

Wakefield Grammar School Foundation, including EYFS

First Aid Policy

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SECTION 1 General Policy Statement

The Governors and Head teachers of WGSF accept their responsibility under the Health and Safety (First Aid) Regulations 1981. They acknowledge the need to provide adequate and appropriate equipment, facilities and personnel to enable timely and competent first aid to be given to employees, pupils and visitors if they are injured or become ill on site. The Governors are committed to the Regulations procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

This policy is developed based on an assessment of local need considering the likely risks to staff, pupils and visitors. This policy does not stand alone, but should be read in conjunction with the Health and Safety, and Child Protection policies. The policy is approved, implemented and reviewed by the Governing Body.

All employees are informed, via this policy, of the first-aid arrangements which form part of the School Health Service. The provision of first aid in school will be in accordance with guidance documents First Aid in Schools: 2014 and Supporting pupils in school with medical conditions: 2014

The aims of first aid being to:

- Preserve life
- Prevent the situation worsening
- Promote recovery

The WGSF arrangements for carrying out the policy include eight key principles.

1. Places a duty on the Governing Body to approve, implement and review the policy.
2. Provide information for employees on the arrangements for first aid.
3. Place individual duties on all employees.
4. Make arrangements to provide training to employees, maintain a record of that training and review annually.
5. Establish a procedure for managing accidents in school which require first aid treatment.
6. To record, report and where appropriate, investigate all accidents and near misses.
7. Provide equipment and materials to carry out first aid treatment.

8. Record all occasions when first aid is administered to employees, pupils and visitors.

SECTION 2: Arrangements for First Aid

2.1 Personnel

QEGS	WGHS
Matron: Ext: 313 Mobile: 07702 838395	Matron: Ext: 282 Mobile: 07825 806910
School Medical Officer, Dr D R Fyfe, sessions: Tuesday 0900 – 1030 Friday 1330 – 1500	

The Matron at each site takes responsibility for provision of first aid during school hours and her assistance should be sought as required. Matron is based in the first aid room on the ground floor of the Main Block at QEGS and on the ground floor in Cliff Building at WGHS. During her absence alternative provision is organised and staff notified. In QEGS Centenary House, and in WGHS St Johns House and Mulberry House appropriately trained staff will act under the overall supervision of the QEGS/WGHS Matrons.

Anyone requiring first aid should be referred to Matron in the first aid room or to an employee who has emergency first aid certification. Pupils should be escorted by another responsible person (this could be pupil or adult), if deemed necessary. If assistance is required at the scene, Matron can be contacted to attend on the above numbers. If this fails, the school office should be called.

Parents will be informed of any first aid performed either in the pupil's diary, on a form or by phone depending on the nature of the injury.

2.2 Appointment of First Aiders

WGSF Matrons are contracted to provide First Aid cover during school hours. They are Registered General Nurses and must maintain first aid certification. The Governing Body acknowledge that unless first aid cover is part of an employee's contract, those who agree to become emergency first aiders do so on a voluntary basis. Employees are encouraged to volunteer to undertake paediatric or emergency first aid training in order to optimise health and wellbeing. A list of staff, with current paediatric or emergency first aid certification, is displayed on the staff room notice boards and in the 'Medical information' folder kept in staff rooms.

For information: Anyone who is interested in undertaking training should contact Matron, who is responsible for organising courses.

2.3 Equipment

2.3.1 First Aid boxes are positioned strategically around school and on school minibuses (see appendix 1). These should not be removed. The contents are checked each term by Matron, who keeps a record of these checks. If first aid supplies are seen to be running low or expiry dates reached, please inform Matron so she can replenish them. First aid bags and pouches are also available for school trips; these can be signed out from Matron as required.

Contents of First Aid Box	(10 person)	travelling pouch	Minibus
Leaflet	1	1	1
Plasters	20	6	24
Triangular bandage	4	2	2
Safety pins	4	2	12
Small Eye dressing	2	-	2
Medium dressing	6	-	-
Large dressing	2	1	3
Wipes	6	4	10
gloves	2	1	1
bandage			1
scissors			1
No medication should be kept in first aid kits			

2.3.2 **Automated external defibrillators** (AEDs) are strategically placed around the school sites:

QEGS	WGHS
Centenary House office	Outside Head's PA's office
Senior school sports hall corridor	Forrest building outside EN1
Senior school main building, in corridor by office	Hartley Pavilion in the main entrance
Senior school games pavilion, outside first aid room.	Girls Pavilion near the social area and the PE office

An AED is to be used in the case of sudden cardiac arrest, following instruction from first aider present and/or Yorkshire Ambulance Service (YAS) during 999 call. An AED can be used safely and effectively without previous training; its use should not be restricted to trained rescuers. Training should however be encouraged to help improve the time to shock delivery and correct pad placement. See appendix 5 with regards detailed information and guidance. Staff training will be offered alongside basic emergency life support training. Matrons will be responsible for maintaining equipment and accessories, coordinating staff training, keeping staff training records, liaising with YAS

2.4 Facilities within school

In compliance with The Education (School Premises) Regulations 1996 the Governing Body ensures that first aid rooms are made available for medical treatment. Keys are kept with the school office, if access is required out of school hours.

This facility should contain the following:

- sink with running hot and cold water and soap and paper towels
- soap;
- toilet
- drinking water and disposable cups;
- paper towels;
- smooth-topped working surfaces;
- a range of First Aid equipment and appropriate storage;
- lockable storage for medications
- fridge
- chairs;
- a couch or bed (with waterproof cover), pillow and blankets;
- clean protective garments for First Aiders;
- suitable refuse container (foot operated) lined with appropriate disposable yellow plastic bags for clinical waste;
- record-keeping facilities;
- Desk, computer and a means of communication, e.g. telephone.

2.5 Calling for an ambulance/ Transporting to and from hospital

- Where an injury or illness is an emergency, an ambulance must be called. The decision to call for an ambulance is the responsibility of the first aider attending to the casualty. The call may be delegated by them to another member of staff assisting. In an emergency situation time is of the essence and emergency services must be summoned without delay. Time must not be wasted seeking the authority of Matron, the Head, or other members of the senior team, though they should be informed as soon as is feasibly possible. The person making the call must give details of the casualty, the injury and situation in school. Members of staff should be directed to strategic points in order to direct the ambulance to the right place. Staff should endeavour to protect the privacy and dignity of the casualty by redirecting pupils away from the scene. Parents, in the case of pupils, and next of kin in the case of employees/visitors, must then be informed, as soon as feasible.
- Where hospital treatment is required, but it is not an emergency, Matron, the Head teacher or member of senior team, will delegate contact to parents for them to take over the responsibility of the child. If the parents cannot be contacted, Matron or the Head teacher may decide to transport the pupil to hospital.
- Where Matron or the Head teacher makes arrangements for transporting a child, then the following points will be observed:
 - i) Only staff cars insured to cover such transportation will be used;
 - ii) Determine whether 2 members of staff should accompany pupil in a vehicle;

2.6 Infection Control Procedure for Body Fluid Spillages

- Gloves must be worn when contact with blood or body fluid is likely. Protective gloves are stored in first aid boxes. Latex gloves must not be used for risk of allergy.
- Disposable yellow plastic bags must be used for clinical waste. These bags must be disposed in the special bins
- Sponges and water buckets must never be used for first aid to avoid the risk of HIV contamination.
- Body fluid disposal kits are kept by porters to clear all body fluid spillage's (Vomit, diarrhoea and blood). This must be cleaned immediately. Porters must therefore be called to do this. This is vital if spread of infection is to be minimised.

- Cleaners must be aware of risks and procedure when cleaning first aid rooms and disposing of yellow bags.

2.7 Provision of first aid away from the School

A member of staff with paediatric or emergency first aid certification should accompany groups on school trips; this will be determined by risk assessment. First aid bags and pouches are available for school trips and can be collected from Matron. First aid kits are also allocated on school minibuses, but must not be removed from the minibus. Matron can be contacted on the above numbers, during school hours, if advice is required for appropriate action. All EYFS trips must have a paediatric trained first aider with them.

SECTION 3 Provision of medical care

3.1 Provision of medical care

The school health service offers health advice to pupils and parents, coordinating first aid provision, triaging those that are ill/injured, supporting pupils with medical conditions, undertaking health checks and running a confidential drop-in. A full vaccination programme is offered at school by Mid Yorkshire Hospitals NHS Trust, School Nurses.

Parents have prime responsibility for their child's health. They are encouraged to provide full information about their child's needs, including any medication taken. It is intended that this service should in no way replace the General Practitioner who would, normally, retain sole control over any prescribing for pupils; although some referrals to other health professionals can be made via this service.

If a pupil is taken ill at school, they should be directed to Matron, or a nominated first aider, who will decide on appropriate care and treatment and whether they should go home; in which case parents will be informed to arrange collection. Pupils must not make their own arrangements with parents to be collected without first being assessed by Matron. Where infection control is an issue, parents will be advised, in accordance with Public Health England guidance for schools, on recommended periods to be kept away. Employees will also be informed of instances of communicable diseases where their own health may be at risk.

3.2: Support for pupils with medical needs

- Health care plans for individual pupils, with specific medical conditions, are developed by Matron, parents and the pupil (e.g. diabetes, anaphylaxis, epilepsy). It is the responsibility of parents to keep school up to date with changes, just as it is the responsibility of Matron, as part of the pastoral team, to share any concerns with parents.
- Pupil's care plans, and other relevant health information will be made available to staff as deemed appropriate* by Matron/parents, in order to optimise their wellbeing. This information can be found in SIMS database. Staff are reminded that any information provided is confidential under the Data Protection Act 1998. *Be aware that Matrons' professional code of conduct with regards confidentiality, means that they may be privy to some information regarding health that they cannot share.
- Prescribed medication such as epipens and inhalers should be carried by the pupils, depending on competence, at all times. In the case of those pupils deemed too young to carry their own medication, clear guidance must be provided to all staff regarding its location. Parents should ensure these medications are in date.
- Should staff have concerns regarding a pupil's health and wellbeing, Matron should be approached for advice.
- Matron will coordinate provision of information for staff on specific medical conditions and updates as required, keeping records of such provision. Staff should highlight their need for further training.

3.3 Administration of medication

- Any pupils requiring long term prescribed medication and not a short course of treatment such as Calpol or antibiotics, will be referred to Matron to discuss how this will be administered. Any long term treatment should be supported by a care plan.
- Matron will not give non-prescription medication to pupils under 16 without parental consent, such as: paracetamol, ibuprofen, antihistamine, antacid remedies and throat lozenges to senior and junior school pupils. Consent forms are sent to all parents annually. Any medicine administered to younger pupils [YR-Y2] must be provided by the parent, following the same procedure as for prescribed medicines. In the absence of

Matron or on a school trip, other members of staff would only give non-prescription medication after discussion with a parent/guardian.

- All medications should be stored either with Matron for both senior schools and QEGS Junior School, or in the first aid rooms at Centenary House, St Johns House, and Mulberry house in a locked cupboard or fridge, and should not be carried by pupils unless it is an epipen or inhaler.
- Emergency Ventolin inhalers are available for students with diagnosed asthma as per WGSF Emergency Inhaler Policy 2014, following guidance document: Emergency asthma inhalers for use in schools: 2014
- Matron or a qualified paediatric first aider will give short term prescribed medication e.g. antibiotics, ear/eye drops etc. if a covering letter is provided by parents, the medication is in its original container, which is clearly marked with name, dosage and frequency. Any prescribed, controlled medication (eg Ritalin, diazepam) must be stored in a locked cupboard in Matrons room if it has to be administered at school. Pupils must take any medication under adult supervision.
- Parents are encouraged to inform school of a pupil's long term medication regime regardless of whether that medicine is administered at school or not.
- Any medication given to pupils will be recorded in their school diary or on a note in order to keep parents informed of medication given, reason for administration and time given.

SECTION 4: Record keeping

Matron or staff in the Centenary House office, St Johns House and Mulberry House, will keep records of all first aid administered for the proceeding five years.

SECTION 5: Accident Reporting

Any employee, pupil or visitor sustaining injury/accident should be seen by Matron or an emergency first aider for first aid treatment. All accidents and near misses, even if the injury is sustained out of school on school trips or sports fixtures, must be reported to relevant heads of department/SLT and Matron on return, so that accident forms can be completed by the person witnessing the event. A WGSF accident form is completed for all accidents (see appendix 2), with the addition of a HSE BI510 form for employees. Completed forms are then forwarded to the Head teacher, who along with the Deputy Estates Manager will decide on action to be taken

and reporting to HSE. Forms are stored by the Deputy Estates Manager. All accidents are entered into a database, and trends/concerns are discussed at Health and Safety Committee Meetings. To comply with Data Protection Act 1998, personal details are kept confidential.

The Governing Body recognises its statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in respect of reporting the following to the Health and Safety Executive as it applies to employees, but also pupils and visitors.

1. An accident that involves an employee being incapacitated from work for more than 7 consecutive days (excluding the day of the accident but including non working days).
2. An accident which requires admittance to hospital for in excess of 24 hours.
3. Death of an employee.
4. Major injury such as fracture, amputation, injury likely to lead to loss of sight or reduction in sight, crush injury causing damage to the brain or vital organs, serious burns, scalping requiring hospital treatment, loss of consciousness caused by head injury or asphyxia

If a doctor notifies you that your employee suffers from a reportable work-related disease, then you must report it to the enforcing authority.

Relevant reportable diseases include:

Carpal tunnel syndrome, severe cramp of the hand or forearm, occupational dermatitis, hand arm vibration, occupational asthma, tendonitis, occupational cancer, disease attributed to occupational exposure to a biological agent.

For pupils and visitors, an accident will be reported under RIDDOR:

- a) Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury; or
- b) It is an accident in school which requires immediate emergency medical treatment at hospital.

Responsibility for such reporting is delegated to the Deputy Estates Manager. Records of all accidents must therefore be forwarded to him.

Review History

Written	18 June 2009 (K Norgate, Matron)
Reviewed	August 2011 (L Perry)
Reviewed	September 2012 (by Foundation H&S consultant)
Updated	November 2013 (K Norgate, Matron, and D Butterfield, Estates Manager)
Updated	August 2014 (J Gibson, Foundation H&S Consultant)

Update September 2015 (K Norgate and C Joffe, Matrons)

Update May 2016 (K Norgate and C Joffe, Matrons)

Update January 2017 (C Joffe, Matron)

Appendix 1: Position of First Aid Boxes

QEGS SENIOR SCHOOL

School office
Physics Q5
Physics B3
Physics B4
Physics prep
Chemistry Q7
Chemistry prep
Biology prep
Biology Q1&2
D.T. Dept 1&2
D.T. Dept 3
Language Block
ICT technicians office
Staff quiet room
Cleaners room
Porters
Kitchen
Q.E Hall
P.E. Dept
LRC
English office
6th form kitchen

QEGS JUNIOR SCHOOL

Staff Room
Playground bag
Yr4 Block
Changing rooms
(swimming pool)
Changing rooms
(downstairs)
Swimming pool
Science lab
FT lab
Boiler room

QEGS Centenary House

Medical room
Kitchen
Staff room
First Aid Policy

WGHS Senior school

School office
Sotterley office
Art book room
Modern Languages room
28
DT office
DT workshops 1 & 2
Willows office
PE office
Drama office
Chemistry prep room
Chemistry room 1, 2 & 3
Science 1
Physics prep room
Physics 1, 2 & 3
Biology prep room
Biology 1, 2 & 3
Kitchen

WGHS Junior school

Medical Room St John's
Medical Room Mulberry
Staff Room Mulberry
Staff Room STC
Kindergarten Toilets

Mini Buses

BXO
LPZ

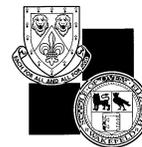
Games Field

First Aid Rooms
Kitchens
Function Areas
Ground Staff

January 2017

K Norgate/C Joffe

APPENDIX 2: WGSF accident form



**WAKEFIELD GRAMMAR SCHOOL FOUNDATION
ACCIDENT / INCIDENT/NEAR MISS REPORT FORM**

ACCIDENT / INCIDENT REPORT No _____ **REPORTED TO HSE** _____

SURNAME _____ **FORENAME** _____

ADDRESS _____

DESIGNATION OF PERSON _____

IF PUPIL FORM No _____ **FORM TUTOR** _____ **AGE OF PUPIL** _____

DATE OF ACCIDENT / INCIDENT _____ **TIME** _____ **am/pm**

SCHOOL AND LOCATION OF ACCIDENT / INCIDENT

DETAILS OF ACCIDENT / INCIDENT

CAUSE OF ACCIDENT / INCIDENT / CONTRIBUTING FACTORS

NATURE OF INJURY

FIRST AID TREATMENT GIVEN _____

NAME and ADDRESS OF WITNESSES _____

ACTION TAKEN TO PREVENT REOCCURRENCE _____

NAME OF MEMBER OF STAFF IN CHARGE _____

NAME OF FIRST AIDER _____ **SIGNATURE** _____ **DATE** _____

FORM COMPLETED BY _____ **DATE FORM COMPLETED** _____

SIGNATURE OF HEAD/LINE MANAGER _____ **DATE** _____

APPENDIX 3: Consent For The Provision Of Simple Medication

3.1 Pre Prep School's Annual Medication Consent Form

Dear Parents,

CONSENT FOR THE PROVISION OF MEDICATION (Mulberry House/Centenary House)

In accordance with the Foundation First Aid Policy, any pupils requiring prescribed medication will be referred to Matron or the Head, whether this is short or long term treatment, to discuss how this will be administered. Any long term treatment should be supported by a care plan. All prescribed medication should be in its original packaging with prescription label intact.

Designated First Aid staff are also willing to administer non-prescription medication such as paracetamol syrup if the medicine is provided by parents and with written direction, presuming that your son/daughter is actually well enough to be at school. Be assured that if your son/daughter required first aid due to injury or becomes unwell at school, you will be informed.

In order to ensure that there are no contra-indications, such as allergies to first aid provision and no risk of interactions with any other medicines pupils are taking, I would be grateful if all parents could complete this annual consent form and return it promptly to school.

Yours sincerely,

D.R. Fyfe (Dr)
School Medical Officer



UP-TO-DATE INFORMATION ON HEALTH CONSENT FOR THE PROVISION OF SIMPLE MEDICATION

PUPIL'S NAME	FORM
ALLERGIES e.g. stings, food, medication, hayfever etc	
ON-GOING HEALTH PROBLEMS e.g. asthma, eczema,	
MEDICATION REQUIRED for any of the above conditions or any other reasons	
CURRENT HEALTH	
FAMILY DOCTOR'S NAME & ADDRESS	

I give consent for staff to use, as required by my son, first aid provisions listed:

Antiseptic Cream	Yes / No	Elastoplast	Yes / No
Arnica cream	Yes / No	Antihistamine Cream	Yes / No
Paracetamol	Yes/No BUT Paracetamol would only be given <i>after</i> discussion with you		

Signed _____ Date _____

3.2 Junior School's Annual Medication Consent Form

Dear Parents,

CONSENT FOR THE PROVISION OF MEDICATION (St John's House/QEGS Junior School)

In accordance with the Foundation First Aid Policy, any pupils requiring prescribed medication at school will be referred to Matron or the Head, whether this is short or long term treatment, to discuss how this will be administered. Any long term treatment should be supported by a care plan. All prescribed medication should be in its original packaging with prescription label intact.

In addition, at Junior school, Matron or the first aider is willing to administer non-prescription medication to pupils if required, perhaps due to illness or injury e.g: throat lozenges, paracetamol, antacids etc. This facility would only be given to pupils if this annual consent and health update has been received from parents. Be assured that if your son/daughter required first aid due to injury, or becomes unwell at school, you will be informed.

In order to ensure that there are no contra-indications, such as allergies to such provision and no risk of interactions with any other medicines pupils are taking, I would be grateful if all parents could complete this annual consent form and return it promptly to school.

Yours sincerely,

D.R. Fyfe (Dr)
School Medical Officer



**UP-TO-DATE INFORMATION ON HEALTH
CONSENT FOR THE PROVISION OF SIMPLE MEDICATION**

PUPIL'S NAME	FORM
ALLERGIES e.g. stings, food, medication etc	
ON-GOING HEALTH PROBLEMS e.g. asthma, colitis, diabetes	
MEDICATION REQUIRED for any of the above conditions or any other reasons	
CURRENT HEALTH	
FAMILY DOCTOR'S NAME & ADDRESS	

I give consent for my son to be given simple medications in school, where appropriate: * Please delete as appropriate

- | | |
|--------------------------------------------------------------|--------------|
| 1) By School Nurse or Doctor | * YES / NO * |
| 2) By other members of staff after discussion with you first | * YES / NO * |

Signed _____ Date _____

3.3 Senior School Annual Medication Consent Form

ANNUAL PARENTAL MEDICAL AUTHORISATION FORM

This form provides core information that the school will use to provide an appropriate level of medical care for your son/daughter through the school day and whilst away from the school on trips, visits or off-site activities. The form will remain in place for the entire academic year. **It is therefore critical that, if there are any changes to their health or contact information you supply, you advise the School Office/School Nurse immediately so that the central record can be updated.** The information collected here will be treated confidentially, adhering to the Data Protection Act, and only used for the purpose outlined above.

I am the parent/legal guardian of(name).....(form)
and hereby grant and confirm my permission for him/her to undertake educational trips, visits, off-site activities, whole school and school-related events from 1 September 2016 to 31 August 2017.

Personal Health Details and Diet

Please tick the appropriate box if your son/daughter:

- has any medical condition we should be aware of e.g. asthma, diabetes:

.....

If so, what treatment is required? (Copies of care plans must be forwarded to School Nurse)

.....

- has an allergy/sensitivity e.g. penicillin / nuts *(If so, please specify)*

.....

Please specify treatment e.g. antihistamine / epipen

.....

- carries his/her own medication e.g. epipen / inhaler *(if so, please specify)*

.....

- has any special dietary requirements or problems *(if so, please specify)*

- has permission to be given non-prescription medication: paracetamol / throat lozenges / simple antacids by a member of staff if necessary

- can swim 50 metres

- wears glasses

- wears contact lenses

- has had all routine childhood immunisations

PTO

Name and address of GP:

.....
.....

Telephone number:.....

Parental Consent

- I have read the information provided and agree to my son/daughter taking part in educational trips, visits, off-site activities, whole school and school-related events.
- Taking pupils out of school places a serious responsibility on the members of staff in charge. It is therefore vital that they can trust students to behave in an appropriate and acceptable manner at all times. **Parents should be aware that, should there be any serious misbehaviour prior to the trip, permission to go will be withdrawn and the costs incurred will be borne by parents. If there are any serious breaches of discipline or unacceptable behaviour, as determined by the person in charge, whilst away from school, then the student(s) concerned will be disciplined and possibly sent home at the parents' expense.**
- I understand that the staff responsible for activities will take all reasonable care of participants.
- **I understand that it is my responsibility to inform the school, as soon as possible, if any of the above personal information changes. I appreciate it is essential that all student records are kept up to date for health and safety reasons.**

Medical Authorisation

I hereby authorise members of school staff to act as necessary on my behalf in an emergency, following reasonable attempts to contact me on the numbers provided, and to sign on my behalf any consent forms for such medical treatment which, in the opinion of a qualified medical practitioner, may be immediately necessary for my son/daughter during the course of the school day or whilst participating in educational trips, visits, off-site activities, whole school and school-related events.

Signature:.....(Parent/Guardian)

Print name in full:.....

Print son's name:Form:

Emergency contacts should, in the first instance, be parents. Otherwise, please state relationship to your son/daughter.

Emergency contact (1) **name and number:**

.....

Emergency contact (2) **name and number:**

.....

Date

IMPORTANT:

In accordance with the Foundation First Aid Policy, parents must inform the School Nurse if their son/daughter requires prescribed medication at school, whether that is for short or long term treatment, so that we can discuss how this will be administered safely. All prescribed medication must be provided in its original packaging with prescription label intact.

APPENDIX 4: Medical Information Form (completed on school entry)

CONFIDENTIAL MEDICAL INFORMATION FOR MATRON

Dear Parent,

It would be really helpful for Matron to have some more medical information about pupils. This will help Matron to give them better medical care and support their needs in school.

I would be really grateful if you could fill out this medical questionnaire. The information that you give will only be passed on to members of staff who need to know in order to ensure your child's safety in school. If you want to discuss this or any other issues, please do not hesitate to contact me.

It would also be helpful if you can let me know of any changes to your child's health as they progresses through school, either in writing or by telephone. I look forward to working with you to support your child through school.

Matron.

PUPIL'S NAME IN FULL **Form**

Does your child have problems with any of the following?

	Please tick	How does it affect them?	Treatment
Asthma			
Allergies			
Diabetes			
Skin conditions			
Heart defects			
Fits/convulsions			
Urinary/kidney problems			
Bowel problems			
Growth			
Weight			
Hearing			
Eyesight			
Speech			
Mobility			
Teeth/mouth			
Diet			
Sleep			

Immunisation record (please tick if your child has been immunised against the following)

(3 doses usually given in 1 st year)		(usually given at 15mths)		Others (please give details):	
Diphtheria		Measles, Mumps, Rubella (MMR)		Meningitis C (various ages)	
Tetanus		Pre-school booster:		BCG (TB) (various ages)	
Whooping cough		MMR		DTP (age 15-18yrs)	
HIB		DTP (Diphtheria/Tetanus/ Polio)		HPV	
Polio		Whooping cough		Men ACWY (age 15-8yrs)	

Infectious diseases

- Has your child had any of the following?

Whooping cough	YES / NO	Measles	YES / NO
Scarlet fever	YES / NO	Mumps	YES / NO
German measles	YES / NO	Chicken Pox	YES / NO

- Does your child attend a dentist regularly? YES / NO

- Has your child ever been admitted to hospital for any illness or operation? YES / NO
Please give details:

- What do you think are your child's most important health needs/problems at present (if any)?

- Is there any matter you would like to discuss with the school nurse? YES / NO
Please give details:

Parent signature..... Date.....

Appendix 5: Automated External Defibrillators (AEDs)

In developing this policy Wakefield Grammar School Foundation acknowledge the advice and guidance of the Resuscitation Council (UK), Yorkshire Ambulance Service (YAS), Welmedical Corporation, our School Medical Officer and Matrons. The Foundation recognises its responsibility and commitment to the health and safety of its pupils, staff and visitors in dealing with them appropriately and creating a heart-safe environment.

Sudden Cardiac arrest is the ultimate medical emergency; a condition that occurs when the electrical impulses of the human heart malfunction, causing a disturbance in the heart's electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective rhythm causes complete cessation of the heart's normal function of pumping blood, resulting in sudden death. Early cardiopulmonary resuscitation coupled with early defibrillation is a powerful combination that significantly improves survival from cardiac arrest. If defibrillation is delivered promptly, survival rates of 75% have been reported. The chances of successful resuscitation decline at a rate of 10-14% for each minute it is delayed. The aim therefore of having AEDs is to optimise the survival rate, in the unfortunate circumstance that someone suffers cardiac arrest while on, or near, the school site.

The Chain of survival



- Recognition of cardiac arrest (a person who is found collapsed, unresponsive and not breathing normally)
- Early activation of emergency services
- Early basic life support (CPR)
- Early defibrillation
- Early advanced life support.

Equipment

iPAD SP1: Advanced Performance Intelligent Public Access Defibrillator is the device approved for our requirements

The AED is fully automated, and once turned on it will give voice prompts instructing the operator what to do. An AED can be used safely and effectively without previous training; its use should not be restricted to trained rescuers if none are present. Training should however be encouraged to aid familiarity with the device which will help improve the time to shock delivery and correct pad placement. The AED analyses the heart rhythm once pads are attached, and will advise the operator if a shockable rhythm is detected. The AED will then

charge to the appropriate energy level (note adult/paediatric option on device) and then advise the operator to deliver the shock by pressing the orange shock button.

Locations of AEDs

There are currently 8 devices across the Foundation. They are stored in unlocked, alarmed cabinets (to be purchased) in the following places:

To be decided.....suggestions.....

- QEGSSS Sports Pavilion in entrance outside first aid room
- QEGSSS Sports Hall entrance
- QEGSSS corridor by school office
- QEGSJS Centenary House office
- WGHSSS outside Linda Maddick's office
- WGHSSS Girls Pavilion near the social area and the PE office
- WGHSSS Forrest building outside EN1
- WGHSSS Hartley Pavillion in the main entrance

Responsibilities

- **Governors will ensure:**
 - Provision is made to facilitate and encourage AED training for staff, with updates as necessary.
 - All equipment is maintained, fit for purpose and accessible when the site is in use.
 - Relevant insurance is in place to cover any member of staff using the device in the case of cardiac arrest.
 - Maintain a service contract with the manufacturer (7 years)
 - This guidance is updated in accordance with Resuscitation Council UK and YAS
- **Matrons will ensure:**
 - All equipment and accessories necessary for support of a medical emergency response, is maintained in a state of readiness
 - Facilitate any equipment maintenance requirements including software updates
 - Facilitate staff training of basic life support and AED use, and maintain training records.
 - Liaise with YAS to facilitate additional support and advice.
 - Following use, all equipment will be decontaminated according to manufacturers recommendations
 - Following use, memory readouts will be obtained from SD card to provide information for attending health professionals.
- **School Staff (teaching and non teaching):**
 - Will offer assistance in an emergency to the best of their ability, training and experience.
 - Will highlight their need for training, which is done on a voluntary basis.
 - Will familiarise themselves with this policy and seek additional information as necessary from matron.

Procedure

The Resuscitation Council (UK) sets the standard for resuscitation training for both the general public as well as the Health Care Professionals. Therefore the following guidelines are issued by them.

Sequence of actions

The following sequence applies to the use of automatic AEDs in a person who is found to be unconscious and not breathing normally

- Call 999 for emergency assistance.

- Administer normal good quality CPR until the AED is brought to the scene and is available for use – do not delay CPR. It is not recommended to administer CPR for a certain length of time before using the AED.
- This early CPR is vital and must only be interrupted when it is necessary for the AED to analyse the rhythm and deliver the shock
- As soon as the AED arrives continue with CPR until it is switched on. If you are alone, stop CPR and switch on the AED
- Follow the voice prompts
- Attach the electrode pads to the casualty's bare chest as the packaging shows
- Ensure that nobody touches the casualty while the AED is analysing the heart's rhythm
- If a shock is indicated – ensure nobody touches the patient whilst the AED automatically deliver the shock
- If no shock is indicated, resume CPR immediately using a ratio of 30 compressions to 2 rescue breaths and continue as directed by the voice prompts
- Continue to follow the AED prompts until qualified help arrives and takes over responsibility or the casualty starts showing signs of regaining consciousness (eg coughing, opening eyes, moving purposefully and starts to breathe normally) or you become exhausted

Placement of AED pads

- Place one AED pad to the right of the sternum (breast bone), below the clavicle and the other pad in the left mid-axillary line. Ensure pads are clear of any breast tissue
- A picture of their correct placement is shown on the pads themselves – you must ensure though that one pad is lower than the other
- If positions are reversed it does not matter as removing them to replace correctly will waste time and may not adhere to skin when re-attached
- The casualty's chest must be sufficiently exposed to enable correct pad placement – it may be necessary to shave a person's chest if excessively hairy. This will ensure the shock delivered is effective. Razors can be found in pack with the AED.

Defibrillation if victim is wet

- As long as there is no direct contact between the user and the casualty when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock.
- Try to dry the casualty's chest so that the adhesive AED pads will stick – towel for drying can be found in the pack in the AED.
- If the casualty is in the water – lift the casualty out on to the side before attempting to use the defibrillator

Children

- Standard AED pads are suitable for use in children over the age of 8.
- Special paediatric pads can be used in children between the age of 1 and 8.
- The use of an AED is NOT recommended in children aged less than 1 year

Storage and use of AEDs

- AEDs should be located in areas that are immediately accessible to the 'rescuers' – sites to be noted on school first aid maps
- They must not be stored in locked cabinets as this may delay usage –
- Use of the UK standardised sign is encouraged, to highlight its location.
- All staff to know where the AED's are kept
- Should any member of staff have any concerns regarding the AEDs then please contact Matron (QEGS 07702838395 /WGHS 07825806910)

Appendix 6 Policy for Administering Medicines (Including EYFS)

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the school, we will agree to administer medication as part of maintaining their health and well being or when they are recovering from an illness.

In many cases, it is possible for the children's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done when it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance 'Managing Medicines in Schools and Early Years Setting'; the SLT are responsible for ensuring all staff understand and follow these procedures.

The school secretary is responsible for the correct administration of medication to children in the school. This includes ensuring that the parent medication consent forms have been completed, for medicine brought into school by the parent. The secretary will ensure that medicines are stored correctly and that records are kept according to the procedures. In the absence of the secretary the Deputy Head or key person is responsible for the overseeing of administering medication, this is also the case if the Secretary is not yet qualified.

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and Wellbeing	2.2 Parents as Partners 2.4 Key Person	3.2 Supporting Every Child	

Procedures

- Children taking medication must be well enough to attend setting.
- Medication administered must be in date.
- Children's medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medicines. The staff receiving the medication must ask the parent to sign a consent form stating the following information.
 - Full name of child;
 - Name of medication;
 - Dosage to be given in the setting;
 - How the medication should be stored and expiry date should be checked;
 - Any possible side effects that may be expected should be noted; and
 - Signature of parent and date.

The administration is recorded accurately each time it is given and it is signed by staff. The medication record sheet should include:-

- Name of the child;
- Name of medication;
- The date and time of dose;
- Signed by person who administered the medication;

• We keep a record of these forms in a file, that is not accessible to the children. Staff are informed of this procedure at their induction and shown all the forms that are required.

Storage of Medicines

- All medication is stored safely in the medical room or refrigerated in the office. The medication stored in the fridge is clearly labelled and stored in a plastic box.
- The school secretary is responsible for ensuring medicine is handed back at the end of each session to the parent / carer.
- For some conditions, medication may be kept in the setting. The school secretary checks that any medication held to administer on an as-and-when required basis, or on regular basis, is in date and returns any out of date medication back to the parent / carer.
- Staff are informed of medication storage at their induction; any changes that are made are informed to all staff at our minuted staff meetings.
- If the administration of medication requires medical knowledge, individual training will be provided by matron.
- No children may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person or teacher what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- Any child needing medication for asthma will be taken to the school office unless their care plan states different. Inhalers are stored in a clearly labelled bag which is kept in the medical room behind the office. Such medical supplies are in an area known to all staff and not accessible to the children. This bag is taken with the children if they leave the school premises.
- Epipens and/or antihistamines prescribed for pupils with allergies are kept in the sick room and are available to the pupils at all times.

Children who have long term medical conditions and who may require ongoing medication

- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child. The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed by matron annually or more frequently if necessary. This includes reviewing the medication.

Managing medicines on trips and outings

- Medication for a child is taken in a plastic wallet clearly labelled with the child's name and name of the medication. Inside the wallet is a copy of the consent form and a card to record when it has been given, with the details as given above. On returning to the setting the card is stapled to the medicine record sheet.
- If the child on medication has to be taken to the hospital, the child's medication is taken in a sealed plastic wallet clearly labelled with the child's name and name of the medication. In the wallet is a copy of the consent form signed by the parent.

Legal Framework

Medicines Act (1968)