



**Saint John Houghton
Catholic Voluntary Academy**
part of Saint Robert Lawrence Catholic Academy Trust



FIRST AID & PRESCRIPTION MEDICINES PROTOCOL

First Aid is the initial care given to someone if they are injured or have a sudden illness whilst at work.

The Academy has a duty of care towards its employees, students and anyone visiting the premises.

Trained members of staff should be available at all times within the Academy day, and first aid kits always accessible.

The first aid procedure at Saint John Houghton Catholic Voluntary Academy is in operation to ensure that every student, member of staff and visitors will be well looked after in the event of an accident – major or minor.

In the event of an accident all members of the Academy community should be aware of the support available and the procedures available to activate this.

Purpose

To provide effective, safe First Aid assistance for students, staff and visitors and to provide guidance to Staff, Governors and Parents in respect of a procedure for dealing with the administration of prescription medicines.

To ensure all staff and students are aware of the system in place.

To provide awareness of Health & Safety issues including First Aid provision within the Academy and on Academy off-site visits, to prevent – where possible - potential dangers or accidents.

The term FIRST AIDER refers to those members of the Academy community who are in possession of a valid First Aid at Work certificate or equivalent.

General Principles

Teachers nor non-teaching staff have neither a legal nor contractual duty to administer medicines or provide health treatment.

Legal responsibilities under The Health and Safety at Work Act remain those of the employer.

Employees have a responsibility to

1. Take reasonable care of their own and others' health and safety
2. Co-Operate with their employers
3. Carry out activities in accordance with training and instructions
4. Inform the employer of any perceived risks

Related Policies

Health & Safety Policy

FIRST AIDER Guidelines:

The Senior First Aider is Miss Bywater, responsible for managing procedures and Policies on First Aid and Supporting Medical conditions.

First aiders should familiarise themselves with the First Aid procedures in operation.

Be aware of specific medical details of individual students, central folder in reception.

First Aid & Prescription Medicines Protocol

Ensure that their qualification is always up to date.

Ensure that they are available to provide first aid cover on their allocated day.

Ensure that alternative cover is secured if they are unable to take their slot on the rota.

Pick up the first aid phone from reception.

Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services, using own mobile phone or mobile from reception.

Never move a casualty until they have been assessed unless the casualty is in immediate danger. Never leave a casualty unattended.

Help fellow First Aiders at an incident and provide support during the aftermath.

Act as a person who can be relied upon to help when the need arises and attend a casualty until the incident is resolved or another First Aider takes over and is fully briefed.

Ensure that portable first aid kits are adequately stocked and always to hand.

Insist that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital.

Ensure that parents are aware of **all** head injuries promptly. First Aider to ask reception to phone parents.

Ensure that a child who is sent to hospital by ambulance is either:

1. Accompanied in the ambulance at the request of paramedics.
2. Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
3. Met at hospital by a relative.

(The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.)

Keep a record of each student attended to - the nature of the injury and any treatment given - in the book provided in Reception. In the case of an accident, the Accident Book must also be completed by the First Aider attending the casualty in collaboration with the person supervising at the time of the accident.

Form B1510 must be completed for an injury or dangerous occurrence not reportable to the Health & Safety Executive. See Senior First Aider/Health & Safety Officer for advice.

Ensure that everything is cleared away appropriately - using gloves. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

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All Staff:

Ensure that in the event of an injury, the student **must** be referred to a First Aider for examination.

Familiarise themselves with the First Aid procedures in operation and ensure that they know who the current First Aiders are.

Be aware of specific medical details of individual students. Provided by Senior First Aider.

Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.

Send for help to Reception as soon as possible either by person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.

Reassure - but never treat - a casualty unless staff are in possession of a valid First Aid Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.

Send a student who has minor injuries to Reception if they are able to walk where a First Aider will see them; this student should be accompanied.

Send a student who feels generally 'unwell' to Reception and not to a First Aider, unless their deterioration seems uncharacteristic and is causing concern.

Ensure that they have a current medical consent form for every student that they take out on an Academy offsite visit which indicates any specific conditions or medications of which they should be aware.

Have regard to personal safety.

RECEPTION STAFF:

Call for a qualified First Aider to treat any injured student giving the specific location of the casualty.

Support the First Aiders in contacting relatives in an emergency.
Contact parents of a student who has sustained a bump to the head.

Contact parents of students who simply do not feel well.

Only prescribed medication to be taken onto the premises on completion of the Medication Record form, completed and signed by parent/carer.

Supervise self-administered medicines according to parental/carer instructions on a student's Medication Record form.

Medication that is to be administered will be carried out by Senior First Aider.

NOT administer paracetamol or any non-prescribed medication.

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Students with a medical condition:

Parents should inform the Academy of any medical condition which affects their child by completing and signing the **Individual Treatment Plan form** in order for the Academy to provide proficient care and support to the child.

The provision of this information remains the responsibility of the parent/carer.

Risk Assessment:

A child with a medical condition or a child returning to school following an injury will have a Risk Assessment put in place. This should be agreed and signed by the Risk assessor and parents/student.

Protocol for Prescription Medicines

Notes for Parents/Carers:

The Academy will consider requests made by parents/carers in respect of the administration of medicines when:

- A child suffers from chronic long term illnesses/complaints such as asthma, diabetes or epilepsy
- A child is recovering from a short term illness but requires a course of antibiotics, cough medicines etc.
- The Academy has received a request from a parent/carers giving the instructions and a **Medication Record form** must be used whenever a parent/carer wishes medication to be administered and must be resubmitted when the prescription is renewed.

Medicines will be either self-administered in the presence of a designated person or will be administered by a designated person according to the dosage instruction provided by the parent/carer on the **Medication Record form**.

The Academy will not be held responsible for failure to administer medication or refusal by a student to take medication.

All medicines must be clearly labelled with owner's name, dosage and contents.

If the Academy has concerns about the nature of given medication, it reserves the right to refuse their administration. Parents/carers will be advised of this immediately and will be consulted on alternative arrangements.

Related Policies

Supporting Pupils with a Medical Condition

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Infection control:

Parents should not bring their child into school in the following circumstances:

The child shows signs of being poorly and needing one-to-one attention

The child has untreated conjunctivitis

The child has a high temperature/fever

The child has untreated head lice

The child has been vomiting and/or had diarrhoea within the last 48 hours

The child has an infection and the minimum recommended period to be kept away from school, outlined in [Appendix 1](#), has not yet passed

Infectious diseases

If a member of staff suspects the presence of an infectious disease in the academy, they should inform Miss Bywater.

If a parent informs the school that their child carries an infectious disease, other pupils should be observed for similar symptoms.

Parents of a student returning to the academy following an infectious disease will be asked to contact the academy prior to their return.

If a child is identified as having a notifiable disease, as outlined in [Appendix 1](#), the academy will inform the parents, who should inform their doctor. It is a statutory requirement for doctors to then notify the Public Health Agency.

Procedures for unwell pupils

Students displaying any signs of infection will be sent home and recommended to see a doctor.

If a student is identified with sickness and diarrhoea, the parent/carer will be contacted immediately and the child must go home, and only return after 48 hours have passed without symptoms.

If the school is unable to contact the parent/carer in any situation, the child's first emergency contact will be contacted and subsequent emergency contacts if the first contact cannot be reached.

Parents are asked to disclose if their child has a medical condition which makes them vulnerable to infection.

If a vulnerable child, which includes those being treated for leukaemia or other cancers, those on high doses of steroids and those with conditions that seriously reduce immunity, is exposed to chicken pox or measles, the parent/carer will be informed immediately and further medical advice sought.

Students should not return to school, following an infectious illness, any sooner than the recommended absence period outlined in [Appendix 1](#).

Asthma Guidelines:

Parental Communication:

Parents must provide the Academy with details of dosage, equipment such as relievers, preventers and spacers on the Medication Record form.

It is the Parents' responsibility to inform the Academy of details of treatment and changes as they occur. These will be recorded in the student's individual file in the central folder in Reception.

Inhalers:

There are a range including:

- Salbutamol
- Ventolin
- Salamol
- Terbutaline
- Intal/Cromogen
- Becotide
- Pulmicort
- Flixotide

Access:

Inhalers will be allowed in school once parents/carers have completed the Medication Record form.

Parents/carers will be asked to provide a labelled spare inhaler in case the regular one is lost/broken etc.

Spare inhalers will be kept centrally in Reception.

Parents/carers must advise the Academy of inhaler expiry dates and replace as necessary.

Inhalers are only to be used by/for the student for who they are prescribed.

Physical Education:

Full participation remains the goal for students with asthmatic conditions. Students should take a dose of their inhaler before exercise. The inhaler should be readily accessible during the P.E. lesson.

Epi-Pen Guidelines:

Some pupils may suffer anaphylactic shock through a severe and sudden reaction to insect bites, nut allergy etc.

Some Academy staff have agreed to administer Epi-pen medication in extreme circumstances and only if they have been trained in the use of an Epi-pen. Staff understand that Epi-pens are a risk free treatment and a one shot injection which can do no harm may relieve a potentially high risk medical condition.

Appendix 1: Recommended period to be kept away from school after infection

This table details the minimum required period for pupils to stay away from school following an infection, as recommended by the Public Health Agency.

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to the Public Health Agency.

Infection	Recommended minimum period to stay away from school	Comments
Rashes and skin infections		
Athlete's foot	None	Treatment recommended; however, this is not a serious condition.
Chicken pox*	Five days from onset of rash	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR). Follow procedures for pregnant staff.
Hand, foot and mouth rashes	None	If a large number of pupils/staff are affected, contact the Public Health Agency.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	None
Measles*	Four days from onset of rash	Preventable by vaccination. Follow procedures for vulnerable children and pregnant staff.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	None
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will need treatment also.
Scarlet fever*	24 hours after commencing antibiotic treatment	Antibiotic treatment recommended.
Slapped cheek (fifth disease or parvovirus B19)	None	Follow procedures for vulnerable children and pregnant staff.
Shingles	Stay away from school only if rash is weeping and cannot be covered	Spread by close contact. Can cause chicken pox in those who are not immune. Follow procedures for vulnerable children and pregnant staff.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Diarrhoea and vomiting illnesses		
Diarrhoea and/or vomiting	48 hours from the last episode of diarrhoea or vomiting	None
E.coli*	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.

Infection	Recommended minimum period to stay away from school	Comments
Typhoid* and paratyphoid* (enteric fever)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Shigella* (dysentery)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Cryptosporidiosis*	48 hours from the last episode of diarrhoea or vomiting	Exclusion from swimming for two weeks after diarrhoea has settled is recommended.
Respiratory infections		
Flu (influenza)	Until recovered	Follow procedures for vulnerable children.
Tuberculosis*	Consult the Public Health Agency for recommendation	Requires prolonged close contact to spread.
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. Non-infectious coughing can continue for many weeks.
Other infections		
Conjunctivitis	None	If an outbreak occurs, contact the Public Health Agency.
Diphtheria*	Consult the Public Health Agency for recommendation – exclusion is always necessary	Preventable by vaccination. Family contacts must be excluded until cleared to return by the Public Health Agency.
Glandular fever	None	None
Head lice	None	Treatment is recommended.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	In an outbreak, the Public Health Agency will advise control measures.
Hepatitis B*, C and HIV/AIDS	None	Not infectious through casual contact. Follow procedures for bodily fluid spills.
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. The Public Health Agency will advise on any action needed. There is no reason to exclude those who have been in close contact.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The Public Health Agency will advise on any action needed. There is no

Infection	Recommended minimum period to stay away from school	Comments
		reason to exclude those who have been in close contact.
Meningitis viral*	None	Milder form of meningitis. There is no reason to exclude those who have been in close contact.
MRSA	None	Good hygiene is important to minimise the spread.
Mumps*	Five days after onset of swelling	Preventable by vaccination.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	None

Phoning 999 for an ambulance

It is always better if someone who is with the patient can ring 999, so you will need to get a telephone to the patient.

This is important for a variety of reasons, if the call is about an illness the call handler may want to know if there is a rash, what their breathing sounds like, any rapid swelling of the lips, face, throat or tongue, does their skin feel a normal temperature etc. If the call is about an injury the call handler may ask questions like, is the limb cold, pale or blue, can the patient weight-bear, are there pins and needles in the limb, any bleeding etc. It is essential that the caller provides accurate timely information about what they can see and hear this loses quality if the caller is reliant on a third person.

When you first ring 999 you will go through to an emergency operator who will ask you what service you require (Police, Fire, **Ambulance** or Coastguard) if you do not state you want an ambulance you will be transferred to the police.

When you are connected to the ambulance service you will initially be asked if the patient is breathing, you will then be asked if they are conscious. If the patient is awake & breathing you will be asked what the problem is, at this point we only want to know a brief summary of what is happening, i.e. "they have injured their ankle", "they have breathing difficulties" etc. and how this has happened.

You will then be asked to confirm the address of the emergency including the postcode. You will be asked to repeat this.

The call will then be triaged; in order to do this effectively we need to speak to either the patient or someone with the patient and we will also want to know the name and age of the child.

The call handler will carry out a safe effective assessment of the symptoms reported, as the clinical assessment progresses; each answer determines the next question to be asked. The question set will vary depending on the symptoms and condition of the patient so it really requires the patient or someone with the patient to answer these questions.

By answering these questions, it enables 999 to prioritize the response required.

If, when asked is the patient is conscious and breathing, you answer no to either then this could potentially be life threatening and will be triaged appropriately.

You may be requested to fetch defibrillator if there is one available. Ensure that someone other than the caller goes to fetch this and returns as soon as possible.

If someone is not breathing the call handler will talk you through what you can do to help, this will include instructions on how to commence CPR. You will be asked to put the phone on loudspeaker and will be asked to shout out the chest compressions as you give them, so the call handler knows what is happening.

Do not stop CPR as soon as the Paramedics arrive as they will require a few seconds to assemble any equipment required. Continue until the paramedics actively take over from you.

Important

You don't need to be First Aid trained, all instructions will be given by the call handler. It is important that CPR is started as soon as possible to give that patient the best opportunity for a positive outcome.