



## Queen Mary's Grammar School

# HEALTHCARE POLICY (incorporating First Aid, Medical Conditions & Medicines)

Approved by Local Governing Body: Jan 2022

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### AIMS

This school policy aims to ensure that:

- pupils with medical conditions receive proper care and support whilst in school, including school trips and physical education, so that they have full access to education, can play a full and active role in school life, remain healthy and achieve their academic potential;
- staff, pupils and visitors receive appropriate first aid care in the event of an emergency;
- all staff are clear about what to do in a medical emergency;
- medicines are handled responsibly in the school setting;
- everyone is clear about their respective roles and responsibilities.

### FURTHER INFORMATION

This policy is based on the following statutory guidance documents:

- First Aid at Work Guidance (HSE, L74, 2018)
- First Aid in Schools (DfEE, 2000, plus additional guidance 2014)
- BS8599-1: Contents of workplace first aid kits (2019 update) & BS8599-2: Contents of vehicle first aid kits (2014)
- Supporting Pupils at School with Medical Conditions (Dept for Education, Dec 15)
- Guidance on the use of emergency salbutamol inhalers in schools (Dept of Health, Mar 15)
- AEDs in schools (Dept of Education, Sep 2018)
- Guidance on the use of adrenaline auto-injectors in schools (Sept 17)

## **SECTION ONE: HEALTHCARE PROVISION**

### **Obtaining Information**

Parents, or other people who have responsibility for or care of a child<sup>1</sup>, should provide full information on admission to the school, or at such other time as circumstances change, about their child's medical needs. This may represent a long-term medical condition or as a result of a short-term issue. The school understands "medical" to relate to both physical and mental health.

### **Medical Information**

A brief summary of any medical conditions of the pupil is recorded on SIMS, together with details of emergency contacts and the pupil's registered GP. This information is automatically pulled through into EVOLVE.

Further details regarding Healthcare Plans and Medication is held in EVOLVE.

### **Individual Healthcare Plans**

Pupils with long-term or complex medical conditions affecting either their physical or mental health, (including, but not exclusively, diabetes, epilepsy, severe asthma or known severe allergic reactions) will have an Individual Healthcare Plan to identify the level of support that is needed from the school.

The following questions should be considered<sup>2</sup>:

- the medical condition: its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication and other treatments, facilities or other adaptations needed to manage the condition;
- specific support for the pupil's education, social and emotional needs;
- the degree to which the pupil manages their own condition (eg self-administration of medication) and the degree of involvement and monitoring of the school;
- who in the school needs to be aware of the pupil's condition and to what degree;
- any training or support needed from external agencies;
- specific arrangements regarding administration of medication;
- any specific arrangements required for activities which take place away from the usual school setting or outside of the normal school day (eg educational visits or sports activities);
- what constitutes an emergency situation and what the appropriate response should be.

The Student Services Manager is responsible for ensuring these plans are in place. Plans should be reviewed annually, or at such time that the student's needs change. Individual Healthcare Plans will be stored electronically on EVOLVE, and also on SIMS under the Medical section.

### **Procedures**

Members of staff are expected to make themselves aware of the medical conditions of pupils they come into regular contact with<sup>3</sup>.

Where necessary members of staff will be identified and briefed/trained by an appropriate person on how to cope with the specific needs of an individual student.

Special arrangements may be necessary to support and maintain regular contact with students with complex or long-term medical needs that disrupt their attendance at school. These will be coordinated by a pupil's Head of Year or a member of the SLT.

### **Information for Staff**

General information about some more common conditions is included in the annexes to this policy.

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<sup>1</sup> any person who has parental responsibility for or care of a child as defined in section 576 of the Education Act 1996

<sup>2</sup> further information can be obtained from 'Supporting Pupils at School with Medical Conditions' (DfE,2015)

<sup>3</sup> Those with a listed medical condition can be easily identified through the additional information columns on a SIMS register.

### **Arrangements for offsite activities**

Group Leaders must ensure they are aware of the medical conditions of any pupil participating in an offsite activity and that they ensure adequate arrangements are in place. Where appropriate they should consult the pupil's Individual Healthcare Plan. Further advice can be obtained from the Educational Visits Coordinator.

### **STAFF Healthcare Provision**

Upon taking up employment at the school staff complete a medical declaration form. Members of staff are expected to update the Headmaster if their health circumstances change.

Where a member of staff has a medical condition that might affect them at work, the Headmaster will discuss appropriate steps with them. This might include disseminating information to other members of staff (eg first aiders), with the consent of the individual member of staff, in order to facilitate an appropriate emergency response if required.

Staff emergency contact details are kept on SIMS, but are only accessible by SLT and key administrative staff. Members of staff must ensure they keep the school informed of any changes to their emergency contact details.

## **SECTION TWO: FIRST AID PROVISION**

### **First Aid Statement**

First aid can save lives, prevent minor problems or injuries from becoming more serious, and help reduce long term impact. The school recognises and accepts its legal duties to manage our first aid risks and realise that this is an important part of our health and safety measures. We recognise the need to keep staff up to date with arrangements that have been made for providing first aid. We recognise the importance of first aid as a life skill and will train any member of staff who volunteers.

### **First Aid Needs Assessment**

The school will carry out, and periodically review, a first aid needs assessment in order to determine the level of first aid provision needed, in terms of both trained personnel and first aid equipment. The cover must be sufficient to ensure that an appropriate person is available throughout the working period.

### **First Aiders**

The school will ensure there are sufficient members of staff qualified in First Aid at Work in accordance with its first aid needs assessment. In addition, other members of staff may have other qualifications in first aid of a different type. The school will maintain a record of all such qualifications. We will ensure that people are aware who the first aiders are by publishing prominent notices around the school and including arrangements in the induction completed with new staff and pupils.

### **First Aid Materials**

The school will maintain sufficient first aid materials at strategic locations around its premises in accordance with its first aid needs assessment. The contents of such boxes is to be determined by the needs assessment, but must not be less than the minimum recommended by the HSE. The school is a supporter of the BS8599 specifications for First Aid kits as being most appropriate for the majority of settings.

The site team are responsible for ensuring that these boxes are adequately stocked. Checks should be completed at least termly.

### **Automated External Defibrillator**

An AED is available at the main school office for the treatment of patients who are in cardiac arrest. No formal training is required in order to use this, simply follow the instructions of the machine. It is impossible for the machine to deliver a shock to a casualty when one is not required.<sup>4</sup>

The site team are responsible for ensuring the recommended checks and maintenance is carried out and recorded.

### **What to do if a pupil is injured or unwell**

Pupils should report to the Welfare Hub or to the nearest member of staff. The first member of staff on the scene should decide whether to immediately call 999 and/or summon a first aider, or to send the pupil to the Welfare Hub together with someone to accompany them.

### **Hygiene Arrangements & disposal of clinical waste**

The school will ensure an adequate supply of personal protective equipment together with each first aid kit (gloves, aprons, face shields). It is the responsibility of first aiders to use such PPE to protect themselves from infection in accordance with their training.

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<sup>4</sup> Since Jan 2017 use of AED must be incorporated into FAW/EFAW training, and its inclusion is recommended into CPR training at any level.

Materials used in administering first aid which contain bodily fluids (blood, vomit, etc) should be disposed of in the supplied yellow tiger bags. An offensive waste facility is available in the First Aid Room in the Welfare Hub.

A sharps container is also available in the First Aid Room.

The caretaker is to be called to clear up any large spills of bodily fluids (vomit etc).

### **Disposal of Casualties (including sending to hospital & calling an ambulance)**

The first aider should decide the most appropriate means to dispose of a casualty following their assessment and any treatment. They may decide to:

- return the injured/ill person to lessons/work
- send the injured/ill person home under the care of a parent or relative
- send the injured/ill person to hospital (whether by ambulance or other means)
- refer the injured/ill person to a doctor or other medical facility

If an ambulance is called it is important to be clear about precisely where on the school site the casualty is.

The main office must always be informed that an ambulance has been called, they will:

- ensure site access and that someone is ready to guide the crew to the casualty
- alert a member of the SLT
- contact the pupil's parents.

If it is necessary to send an injured/ill person directly to hospital the parents or next of kin will also be informed. No casualty should be allowed to travel to hospital unaccompanied; a member of staff should be designated to accompany the person until the parents or other relative arrive.

### **Reporting Procedures**

All accidents or incidents requiring first aid are to be reported using EVOLVE Accident Book. Guidance on using the system is contained in the Annexes.

### **Arrangements for offsite activities or other out-of-hours events**

Group Leaders are responsible for ensuring adequate first aid arrangements are in place for any offsite activity (visit or sporting fixture). A number of portable first aid kits are available. Advice may be sought from the Educational Visits Coordinator if required.

Organisers of other events on the school site (eg QMA events, productions) are responsible for ensuring that adequate first aid arrangements are in place.

### **SECTION THREE: MANAGING MEDICATION**

The school recognises that most pupils will at some time need to take medication whether on a temporary or ongoing basis. We encourage pupils to be responsible for their own health, and therefore medication needs. Where it is not appropriate for a pupil to self-manage their medication the school will ensure appropriate procedures are in place.

#### **Self-Management of Medication**

We encourage pupils to manage and be responsible for their own health and medication needs from an early age under the overall supervision of their parents. We will normally respect the parent's decision regarding the maturity of a pupil to manage and self-administer their medication.

Where a pupil is responsible for their own medication we expect them to store and use it responsibly, and not to abuse, share or give their medication to others.

We expect pupils who need emergency medication (such as for diabetes, asthma and anaphylaxis) to carry this around school with them at all times.

Any medication brought to school MUST be in the original packaging with the prescriber's label.

#### **Non-prescription Medicines**

The school does not undertake to administer any non-prescribed medication during the school day unless specifically required by an Individual Healthcare Plan.

Pupils in years 7 – 11 are not to have any non-prescription medication with them in school.

At the discretion of their parents, pupils in the sixth-form may bring small quantities of over-the-counter analgesics (eg paracetamol) for their own personal use (eg period pain). Parents must ensure that their child is sufficiently mature to understand the use and risks of medication. Under no circumstances are pupils to share or give any medication to another pupil.

#### **Prescription Medicines**

- Medicines should only be brought to school when essential, that is where it would be detrimental to a student's health if the medicines were not administered or available during the school day.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Medicines should always be carried or provided in their original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
- Any requests for the school to manage medication must be in writing and include clear details about the medicine, the dosage requirements, possible side effects and what to do in an emergency. This should be completed through an Individual Healthcare Plan or using the Temporary Medication form in the Annexes.
- Where the school is responsible for managing any medication, records will be kept of administration using EVOLVE.
- Where parents supply medication for use in an emergency (eg auto-injectors, inhalers) these are kept in the Welfare Hub.
- It is the parent's responsibility to ensure that all medication is in date and to arrange for replacement and disposal as needed.

#### **Controlled Drugs**

Where any pupil is prescribed controlled drugs which are needed in school such arrangements will be detailed in an Individual Healthcare Plan. The plan is to set out the training, security and supervision arrangements required.

A lockable cabinet is provided in the Welfare Hub. The Headmaster is to maintain a list of those members of staff authorised to draw keys.

### **Invasive Techniques or regular Intimate Care**

Where an individual's condition would require staff to perform any invasive technique or which is likely to require routine intimate care, this is to be fully detailed in an Individual Healthcare Plan. Appropriate training is to be provided to the staff by the School Nursing Service.

### **Administration of Medications**

When administering/supervising medication use, staff must check the written instructions (IHP) and the medication itself (including the prescribing label) to ensure:

- ✓ Right person (consider using photo sheets)
- ✓ Right medication (including in date)
- ✓ Right dose
- ✓ Right time ( $\pm 15$ min acceptable)
- ✓ Right route (oral/topical/etc)
- ✓ Right reason
- ✓ Right response
- ✓ Right documentation completed

If a pupil refuses to take their medication their parents should be contacted.

### **Storage arrangements**

Pupil medication is kept in individual boxes in the Welfare Hub.

All medication held or stored by school is to be recorded on EVOLVE.

Routine checks of medication, including checking expiry dates, is to be conducted not less than termly.

The Student Services Manager responsible for these checks.

### **Arrangements during offsite activities**

It is the responsibility of Group Leaders to know the medical needs of the pupils they are taking.

Details of any medication being taken should be included on the pupil's consent form. If this does not provide sufficient guidance, then the group leader should contact the parent.

Pupils are encouraged to be responsible for their own medication, but it is more likely that staff may need to be involved during trips. Pupils should ensure they have any emergency medication (inhaler, epipen etc) accessible at all times. Group leaders should consider whether it is necessary to carry spares during the trip.

The school's consent form asks parents if they consent to routine non-prescription medicines (paracetamol, ibuprofen and antihistamine-Piriton) being given during residential visits for minor complaints (eg headaches). The use of any such medication is to be recorded and the parents informed.

### **Insurance and Indemnity**

The governing body will ensure that the appropriate level of insurance cover is in place for members of staff administering medicines or supervising/monitoring pupil's self-medication.

## **SECTION FOUR: ASTHMA POLICY**

The school recognises that asthma is a widespread, serious, but controllable condition, affecting one in eleven children in the UK. The school positively welcomes all pupils with asthma and encourages them to achieve their potential in all aspects of school life, including physical education.

For the majority of pupils with asthma a simple record on SIMS will be completed. Individual Healthcare Plans will only be developed in regards to asthma where a pupil's condition is severe or not being controlled adequately by medication.

### **Asthma Record**

The school will maintain a simple list of all pupils who are diagnosed as having asthma on SIMS. This will also include whether consent has been received to use the Emergency Asthma kit.

### **Staff Training**

The school will periodically renew the training of all staff in the signs, symptoms and management of asthma.

### **Asthma Medication**

All pupils are encouraged to manage their asthma themselves. They should have their reliever inhaler available at all times. If physical exercise is a known trigger they should ensure that it is readily available at the location, and possibly taken in advance as appropriate.

Pupils should ensure they have their medication available during any off-site activity (eg educational visits or sports fixtures).

### **Emergency Asthma Kits**

The school will keep Emergency Asthma Kits, in accordance with the Department for Health Guidelines, for use where an individual pupil's inhaler is not available.

Only pupils who have been diagnosed with asthma and where parents have given consent may use the emergency inhaler. This information will be kept in the Asthma Register, a copy of which is to be kept with each kit.

A record of each use of the emergency asthma kit is to be kept on EVOLVE, and the parents of the pupil are to be informed.

A child maybe prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The emergency salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

### **Maintenance of Emergency Asthma Kits**

If the kit is used it is important that it is thoroughly cleaned afterwards.

Plastic spacers should not be reused, but can be given to the child to take home.

The inhaler canister should be removed and the plastic housing and cap washed in warm running water and left to dry in a clean safe place. If there is any risk of contamination with blood it should also be disposed of.

The Student Services Manager are responsible for ensuring the kit is periodically checked on a monthly basis. Instructions are to be located in each kit.



## **SECTION FIVE: ALLERGY & ANPHYLAXIS POLICY**

The school recognises that allergies are widespread, and can have potentially fatal implications. The school positively welcomes all pupils with allergies and encourages them to achieve their potential in all aspects of school life.

We recognise that the severity of allergies varies significantly. Individual Healthcare Plans will be developed for all pupils with significant allergies which require any medication intervention.

### **Allergies in School**

Given the size and complexity of QMGS, it is not possible to eradicate any allergen from the school site. Pupils with known allergies are expected to be mindful of their condition, particularly when eating any food substance or engaging in out of the ordinary activities.

Pupils should ask catering staff for clarification whenever needed about the contents of food.

### **Staff Training**

The school will periodically renew the training of all staff in the signs, symptoms and management of anaphylaxis.

### **Allergy Record**

The school will maintain a simple list of all pupils who are diagnosed as having allergies. This is to include the triggers and an indication of the potential severity of an episode.

This will also include whether consent has been received to use the Emergency Anaphylaxis Kit if needed.

### **Adrenaline Auto-injectors**

All pupils with severe allergies who are prescribed an adrenaline auto-injector should be responsible for their own primary medication. They should have this available at all times (in school, on school activities, and whilst travelling to school).

When recommended by the prescriber the school will keep a spare auto-injector in the school office.

### **Emergency Anaphylaxis Kits**

The school will keep Emergency Anaphylaxis Kits, in accordance with the Department for Health Guidelines, for use where an individual pupil's auto-injector is not available or not working.

Only pupils who have been prescribed an auto-injector and where parents have given written consent may be given the emergency adrenaline. A simple photographic list of all such pupils will be kept with each kit.

The kit may only be used for other pupils on the direct instructions of a clinician (999 call handler).

### **Recognition and Management of Anaphylaxis**

If someone is having an allergic reaction which is compromising their airway and breathing it is vital adrenaline is administered.

1. Phone for an ambulance immediately and state ANAPHYLAXIS.:
2. If the pupil is conscious help them to administer their own medication  
If the pupil is unconscious, the auto-injector must be administered for them.  
Record the time any injections were given.  
All auto-injectors are delivered to the casualty's thigh, injecting through the clothing.  
Be careful to keep you own hands away from either end of the injector.  
Lie the casualty down and keep them still.
3. If there is no improvement or the symptoms are getting worse after 10mins, a second injection should be given
4. Send the used auto-injector(s) to hospital with the casualty.

### **Maintenance of Emergency Anaphylaxis Kits**

The Student Services Manager is responsible for ensuring the emergency anaphylaxis kit is periodically checked.

## **ANNEX A: GUIDANCE ON COMMON MEDICAL CONDITIONS**

### **ASTHMA**

(more information at [www.asthma.org.uk](http://www.asthma.org.uk))

#### **About Asthma**

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma.

#### **How to recognise an asthma attack**

- Persistent cough (when at rest)
- Wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest “feels tight” (younger inexperienced children may express this as tummy ache)

#### **Call an ambulance immediately if the child:**

- Appears exhausted
- Has a blue/white tinge around the lips
- Is going blue
- Has collapsed

#### **What to do in the event of an Asthma Attack**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child’s own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol, via a spacer if needed
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, upto a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.  
If the child does not feel better or you are worried at ANYTIME before you have reached 10puffs, CALL 999 FOR AN AMBULANCE.

#### **Points to remember about an asthma attack**

- Never leave a pupil having an asthma attack
- Salbutamol is very safe, do not worry about a pupil overdosing during an attack
- If they do not have their own inhaler, send for the emergency kit
- If you are in doubt, send for a school first aider – asthma attacks can appear quite frightening if you have not seen one before.
- If you have to call an ambulance, contact the pupil’s parents straight away.

## DIABETES

(more information at [www.diabetes.org.uk](http://www.diabetes.org.uk))

### About Diabetes

Diabetes is the inability of the body to adequately control the level of sugar in the blood. Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes:

- hyperglycaemia (high blood sugar)
- hypoglycaemia (low blood sugar)

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

### Signs and Symptoms

#### Hypoglycaemia

- Hunger
- Feeling weak and confused
- Sweating]
- Dry, pale skin
- Shallow breathing

#### Hyperglycaemia

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

### Treatment

#### Hypoglycaemia

- Sit casualty down
- If conscious, give sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their test kit and check their own condition.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance.

#### Hyperglycaemia

- If conscious and able, allow the casualty to take any appropriate medication
- Otherwise call 999 immediately

#### If the casualty becomes unconscious

- Call 999 for an ambulance immediately
- Open airway by tilting back head and check for breathing
- Place them in the recovery position
- Be prepared to give resuscitation if needed

## **EPILEPSY**

(more information at [www.epilepsy.org.uk](http://www.epilepsy.org.uk))

### **About Epilepsy**

Epilepsy is a neurological disorder marked by recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain.

Episodes may either be partial or a tonic-clonic seizure.

### **Partial (focal) seizures**

- The person is not aware of their surroundings or what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

### What you should do...

- Guide the person away from danger
- Stay with the person until recovery is complete
- Be calm and reassuring
- Explain anything that they may have missed

### Do not...

- Restrain the person
- Act in a way that could frighten them, such as shouting at them
- Assume the person is aware of what is happening or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round in any way

### **Tonic-clonic (full) seizures**

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

### What you should do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished
- Stay with the person until recovery is complete
- Be calmly reassuring

### Do not...

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

### **Call for an ambulance if...**

- You know it is the person's first seizure, or
- The seizure continues for more than five minutes, or
- One tonic-clonic seizure follows another without the person regaining consciousness, or
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention

## **ANAPHYLAXIS (severe allergic reaction)**

(more information at [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk))

### **About Anaphylaxis**

Anaphylaxis is an extreme and severe allergic reaction. The whole body is affected, often within minutes of exposure to the substance which causes the allergic reaction (allergen) but sometimes after hours.

### **Common causes**

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, and Brazil nuts), sesame, fish, shellfish, dairy products and eggs.

Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection.

### **Symptoms of severe allergic reaction**

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

### **Treatment**

1. Send someone to reception to get:
  - An ambulance
  - A first aider
  - the spare auto-injector (epipen)
2. If the pupil is conscious help them to administer their own medication  
If the pupil is unconscious, the auto-injector must be administered for them.

Record the time any injections were given.

All auto-injectors are delivered to the casualty's thigh, injecting through the clothing.

Be careful to keep you own hands etc away from the either end of the injector.

Lie the casualty down and keep them still.

3. If there is no improvement or the symptoms are getting worse after 5-10mins, a second injection should be given
4. Send the used auto-injector(s) to hospital with the casualty.

## ANNEX B: LOCATION AND CONTENTS OF FIRST AID KITS & EQUIPMENT

The table below indicates the location of first aid kits, and other emergency medical equipment, in the school.

The type of kit refers to the BS8559 contents list<sup>5</sup>, detailed below.

Srl	Location	Type of Kit	Additional Items	Remarks
1	Welfare Hub – First Aid Room	Large (fixed) & Large (Portable)	Emergency Asthma kit Emergency Anaphylaxis kit Eye wash station PPE Pack	Main School First Aid Station
2	Main Reception	Medium	AED (defibrillator)	
3	Resources	Medium		
4	Chemistry Prep Room	Medium		
5	Physics Prep Room	Medium	PPE Pack	
6	Biology Prep Room	Medium		
7	Sports Centre	Large		
8	Swimming Pool	Medium	(additional kit for sub-aqua only)	
9	Collier Centre	Medium		
10	Design Room 1	Medium		
11	Design Room 2	Medium		
12	Art	Medium		
13	Sports & Social Club	Medium		
14	John Dickson Block (CCF)	Large (portable)		
15	Rifle Range (CCF)	Medium	Trauma Module	

Additionally portable First Aid Kits are maintained for Educational Visits, Sports and in each school minibus.

First aid kits are maintained at Farchynys by Farchynys Estate Management Company.

The CCF maintain a number of kits for use during their activities.

<sup>5</sup> BS8559-1 (2019) refers to workplace first aid kits, BS8559-2 (2014) refers to vehicle first aid kits.

## BS8559 Contents List (2019 Update)

ITEM	Large (BS8559-1)	Medium (BS8559-1)	Small (BS8559-1)	Minibus (BS8559-2 large)
Guidance Leaflet	1	1	1	1
Contents List	1	1	1	1
Nitrile Gloves (not latex) – Pairs	12	9	6	5
Vent Aid Resuscitation Shiled	2	1	1	2
Foil Blanket	3	2	1	3
Clothing Shears (tuff cut scissors)	1	1	1	1
Sterile non-alcoholic wipes	40	30	20	20
Surgical tape	3	2	1	0
Safety Pins	24	12	6	0
Burn Relief Dressing	2	2	1	4
Conforming bandage	2	2	1	0
Finger dressing with adhesive fixing	4	3	2	0
Triangular Bandage	4	3	2	2
Medium sterile dressing – 12x12cm	6	4	2	2
Large sterile dressing – 18x18cm	4	3	2	0
Eye pad with bandage	4	3	2	0
Washproof plasters (*blue in catering kits)	100	60	40	20
Trauma Dressing – 15x18cm	-	-	-	1
Trauma dressing – 10x18cm	-	-	-	2
Dressing pad with adhesive backing (steropore etc) – 8x10cm	-	-	-	2

## **ANNEX C: EVOLVE ACCIDENT BOOK**

### **Introduction**

Evolve is an online service which provides a management system for educational visits and first aid/medication. All staff have a user account. The system pulls information through from SIMS each evening.

### **Administration**

Mr A Hudson is the system administrator for EVOLVE.

### **Access**

There are two ways to access EVOLVE:

- 1) Directly to Evolve Accident Book at <https://evolve.edufocus.co.uk/safety/login.asp>  
In the drop down list select "Queen Marys Grammar School"
- 2) Through Evolve Visits at <https://evolve.edufocus.co.uk/evco10/unknown.asp>  
In the drop down list select "Elite Safety in Education"  
Click in the top right to toggle between visits and Accident Book.

### **Adding an Incident**

Any member of staff can add an incident to the system – simply log in and click on the first aid kit icon. There is a tablet at reception dedicated to Evolve, but any internet-connected device can access it.

You need to answer every question (put n/a if needed).

Remember this form is a legal document and could be called up until a pupil is 21 years old – provide a reasonable level of detail.

If you click on the person icon next to their name this will bring up their details, including any medical conditions recorded on SIMS and a copy of any healthcare plans.

Make sure you click save at the end or it will not be recorded.

### **Severity of an Injury**

The system asks for an injury to be classified as minor, major or significant. The vast majority of injuries will be MINOR. Only manager accounts may adjust the injury severity to significant.

Note that RIDDOR requirements are different to injury classification (and are different between employees and pupils).

We suggest MAJOR injury covers one or more of the following:

- Any injury or illness which compromises an element of the primary survey (Response, Airway, Breathing, Circulation)
- Fractures except fingers, thumbs or toes
- Dislocation of any major joint (shoulder, elbow, hip, knee, ankle)
- Amputation
- Any injury likely to lead to permanent loss or reduction of sight
- Any non-trivial crush injury
- Burn or scald requiring hospital referral (any full thickness, >1% partial thickness, >5% superficial)
- Head injury leading to any loss of consciousness
- Anaphylaxis requiring adrenaline administration
- Any casualty where the first aider considers the situation to warrant classification as major.

### **HOY Alerts**

Heads of Year will automatically receive an email alert whenever an entry is saved onto the system for a pupil in your year group. This is to alert you towards the welfare of those involved.

Your role is NOT to investigate the cause of the accident; rather we want you to follow up any pastoral concerns. In particular, if a pupil is sent to hospital find out the actual diagnosis. If an injury is the result of a behaviour incident, you need to follow this up through the discipline system.



**Accident Investigation**

The Site Manager is responsible for investigating the causes of accidents and where necessary ensuring any corrective measures are put in place to prevent a similar accident reoccurring.

When required by RIDDOR, the Site Manager is to ensure accidents are reported to HSE promptly.

**Closing an Incident**

The Headmaster and Site Manager meet periodically and will review and close down the incident forms. Only the headmaster is to *close* a form.



## Queen Mary's Grammar School

### INDIVIDUAL HEALTH CARE PLAN

*For ongoing medical conditions or where medication is stored in school on a long-term or emergency only basis.*

<b>Pupil Name</b>	
<b>Form Group</b>	
<b>Date of Birth</b>	
<b>Home Address</b>	
<b>Medical Condition (summary)</b>	

#### Doctors Details

<b>GP Name</b>	
<b>Surgery Address</b>	
<b>Phone number</b>	

#### Specialist Consultant/Nurse (if applicable)

<b>Name</b>	
<b>Address</b>	
<b>Phone number</b>	

<b>Date of Plan</b>	
<b>Proposed Review Date</b>	

**Describe medical needs and give details of symptoms, signs, triggers, etc.**

**Details of medication required in school, including dose, method and time, side-effects, contra-indicators, etc. Who is responsible for administering medication? (self-administration/supervision/etc)**

**Are there any specific storage requirements for medication**

**Other daily care requirements required in school**

**Specific support for pupil's educational, social and emotional needs (if relevant)**

**Different arrangements required for school visits/trips etc**

*(Note residential trips are always covered by a separate consent form)*

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**Any other relevant information we need to be aware of?**

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**Parental and Pupil agreement**

I give consent for staff to supervise medication/medical care as indicated above in accordance with the school's Medical Needs Policy.

I agree that that medical information contained in this plan may be shared with individuals involved with my child's care and education (including emergency services).

I understand that I must notify the school if there are any changes in these arrangements.

<b>Signature (pupil)</b>	<b>Date:</b>
<b>Signature (parent)</b>	<b>Date:</b>
<b>Parent Name</b>	
<b>Parent contact details</b>	

**School Notes/Remarks**

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**EMERGENCY ARRANGEMENTS**

**Briefly describe what constitutes an emergency for your child**

**Details of Emergency Medication (inc dose, how administered etc) and other emergency action required**

**Who should we contact in an emergency and at what point?**

*(If staff have an immediate concern for life, they will always phone 999.*

*This question relates to less serious emergencies)*

**Asthma**

*Those pupils with a medical diagnosis of Asthma:*

Do you consent to your child using the emergency asthma inhaler kit: Yes / No

**Anaphylaxis**

*Those pupils with a medical diagnosis of anaphylaxis and who have been prescribed an adrenaline auto-injector:*

Do you consent to your child using the emergency adrenaline kit if required: Yes / No



## Queen Mary's Grammar School

### TEMPORARY MEDICATION AGREEMENT

*For use in temporary situations of less than two weeks when the school is holding or managing medication.*

<b>Dates Agreement Valid</b>	<b>From:</b>	<b>To:</b>
<b>Name of Child</b>		
<b>Date of Birth:</b>		
<b>Form Group:</b>		
<b>Reason for medication:</b>		
<b>Medication name (as on container)</b>		
<b>Expiry Date</b>		
<b>Dose and method (route)</b>		
<b>Time for administration</b>		
<b>Special precautions</b>		
<b>Storage requirements</b>		
<b>Procedure to take in emergency</b>	Call 999 Notify parents as below	

Note: **Medication will only be accepted in the original container with the pharmacy label indicating the patient's name and the dosage.**

#### Parent Contact Details

<b>Name</b>	
<b>Daytime telephone number</b>	
<b>Relationship to child</b>	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Queen Mary's Grammar School staff to administer this medicine in accordance with the school's Medical Needs Policy. I will inform the school immediately if there is any change in the details given above or if the medicine is stopped.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_