/carers as required.</p> <p>If in doubt, check injuries with Head Teacher / Head of school or other management I their absence absence.</p> <p>Parents/Carers to inform school of any medical conditions.</p> <p>Parents/Carers to inform school of up-to-date emergency contact details.</p> <p>Injured children are not to be left unsupervised.</p>			
	<p>Review: Record here any additional safety issues that arise during the activity and any safety concerns raised by staff or participants.</p>				

Modified by LC, based on Suffolk County Council Educational Visits 24-4-08 – Template last revised Sept 2019 GL/SHu



26 Appendix E Controlled drugs

Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence and they have additional safety precautions and requirements. Some are also used in other situations, for example, methylphenidate (Ritalin™) is used in the treatment of attention deficit hyperactivity disorder (ADHD).

Some people abuse CDs by taking them when there is no clinical reason to do so.

There are legal requirements for the storage, administration, records and disposal of CDs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended).

Since there has been a high profile given to managing CDs since the Shipman Inquiry published the fourth report in 2004.

All social care services are recommended to have special arrangements for CDs even though the law does not currently require it.

- Examples of CDs are morphine, fentanyl and methylphenidate
- Secure storage is required when a care home looks after CDs and keeps them centrally.
- CD's should be held separately from other medication, in a locked cabinet within a locked medications cabinet.
- Key security is an important part of medicines security therefore only authorised members of staff should have access to them.
- The keys for the medicine area or cupboard should not be part of the master Key system. SENDAT schools keeps it's keys to the medical cabinet in the key safe in the medical room.
- CD records must be recorded in a Hard bound registers.
-

Administration of controlled drugs

Controlled drugs are administered in the same way that other medicine is given except that the drugs are kept separately from other medication and that the administration of the medication is witnessed by another appropriately trained member of staff.

Records for controlled drugs

A separate record is kept of the receipt, administration and disposal of CDs.

- Administration should be recorded in the CD record book.
- These records must be kept in a bound book with numbered pages
- There should be a separate page for each CD for each person
- Include the balance remaining for each product. This should be checked against the amount in the pack or bottle at each administration and also on a regular basis, e.g. monthly.

Disposal of controlled drugs

Special arrangements apply to the disposal of CDs in care homes registered to provide nursing care in England & Wales:

- - CDs should be returned to the pharmacist or dispensing doctor who supplied them at the earliest opportunity for safe denaturing and disposal. When CDs are returned for disposal, a record of the return should be made in the CD record book.



- SENDAT will obtain a signature for receipt from the pharmacist or dispensing doctor.

Handling non-prescribed controlled drugs and their disposal

Sometimes students bring illicit substances into Schools. Hampden Hosue will take advice from locall police and if necessary the Serious and Organised Crime Agency concerning appropriate procedures for dealing with this.

Further information about controlled drugs

Further information about CDs can be found in:

- Guidance produced by the CSCI: Safe management of CDs in care homes
www.csci.org.uk/professional
- A guide to good practice in the management of controlled drugs in primary care (England).
Second edition Feb 2007 from the National Prescribing Centre (NPC)
www.npc.co.uk/controlled_drugs/CDGuide_2ndedition_February_2007.pdf
- Guidance produced by RPSGB: Changes in the management of controlled drugs affecting pharmacists
www.rpsgb.org/pdfs/cdmanagechguid.pdf



27 Appendix F Safe use of sharps policy

[This policy should be read alongside the Statement of Intent](#)

1. Purpose and scope of policy

This policy aims to ensure that Priory Academy meets its legal obligations under the relevant health and safety legislation, including the Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations (COSHH) 2002.

2. Legislative framework

Under health and safety legislation employers have a duty to ensure that tasks and activities that involve potential exposure to blood-borne viruses in the workplace are properly risk assessed and to take action to minimise the risk to staff, children and young people, and others using the premises. Whilst the ultimate responsibility for health and safety rests with the Governors, all managers have a responsibility to ensure a safe working environment.

It is every manager's responsibility to ensure that all staff who may be exposed to blood or body fluids have the appropriate training in the safe use and disposal of 'sharps' and are aware of any safety devices which are available for their use.

Staff are reminded of their individual obligations under health and safety legislation to safeguard the health and safety of themselves, as well as others, while at work. This means attending relevant training, using recommended procedures identified by risk assessment, making proper use of equipment provided for their safety and reporting any concerns about safety to their manager.

3. Role of relevant parties

SENDAT governance is responsible for ensuring that risk assessments for blood and body fluid have been carried out and appropriate control measures are in place. They should be aware of the procedure to follow after an occupational exposure incident, and should ensure that each incident is properly reported and followed up, in order to prevent further incidents.

Employees should ensure that they safeguard the health and safety of themselves and others.

4. Risks

The highest risk of transmission of blood-borne viruses from one person to another is via percutaneous exposure, i.e. skin puncture by a needle, blade, sharp or body fluid. There is also a risk of transmission of blood-borne viruses from mucocutaneous exposure i.e. slash to the eyes or mouth or over broken skin with blood or body fluid.



5. Protecting against blood-borne viruses

- Hepatitis B immunisation
Hepatitis B immunisation is recommended for all staff who have potential contact with blood and body fluid through their work.
- Standard infection control precautions
Standard infection control precautions should be followed at all times. All staff should follow standard precautions. Standard infection control precautions include:
 - hand hygiene
 - use of personal protective clothing
 - the correct use and disposal of sharps

6. Mandatory training

Managers should ensure that all staff are trained in standard infection control precautions when joining as new employees or when undertaking new roles, and through regular updating. This training is provided through the appropriate induction programme and annual refresher training.

7. Monitoring

Incidents of accidental inoculation are recorded and reported.

8. Supplies

The following equipment must be available wherever there is a risk from sharps:

- Adequate supplies for effective hand decontamination, i.e. Alcohol hand gel, liquid soap and paper towels.
- Protective clothing as required i.e. gloves, aprons, eye protection
- Suitable sharps bins. This should be stored in a clean dry area to prevent potential soiling or contamination before use.

Safe practice when handling blood and body fluids



9. Use of gloves

Suitable gloves must always be worn when handling blood and body fluid. Gloves cannot prevent percutaneous injury but they may reduce the risk of acquiring a blood-borne virus infection. Although punctured gloves allow blood to contaminate the hand, the wiping effect of the glove can reduce the volume of the blood to which someone's hand is exposed and also the volume inoculated in the event of a sharps injury. Single use neoprene gloves should conform to the requirements of the European Standards 455.

10. Safe use of sharps

The use of sharps should be avoided where possible. Where sharps usage is essential, particular care should be exercised in handling and disposal. It is the responsibility of staff supervising the use of any device to dispose of any sharps safely. Sharps should never be left lying around.

The following principles should be adhered to:

- Open footwear should not be worn
- Devices with sharps should only be used after staff have completed any relevant training.
- Sharps should be disposed of immediately after use, at the point of use, by the person who used it or supervised its use.
- Where there are two people working together, sharps must not be passed from one person to the other. Responsibilities must be clearly defined.
- Needles should not be bent or broken before use or disposal.
- Needles should not be re-capped or re-sheathed by hand prior to disposal

11. Safe disposal of sharps

- A sharps container (conforming to UN 3291 and BS 7320 standards) should be available wherever sharps are being used.
- Sharps containers should be placed at bench-top height or held in a wall bracket. They should not be placed on the floor. They must not be placed too high as staff must be able to see that the aperture is open when discarding sharps. Sharps containers must never be used for any other purpose e.g. storage.
- Used sharps must never be decanted from one container into another. If a sharps container is found to be incorrectly assembled or overfilled, the whole container should be placed inside a larger sharps container and the lid of the larger container assembled and locked.
- Sharps containers must not be filled above the 2/3 full marker line.



- When 2/3 full the container aperture must be closed and locked, and the container stored in a secure locked storage area awaiting removal by the contractor.
- Full sharps containers should be signed and dated and labelled with the site from which they originate.
- Sharps containers should be carried by the attached handle and held away from the body.
- Full sharps containers must not be placed inside yellow clinical waste bags for disposal.
- Sharps containers must be collected by a registered waste contractor and taken for incineration.

Prevention of mucocutaneous exposure

For procedures that carry a risk of splashing to the eyes, protective eyewear should be worn. Eyewear should prevent splashing (including lateral splashes) without discomfort or loss of visual acuity.

Learner and carer information

An information leaflet is on the NICE website: www.nice.org.uk

This includes information about:

- infection control
- hand hygiene
- protective clothing
- sharps
- prevention of infection for people who need a urinary catheter or a gastronomy tube for external feeding.

Ref:	S-008-2018
Author:	Georgina Lewis, Val Fletcher
Issued:	2006
Reviewed by:	Lawrence Chapman March 2020
Next review:	March 2022
Governors:	This document was accepted at Trustee meeting – March 2020 This document needs to be referred to the governing body following major changes.



Policy - Epilepsy

This policy should be read alongside the school Statement of Intent.

This policy has been written in line with information provided by Epilepsy Action, Central and Local government, the School Nursing Team, Governing Body, learners and parents.

Priory School recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school.

Priory school supports learners with epilepsy in all aspects of school life and encourages them to achieve their full potential. All relevant staff and supply staff will receive training.

28 What to do when a child with epilepsy joins Priory school

When a child with epilepsy joins Priory School, or a current learner is diagnosed with the condition, a Health Care Plan is produced by the school and an Emergency Medication Protocol, if required, is produced by the School Nursing Team.

When it is appropriate, epilepsy is covered in PHSE or Citizenship lessons. Learners in the same class as someone with epilepsy will be introduced to epilepsy in a way that they will understand. This will ensure the learner's classmates are not frightened if they have a seizure in class.

29 Medicines

- Health Care Plans

Health Care Plans should be drawn up in consultation with the parents, the learner where appropriate and the appropriate medical/nursing practitioners.

- Emergency Medication Protocols

Emergency Medication Protocols are produced by the School Nursing Team. Emergency medicine will be stored at a suitable location within the school and all trained staff will be made aware of this.

- Emergency Medication Record

This is used in conjunction with the Emergency Medication Protocol to record every time the emergency medication is given. The Emergency Medication Record sheet includes the name of the medicine used and a section about how to administer it.

30 First aid

First aid for the learner's seizure type will be included on their individual Health Care Plan and staff will receive basic training on administering first aid. The following procedure gives basic first aid:



1. Stay calm and reassure.
2. If convulsing try to put something soft under their head.
3. Protect them from injury (move harmful objects/furniture from nearby if possible).
4. NEVER try to put anything in their mouth or between their teeth.
5. Try to time how long the seizure lasts. If it lasts longer than usual or continues for more than five minutes, follow the Emergency Medication Protocol.
6. When the seizure is over, place in the recovery position, stay with them and continue to reassure them.
7. Do not give them food or drink until they have fully recovered from the seizure.

Sometimes incontinence will occur during a seizure. If this happens, try to put a blanket around them when the seizure is finished to avoid potential embarrassment.

31 The above epilepsy policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

Ref: Epilepsy Action – Epilepsy policy for schools

Ref:	S-006-2018
Author:	Val Fletcher
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Governors:	This document was accepted at a whole Trustee meeting



32 AED guide for schools

DFE guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843393/AED_guide_for_schools_Sept2019_v2_accessible.pdf

Where Schools in SENDAT have an AED it is stored in the main school office.
It is checked monthly as part of the first aid checks for battery warning

Training

AEDs, as work equipment, are covered by the *Provision and Use of Work Equipment Regulations 1998 (PUWER)*, and as such this places duties on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. It should therefore be sufficient for schools to circulate the manufacturer's instructions to all staff and to provide a short general awareness briefing session in order to meet their statutory obligations. Schools may want to use this opportunity to raise awareness of the AED in school and to promote its use should the need arise. Training will also be included in First Aid Training Sessions. The awareness briefing may also be incorporated into any wider training on CPR and the chain of survival.



33 Anaphylaxis (Allergic reaction)

This policy should be read alongside the school Statement of Intent.

Anaphylaxis is the term used to describe a severe allergy reaction, which is life-threatening.

A mild reaction may result in a nettle rash or hives.

A moderate reaction may result in swelling of the larynx leading to breathing difficulties.

Either may progress to a severe reaction or a severe reaction may occur without warning.

Peanuts, nuts, cow's milk and eggs are the most common causes. Other causes may include shellfish, insect stings and strawberries.

In general, symptoms start immediately after contact.

Features of an anaphylactic reaction include:

- Nettle rash or hives
- Itching
- Sneezing
- Swollen lips or tongue
- Hoarse voice
- Feeling of lump in throat
- Wheeze or difficulty breathing or swallowing
- Feeling of dizziness
- Loss of consciousness
- Lack of breathing and absence of pulse

In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

If staff have any cause to suspect anaphylaxis they must contact the office and request support from the Emergency Services in the normal way.

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