

STOCKPORT GRAMMAR SCHOOL

FIRST AID POLICY

(Approved by Governors 23.03.10)

Stockport Grammar School is mindful of the need to safeguard the well being of all pupils staff and visitors to the School and will ensure, as far as is reasonably practicable, that first aid arrangements will be managed in compliance with the management of Health and Safety (First Aid) Regulations 1981, Education (Independent School Standards)(England)Regulations 2003.

Management of first aid arrangements will be undertaken in such a way as to ensure there are adequate arrangements for training and retraining of first aid staff, provision of first aid equipment and facilities and for the recording of first aid treatment.

The school aims:

- To provide a prompt and appropriate response in cases of illness and injury
- To ensure compliance with all relevant legislation
- To ensure there are sufficient numbers of competent staff within the school environment
- To ensure there are suitable facilities to administer first aid
- To identify and implement reasonably practical arrangements for dealing with first aid incidents
- To keep accident records and report to the HSE as required under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995

The School has a Medical Advisor, Medical Centre and employs a full time School Nurse. The Governing Body review matters of Health and Safety on a regular basis and delegate the responsibility for ensuring the policies are put into practice to the Bursar. All staff in the school are expected to do all they can to safeguard the welfare of pupils, other staff and visitors.

There is a qualified nurse on duty in the Medical Centre from 8am to 4pm every day who is available to administer first aid, to deal with any accidents or emergencies, or to help if someone is taken ill.

The School has a large number of staff both teaching and non teaching who are trained and qualified as First Aiders. A list of trained staff is available from the school office.

First aid boxes are placed in all the areas of the school where an accident is considered possible or likely (such as the Sports Hall). They are clearly signed and contain details of trained first aid staff. They will be checked regularly and any deficiencies made good. First aid boxes will be taken when groups of pupils go out of school on organised trips or to participate in sporting events.

All new pupils and staff are given information on where to go for help in the event of an accident as part of their induction into the school. There are first aid notices around the school.

If a pupil is injured or ill during the school day he/she must inform a teacher immediately who will then send for or send them to the School Nurse. The individual will then be assessed by the nurse or in her absence a qualified first aider who will assess, treat (where appropriate) and record.

The individual will remain under the care of the School Nurse or first aider. In the event of there being no prospect of recovery the pupil will be kept in the medical centre and parents or guardians contacted to collect them. The form tutor will be notified if a pupil goes home.

If there is doubt or concern about an individual's condition they will be taken to hospital either by ambulance or car accompanied either by the School Nurse or a qualified first aider.

In all cases of hospitalisation one or both parents will be contacted and requested to go directly to the hospital where they will be met by a member of the school staff. The nearest hospital to the School is Stepping Hill Hospital where there is an Accident & Emergency Unit. The hospital is .7 miles from the School on the A6 and the contact telephone number is 483 1010

The school will keep records of all accidents and injuries, and has a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence. The school will keep a record of any first aid treatment, non-prescription medicines or treatment given to a pupil.

The school will always contact parents if a pupil suffers anything more than a trivial injury, or if they become unwell, or if the school has any worries or concerns about their health.

In the event of an injury to an employee or visitor, an accident report form should be completed by the individual concerned and forwarded to the School Nurse and Bursar. In the event of serious injury, notifiable disease or dangerous occurrence the Bursar should be notified immediately. He will then arrange for any necessary investigations or reporting, and the line manager of the injured employee will be informed as soon as possible.

The school encourages parents to contact the school nurse to discuss any concerns they may have regarding their child's health.

Related Policies and Documents

Policy 37a	Asthma policy
Policy 37b	Diabetes policy
Policy 37c	Epilepsy policy
Policy 37d	Contamination from blood/bodily fluids policy
Policy 37e	School medicine policy
Policy 37f	Anaphylaxis Policy

Appendices

1. List of qualified first aid staff
2. Protocol for the safe storage of medicines in the school
3. Protocol for the safe disposal of sharps
4. Protocol for the safe disposal of medical waste
5. Protocol for the misuse of medicines
6. Protocol for the documentation of medicines
7. Protocol for needle stick/splash injuries
8. Protocol for administering medicines in school

Asthma Policy – 37A

In developing this asthma policy the school acknowledges the advice and guidance of the National Asthma Campaign. The school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school welcomes all pupils with asthma and through the policy pupils will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on asthma management and will be expected to update this annually.

- All pupils with asthma will have an individual health care plan
- The school will store spare inhalers for individual children if requested. These are kept with the pupil's health care plan in a fully labelled bag in the medical centre.
- Relevant staff will receive regular training and updates to ensure they have a clear understanding of asthma and what to do in the event of an asthma attack
- Pupils will be encouraged to understand the condition so that they can support each other. This will be done through the PSHCE programme.
- Staff will be informed annually of those children who suffer with asthma. The individual health care plans are available for staff to take off site with a pupil on school trips and visits. Heads of Department are given a list of asthma sufferers to be kept confidentially and a list is available in the staff room.
- The school will work in partnership with all parties to ensure effective communication of the policy. Copies can be found in the policy file and in the staff handbook.

ASTHMA

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Recognising an asthma attack

- The airways in the lungs become restricted
- The child will have difficulty speaking
- The child may wheeze, and have difficulty breathing out
- The child may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth.

What to do if a child has an asthma attack

- Ensure that the reliever (blue) inhaler is taken if prescribed
- Send for the nurse
- Stay calm and reassure the child
- Ensure the child sits upright and slightly forward
- Loosen any tight clothing
- Encourage slow deep breaths

Call 999 and request an ambulance urgently if:

- The reliever (blue inhaler) has had no effect after 5 - 10 minutes
- The child is unable to talk or increasingly distressed
- The child is disorientated or collapses.
- The child looks blue around the mouth and lips
- If you have any doubts about the child's condition

- Inform the parents or guardian as soon as possible about the attack

Minor attacks should not interrupt the child's involvement in the school day and they should return to activities when they are fully recovered.

Please contact the School Nurse for advice, help and support and for further information.

Diabetes Policy - 37B

In developing this diabetes policy the school acknowledges the advice and guidance of the British Diabetic Society. The school recognises that diabetes is a widespread condition affecting many children and welcomes all pupils with the condition and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management and will be expected to update this annually.

- All pupils with diabetes have an Individual Health Care Plan
- All relevant staff have a clear understanding of diabetes and are able to recognise common signs and symptoms associated with the condition.
- Pupils will be encouraged to recognise the signs and symptoms to support their fellow pupils.
- Staff are informed each year of those children who have diabetes and a printed copy of names is given to Heads of Department to keep confidentially.
- The catering staff are also aware of all diabetic pupils in case high sugar refreshments are needed urgently
- The school will work in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy

DIABETES POLICY

Diabetes is a condition in which the amount of sugar in the blood stream is too high. This comes about because the body fails to either produce insulin or enough insulin to deal with the sugar.

As a result the sugar builds up in the blood causing Hyperglycaemia. People with diabetes control their blood sugar levels with diet which provides a predictable amount of sugar and carbohydrate and insulin injections. Children particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

Inadequate amounts of food eaten missed or delayed

Too much or too intense exercise

Excessive insulin

Unscheduled exercise

Recognition of Hypoglycaemia

Onset is SUDDEN

Weak, faintness or hunger

Palpitation (fast pulse) tremor

Strange behaviour or actions

Sweating, cold, clammy skin

Headache, blurred vision, slurred speech

Confusion, deterioration levels of response leading to unconsciousness

Seizures

Treatment of Hypoglycaemia

Call or send for the School Nurse or first aider
Ensure the child eats a quick sugar source e.g. Glucose tablet, gel or fruit juice
Wait 10 minutes and if the pupil feels better, follow with a carbohydrate type snack e.g. biscuit, cereal bar etc.
Once recovered allow to return to normal school activities
Inform parents or guardian of the episode

If the child becomes drowsy and unconscious the situation is LIFE THREATENING

Call 999 and request an ambulance
Place the child in recovery position and stay with the child
Contact the parent/guardian

Causes of Hyperglycaemia

Too much food
Too little insulin
Decreased activity
Illness
Infection
Stress

Recognition of Hyperglycaemia

Onset is over time – hours or days
Warm dry skin, rapid breathing
Fruity sweet smelling breath
Excessive thirst and increasing hunger
Frequent passing of urine
Blurred vision
Stomach ache, nausea, vomiting
Skin flushing
Lack of concentration
Confusion
Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia

Call and send for School Nurse or first aider.
Encourage child to drink water or sugar free drinks
Allow child to administer extra insulin
Permit child to rest before resuming activities if feeling well enough
Contact parent of guardian

Please contact School Nurse for further advice, help and support.

Epilepsy Policy – 37C

In developing this policy the school acknowledges the advice and guidance of the Epilepsy Action Group, and Specialist Epilepsy Nursing team
The school recognises that epilepsy is condition which affects a number of pupils at the school. The school welcomes all pupils with epilepsy and through the policy pupils will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on epilepsy management and will be expected to update this annually.

- All pupils diagnosed with epilepsy will have an individual health care plan
- Staff should have a clear understanding of the condition and what to do in the event of a seizure. Training on individual health care plans is given to teachers who have a pupil under their care.
- Pupils will be encouraged to understand the condition so that they can support their fellow pupils. This will be done through PSHCE programme
- The school works in partnership with specialist teams and parents to provide a continuation of care for those pupils who suffer from the condition
- Staff are informed each year of the children at the school who have epilepsy. A copy of emergency action plan and Individual Health Care Plans are placed in the staff rooms with copies given HOD's to be kept confidentially.
- Advice and further information on individuals is available from the School Nurse.
- Stockport Grammar will work in partnership with all parties to ensure the effective communication of the policy. Copies can be found in the policy file and the staff handbook.

EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but may be a symptom of some physical disorder. However, its cause, especially in the young, may have precise medical explanation.

Tonic Clonic Seizure (grand mal)

The child may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the child may be incontinent.

Complex and Partial Seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The child may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the child and gently move them away from any dangers. Speak calmly to the child and stay with them until the seizure has passed.

Absence (petit mal)

This can easily pass unnoticed. The child may appear to daydream or stare blankly. There are very few signs that a child is in seizure. These types of episodes if frequent can lead to serious learning difficulties as the child will not be receiving any visual or aural messages during those few seconds. Therefore it is important to be understanding, note any probable episodes, check with the child that they have understood the lesson and inform parents.

Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Procedure for an Epileptic Seizure

Total seizure (tonic clonic)

- KEEP CALM – Pupils will tend to follow your example! Let the seizure follow its own course; it can not be stopped or altered.
- Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult. Then contact the School Nurse, and send another pupil to fetch the wheel chair from the medical centre in case it is needed.
- Note the time of the seizure
- Protect the child from harm. Only move them if in immediate danger. If possible move objects that may cause injury away from the immediate area.
- As soon as possible (normally post fit) place the child on his/her side – this does not have to be the recovery position but just so that the tongue can fall forward and excessive saliva can drain out of the mouth.
- Support the head and stay with the child until completely recovered.
- Talk quietly to the child and reassure but do not try to restrain any convulsive movements.
- Do not put anything into the mouth or offer drinks until fully recovered.
- Remove to the Medical room when safe to do so.
- The nurse or first aider should then make a full assessment of the seizure and note any injuries that may have been sustained
- Allow the child to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their sides.
- Inform the parents and arrange for collection
- If the fit lasts any longer than 5 minutes, call an ambulance immediately. It is very important the child is assessed at the hospital and the sooner this happens, the better.
- If the ambulance is summoned then report the seizure in as much detail as you can, especially how long it has lasted.
- A member of staff needs to accompany the child to hospital and stay with them until the parent(s) arrive.

Policy for the Prevention of Contamination from Blood/Body Fluids – 37D

Occupational exposure to blood or other body fluids through spillage poses a potential risk of infection particularly to those who may be exposed to these substances in the work place setting.

The safe and effective management of these spillages is therefore essential to prevent transmission via this route and to comply with the Health and Safety at Work Act 1974. It must be assumed that every person encountered could be carrying a potentially harmful microorganism that might cause harm to others. As such, safe effective management of spillages is a precaution applied as standard. Stockport Grammar School acknowledges the guidance given by Health and Safety Executive and Public Health Department (Infection Control), SteppingHill Hospital, Stockport.

Prevention of contamination incidents

The aim of the policy is to ensure the protection of all staff children and visitors where there is an accidental exposure to blood/body fluids when dealing with an incident. It aims

- To ensure all members of staff are aware of what action to take
- To ensure all members of staff are protected through good working practices.
- To prevent contamination

School staff dealing with an incident must;

- Always wear suitable 'single use' disposable gloves when handling blood and body fluids during first aid procedures. (these found in the first aid kits)
- Always cover any open wounds/cuts/sores/burns of the skin with a waterproof dressing
- Place any soiled dressings/gloves in a small yellow clinical waste bag (provided in the first aid kit)
- Ensure yellow clinical waste bags are disposed of safely in the medical room
- Wash hands thoroughly following removal of gloves
- Arrange for spillages to be cleaned up as quickly as possible

This policy applies to:

School Nurse, first aiders and any member of staff, teaching and non-teaching who may be involved in dealing with an incident. It includes all departments within the school and extends wherever practical to field trips, excursions and sporting events.

In the event of accidental exposure to a contaminant:

- Broken skin – wash immediately with soap under running water and cover with waterproof dressing.
- Eye – wash eye out thoroughly with water
- Mouth – do not swallow. Spit out and rinse mouth out with water
- Attend Accident and Emergency if necessary for further advice/treatment.
- Report any incidents of accidental contamination to School Nurse or Health and Safety Representative

Spillages of blood or body fluids

A spillage is a leak or spill of blood or body fluid from a person, specimen container or equipment

Spillages of blood or body fluids present a risk of infection and must be dealt with immediately

Viruses such as Hepatitis B, C and HIV can be transmitted through blood and other bodily fluids. Quick and effective management of spillages regardless of the setting is essential for health and safety. Before attempting to clear a spillage make sure you have gathered all necessary equipment and wear personal protective equipment.

Equipment required:

- Biohazard Kits are available from the Caretakers . Read and follow the instructions carefully
- Use the protective gloves/apron/masks provided with the kit.
- Use face visor or goggles if recommended
- Contain the spillage with absorbent towel or chlorine granules in the first instance
- Cover the spillage with NADCC granules giving a minimum of 3 minutes contact time
- Scoop up the granules with the scoop provided and discard contents in to the yellow clinical waste bag provided
- Wipe the area and any other splashes with appropriate detergent.
- Clear everything away

IMPORTANT NOTE

DO NOT use the granules on urine spillages as the fumes released can cause harm. Urine should be mopped up and the area disinfected afterwards. Clean the mop and bucket out with disinfectant and allow to dry.

Soft furnishing can be further cleaned with the appropriate cleaning equipment. The caretaker can supply the necessary carpet and upholstery cleaners for this. Ensure the room is allowed to 'air' and that soft furnishings are completely dry before using again.

Following Decontamination

Ensure the area is decontaminated and is safe, with all items that have been used to clear the spillage removed and disposed of into healthcare waste

Ensure that hands are washed thoroughly and all clothing cleaned

Employ the usual signage for areas that might remain a hazard for some time following the spillage.

School Medicine Policy – 37E

In developing this policy the school acknowledges the advice and guidance from the Department of Health. The school recognises its responsibility in dealing with children and their medicines appropriately.

The school recognises there are various conditions affecting children, thus requiring daily medicines.

All pupils on certain medicines will have an Individual Health Care Plan. The school recognises the importance of being able to continue treatment of certain conditions during the school day through the use of regular medication. Staff will be informed as appropriate the pupils who need to take regular medicines for certain conditions. The school understands the importance of prompt return to lesson following treatment for minor illnesses during the school day, through simple over the counter preparations (OTC's).

The school recognises the importance of reducing pupils' absences. The school will provide the following protocols to ensure correct implementation of this policy.

- Protocol for Administrating Medicines in School
- Protocol for Safe Storage of Medicines in School
- Protocol for Safe Disposal of Sharps in School
- Protocol for Needle stick/Splash injuries in School
- Protocol for Disposal of Medical waste in School
- Protocol for Misuse of Medicines in School
- Protocol for Documentation of Medicines in School
- Policy for the prevention of contamination from blood/body fluids

The school will provide detailed information to relevant staff on emergency medicines held in school for individual pupils under their care
The school will work in partnership with outside agencies to ensure the policy is communicated, implemented and maintained.

Anaphylaxis Policy – 37F

In developing this policy the school acknowledges the advice and guidance of the Anaphylaxis Society. The school recognises that allergic shock (anaphylaxis) is a serious condition that may affect a number of pupils at the school and recognises the responsibility it has in dealing with children's allergies appropriately.

- All pupils with anaphylaxis will have an Individual Health Care Plan.
- All relevant staff will have an understanding of what it means to be allergic whether it be a reaction of the skin, airborne, contact, ingestion, or injection. They will be able to recognise and respond to a child who may be having an anaphylactic reaction including the administering of emergency adrenaline (epi-pen). Staff will receive regular training and updates to ensure they have a clear understanding of what to do in the event of an allergic shock.
- The school will hold an epi-pen for those children who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- All medications will be labelled and stored appropriately in the medical room and catering departments. Each child will have an individual zipper bag containing their medicine and information about their allergy management. This bag can be taken off-site on school excursions.
- Relevant staff will be informed of those children who have this condition. A folder containing all necessary information on each individual will be given to Heads of Departments each year with another copy available in the staff room.
- The catering department will be made aware of all children who have allergies.
- The school will work in partnership with all parties to ensure the policy is implemented.

Allergic Reaction

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances) usually proteins which causes the formation of an antibody which specifically reacts with it. In susceptible individuals the reaction may develop within seconds or minutes of contact with a trigger factor. The exposure may result in a severe allergic reaction that can be life threatening.

In an anaphylactic reaction chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers

- Skin or airborne contact with particular materials
- Injection of a specific drug
- Insect bite
- Ingestion of certain foods. EG. Nuts, fish and dairy products.

Recognition

- Anxiety
- Widespread blotchy skin
- Swelling of the tongue and throat
- Puffiness around the eyes

- Impaired breathing

Serious symptoms

- Cold, clammy skin
- Blue- grey tinge around lips
- Weakness/dizziness
- Rapid shallow breathing

Progress further

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

Treatment

- Call or send for help either school nurse or first aider
- Ask member of staff to get pupils emergency medicine bag from medical room
- Administer antihistamine tablet/syrup as prescribed
- When a pupil recovers allow time to rest and contact parents
- If serious symptoms appears call 999, request ambulance and administer **Adrenaline via the epi-pen immediately if prescribed.**
- Stay with pupil, note the time epi-pen was given and reassure pupil.
- Give as much detail to the ambulance crew on arrival regarding the allergic reaction and what medicine you have given.

APPENDIX 1

FIRST AID QUALIFICATIONS

	NAME	TYPE	PROVIDER
Senior School Teaching Staff	Tony Cheslett	First Aid at Work	St John Ambulance
	Laura Service	First Aid at Work	St John Ambulance
	Duncan Wright	Emergency Aid	St John Ambulance
	Ruth Groves	First Aid at Work	St John Ambulance
	Kim Bridges	Exploration Medicine	
	Chris Muscutt	Mountain Emergency Care	Plas-y-brenin
Senior School Admin Staff	Sandra Gaffney	First Aid at Work	St John Ambulance
	Sally Phelan	First Aid at Work	St John Ambulance
	Jackie Holleworth	First Aid at Work	St John Ambulance
	Christina Helme	First Aid at Work	St John Ambulance
	Gill Moss	First Aid at Work	St John Ambulance
Junior School Teaching Staff	Louise Hardy	First Aid at Work	MANCAT
	Malcolm Johnson	Activity First Aid	St John Ambulance
	David Makinson	First Aid at Work	MANCAT
Junior School Associate Staff	Carolyn Tonge	First Aid at Work	MANCAT
	Michelle Gay	Early Years First Aid	St John Ambulance
	Carla Peake	Early Years First Aid	St John Ambulance
Senior School Associate Staff	Paul Croft	First Aid at Work	Health Surv. Serv.
	Deborah Szakal	First Aid at Work	St John Ambulance

School Medical Advisor: Dr David Dawson

APPENDIX 2

Protocol for the safe storage of medicines in school**Aim:**

- To safeguard all pupils, staff and visitors from the potential dangers of having medications within school
- To ensure all staff and pupils are informed of the legal requirements for correct and safe storage of medicines within school
- To ensure the medicines are handled safely and securely in accordance with legislative requirements
- To ensure that all medicines are stored strictly in accordance with product instructions and in their original container in which dispensed. Pupils should know where their medication is stored and who holds the keys to access it.

Medicine cupboards

- Inhalers will be kept at the request of parents so that they can be easily accessed by the pupil or a member of staff
- Medicines must be stored in a locked cupboard in a designated area
- Medicines in the senior school will be kept in the medical centre
- In the Junior School or nursery the medication should be kept in a locked cupboard in the designated room
- Some pupils will be allowed to keep their own medication with them for self administration
- Medicines carried on pupil's person or stored should be clearly marked with their name, date, type of medication and instructions for use
- Emergency medication is kept in the medical room in clearly labelled boxes and has easy access
- The reception staff will keep a spare set of cupboard keys to gain access to the medical room in the event of the school nurse being unavailable.
- Reception staff should be aware of the location of all relevant medications held
- Cupboard contents are checked monthly, this includes expiry dates, cleaning and updating documentation
- Medicines held in school on behalf of the children are checked again at the end of each term when letters to parents are sent advising them to replace out of date medicines
- Controlled drugs are kept in the medical room in a purpose built controlled drug cupboard

Fridges

- The school medical centre has a drugs fridge which is used for the storage of medications requiring refrigeration
- The refrigerated items are clearly labelled and no domestic foods or other substances should be stored in it
- The fridge is cleaned monthly and its contents checked.
- The fridge itself is not locked but the room it is located in is, when not in use
- The medical room, medicines cupboard and fridges are all located in an area that when not in use, is protected by a burglar alarm

APPENDIX 3

Protocol for the Safe Disposal of Sharps

Aim:

- To protect all pupils, staff and visitors from the dangers of exposure to sharps
- To ensure staff and pupils know how and where they can dispose of sharps correctly

Individual responsibility

- It is the individual's responsibility to ensure that sharps are always handled safely
- It is the individual's responsibility to dispose of them safely
- It is a criminal offence to discard an item in such a manner as to cause injury to others
- Use of sharps is covered by the Health and Safety at work Act 1974 and should be risk assessed in accordance with COSHH 1999 regulations.

Sharp Boxes

- Ensure the sharps boxes comply with British Standard 7320, yellow and clearly marked 'DANGER CONTAMINATED SHARPS' and 'DESTROY BY INCENERATION'
- The sharps boxes are located in the medical centre, with caretaking and in the Junior school
- Sharps boxes must not be filled above the designated fill line on the outside of the box
- Once filled, boxes must be sealed immediately removed by a specialist collection service provided and a replacement arranged.

Disposal

- Sharps should not be passed from hand to hand
- Keep all handling to a minimum
- All sharps must go directly into a sharps bin
- Do not re-sheath needles
- Always wear gloves and use litter picker tongues if available when picking up discarded needles on site
- Always hold sharps in the centre of shaft to prevent injury to fingers/hand
- Report any needlestick injury immediately and seek medical attention

APPENDIX 4

Protocol for the safe Disposal of Medical Waste

Aim

- To protect all staff, pupils, visitors and the environment from exposure to pathogens which could cause disease
- To prevent contamination from hazardous medical waste

Definition of medical waste

- Discarded waste human blood and blood components
- Discarded waste material that is contaminated with human excretions and exudates

Therefore it is of great importance to contain medical waste correctly and use medical waste bins and medical waste bags

Medical waste bins

- These large capacity bins lined with a yellow clinical waste bag are situated in the medical centre
- Waste is collected and incinerated on a regular basis

What the bins should be used for:

- Blood soiled tissues, gloves, dressings.
- Wipes for clearing away vomit, urine and faeces
- Anything else that may have come into contact with bodily fluids
- Small yellow clinical waste bags can be found in the first aid kits and the cupboard in the medical room

What **NOT** to use the clinical waste bins for

- NEEDLES/SHARP OBJECTS
- Paper towels for hand washing
- Paper or general rubbish

APPENDIX 5

Protocol for the Misuse of Medicines

Aim

- To protect pupils, staff and visitors from the potential dangers of having medicines in school.
- To inform all staff and pupils of the legalities of medicine misuse

The Misuse of Drugs Act 1971

- This act controls the availability of drugs liable for misuse
- It provides the provision for drugs to be classified into 3 groups A, B and C
- The class in which a particular drug falls will determine the penalty which may be imposed for an offence in respect of that drug. Essentially the classification refers to the enforcement of the law, rather than the lawful handling of drugs, determining police powers, modes of arrest, trial and sentencing.
- The Misuse of Drugs Act 1971 makes one person liable
- It is an offence to allow unlawful use of controlled drugs on the premises
- The supply, possession administration and storage of some medicines are controlled by the Misuse of Drugs Act 1971 and associate regulations. This is relevant in our school setting because there may be children who are prescribed controlled drugs (EG Ritalin used in the management of ADHD)
- The Misuse of Drugs Regulations 2001 allows 'any person' to administer drugs listed in the regulations for whom it is prescribed
- A child who has been prescribed a controlled drug may legally have it in their possession
- It is permissible for schools and settings to look after that controlled drug where it is agreed that it will be administered to the child for whom it has been prescribed
- Where children are prescribed controlled drugs, relevant staff need to be aware of the type of medication and how school keeps it in safe custody
- However pupils can access them for self medication if this is appropriate. The medical centre has a controlled drug cupboard for this purpose

MISUSE OF A CONTROLLED DRUG, SUCH AS PASSING IT TO ANOTHER CHILD FOR USE IS AN OFFENCE

APPENDIX 6

Protocol for the Documentation of Medicines**Aim**

- To protect all pupils, staff and visitors and ensure they are informed of the legal requirements for correct and accurate documentation

Clear record keeping must be maintained for every different type of medication brought into school. This applies to those stored and used on a temporary basis. Any medication administered on behalf of parent/guardian need clear written instructions. Without clear instructions and a clear audit trail you will have no defence in the event of any difficulties. Records also offer protection to staff and proof they have followed agreed protocols

Administration of medication record

- The register should be in an approved format – a bound book
- These must show the name of the medication
- The route of administration
- The name of the person for whom the medication is supplied
- The quantity of medication supplied
- The amount administered each time
- The amount remaining
- Time and date of administration
- Name, signature and position of staff dispensing the medication
- Reason for any refusal/missed doses
- Any side effects
- Expiry date

NB The amount supplied, administered and the amount left must tally exactly. This is essential in establishing an audit trail, especially in the case of controlled drugs

Medicine registers MUST

- Be ink - preferably black
- Document the date medication supplied or obtained
- Document the name of the medicine
- Document the amount supplied
- Document the form in which it was supplied eg. Liquid, capsule, tablet
- Document the pupil's details, parent details
- Check signature of parent/guardian
- Document the name of the staff accepting the medication
- Signature of the staff member

All registers must be kept with the pupils records until the age of 22 years

Written errors in the register

- Never write over your mistake
- Never use any type of correction fluid
- Do not alter what has been written in any way
- Do not cross out
- The error should be identified with an asterisk, then either on the next line or at the bottom of the page write – ENTERED IN ERROR, SHOULD READ.....
Remember to sign the new entry.

Please note that if a pupil is on long term medication then an Individual Health Care Plan will be completed. All relevant staff must be aware of the pupil's medical needs and what to do in an emergency.

APPENDIX 7

Protocol for Needle stick/splash Injuries**Aim**

- To protect pupils, staff and visitors from injury and potential contamination
- To minimise exposure to and transmission of a wide variety of micro-organisms

General Information

- Sharps are defined as objects or devices having acute rigid corners, edges, points or protuberances that when handled may accidentally cause a penetrating or cutting injury to the skin. These include hypodermic needles, scalpel blades, art knives, scissors, lancets, broken glass, ampoules and pipettes
- Splash – any splash of body fluids to a person's mouth, eyes, ears or broken skin

Types of injuries

- Uncontaminated - all sharps that have not been in contact with anyone else prior to injury
- Contaminated – all sharps that have previously been in contact with another person, any splash of body fluids to a person's mouth, ears eyes and broken skin.

Procedure after injury**Non –contaminated sharps/splash injuries**

- Wash area with soap and water
- Contact the school nurse or first aider
- Apply occlusive dressing to wound
- All staff/ pupils must complete accident form promptly

Contaminated Sharp/splash injury

- If skin is broken wash area vigorously with soap and water
- If blood/body fluids come into contact with skin wash area thoroughly
- If eyes are contaminated, irrigate area gently with water
- Contact the school nurse or first aider
- Medical attention and counselling should be sought if required
- The affected area may need to be assessed by a doctor

Risks for injuries

The danger of infection or illness from micro-organisms or blood borne viruses, which may be present on the 'sharps' should they penetrate the skin

Sharp injuries with blood and other potentially infectious body fluids are the most common routes for transmitting Hepatitis B and HIV

Prevention of injuries

- All staff to be informed of the 'School Medicine Policy'
- All staff should know their own immunisation status
- All staff to know how to contact the school nurse, first aider and gain access to a medical kit
- All staff to cover existing wounds or areas of broken skin with waterproof dressings
- All staff to report any injuries to school nurse and complete an accident form
- All staff to protect themselves with the appropriate protective clothing and goggles as required

- All work done with sharps must be careful, attentive and unhurried
- All staff to read and understand the 'Policy for the Prevention of Contamination for blood/body fluids

APPENDIX 8

Protocol for Administering Medicines in School**Aim:**

- To safeguard all pupils and staff from the potential dangers of administering medication
- To ensure that relevant staff are informed of the correct method of administering medication to the correct pupil
- To ensure that medicines are handled safely and securely in accordance with legislative requirements and best practice
- To facilitate regular school attendance wherever possible and minimise disruption to the education of pupils with medical needs and their medication.

The Medicines Act of 1968 specifies the way that medicines are prescribed, supplied and administered and places restrictions on dealing with medicinal products and their administration. Anyone may administer a prescribed medicine, with consent, to a third party so long as it is in accordance with the prescribers' instructions.

Parents and guardians have prime responsibility for their children's health and should give the school sufficient information about their child's medical condition, medication and treatment or special care needed at school

School staff that are in charge of pupils have a duty in common law to act in the same manner as a responsible parent in order to ensure that children remain safe and healthy whilst on school premises.

The administration of medicines will be permitted within the School under the following circumstances:

1. When a pupil is recovering from a short term illness and is deemed well enough to return to school by their Doctor but is completing a course of antibiotics. Parents must complete a form to give to the School Nurse or Form Tutor clearly identifying the name of the pupil and giving clear instructions for use.
 2. In cases of long term complaints or chronic illness such as asthma, diabetes and epilepsy, parents must complete a form to give to the School Nurse containing full details of the condition and medication so that an individual healthcare plan can be prepared.
- School staff, who agree to administer medication, will understand the basic principles and legal liabilities involved
 - All members of staff need to have some appreciation if a pupil has an underlying medical condition and the need for treatment
 - Staff need to be confident in dealing with an emergency situation should it arise
 - Staff must ensure they receive regular training relating to medication and relevant medical conditions.
 - Public Liability Insurance is provided for all staff by the school's insurers.
 - It is a voluntary role in which the school staff administers medication to pupils
 - Usual precautionary measures should be employed to assess whether the medication is crucial to the pupil's welfare and how much technical/medical knowledge/expertise is required to administer the medication.

In order to act in the best interest of the school and the pupil, the school nurse or appropriate member of staff will:

- Adhere to pupil confidentiality

- Know the normal dosage, side effects, precautions and contra-indications of the medicines administered
- Know **not** to alter method of administration as this will alter the effect of the medicine
- Know the identity of the pupil who is given the medication, checking with another competent adult if necessary
- Check the prescription or label on the medicine that is given and follow the instructions for administration
- Check the expiry date of the medicine
- Know and check that the child is not allergic to the medicine
- Make a clear and accurate recording on the medication given and the relevant form.
- Never force a pupil to accept medication. Should the pupil refuse their medication document this and inform the parents/guardian.
- Ensure medication removed from fridge or medicine cupboard is administered immediately and must not be left unattended
- Ensure a new form is completed each time the parent requests medicines be administered at school or if there are any changes made to the existing medication request form.

Self administration

- Generally if a child is responsible for their medication at home then they should be allowed to be at school
- If the medication is stored at school then the pupil needs to know where and how to access this.

School trips/excursions

- Medication should be carried on the pupil if normal practice, if not then the member of staff or parent if present should be responsible for that medication
- The member of staff should ensure they know what to do in an emergency.
- Staff should contact the school nurse, or parent for advice and support.