



# FIRST AID & MEDICINE POLICY

<b>Approved by:</b>	Governing Body	<b>Date:</b> January 2023
<b>Last reviewed on:</b>	January 2023	
<b>Next review due by:</b>	January 2024	

## Statement of Intent

The Governing Body believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the school.

We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at school and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office/medical room. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and all staff should be aware of.

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**(Chair of Governors)**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**(Headteacher)**

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



**Review Procedures**

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Governing Body for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by

**Distribution of copies**

Copies of the policy and any amendments will be distributed to: the Headteacher; Health and Safety Representatives; All Staff; Board members and Administration office.



## Contents

Statement of Intent	2
2. Roles and Responsibilities	5
2.1 The Governing Board	5
2.2 The Business Manager	5
2.3 The Senior Medical Officer/Nurse	6
2.5 Staff trained to Administer Medicines	7
2.6 Other Staff	7
3. Arrangements	8
3.1 First Aid Boxes	8
3.2 Medication	8
3.3 First Aid	9
3.4 Insurance Arrangements	9
3.5 Educational Visits	9
3.6 Storage/Disposal of Medicines	9
3.7 Accidents/Illnesses requiring Hospital Treatment	10
3.8 If a student has been involved in a fight and has sustained an injury, first aid will be administered immediately. Parents will then be informed by either SLT or the Head of year of that child once details of the incident have been recorded and dealt with.	11
3.9 Defibrillators	11
3.10 Students with Special Medical Needs – Individual Healthcare Plans	11
3.11 Accident Recording and Reporting	12
4 Conclusion	14
APPENDIX 1 - HEALTH CARE PLAN	15
APPENDIX 3 – ALLERGIES THAT REQUIRES AN AUTOINJECTION HEALTH CARE PLAN	23



## 2. Roles and Responsibilities

### 2.1 The Governing Board

- 2.1.1 The governing body of St Augustine's CE High school is responsible for the health and safety of its employees and anyone else on the premises. The governors are responsible for ensuring that appropriate equipment, facilities, and qualified first aiders are in place in order to provide and administer first-aid to pupils, staff and visitors.
- 2.1.2 The governing body must ensure that a risk assessment of the school is undertaken and should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their duties.
- 2.1.3 Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

### 2.2 The Business Manager

- 2.2.1 Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.
- 2.2.2 Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times and that their names are prominently displayed throughout the school.
- 2.2. Ensuring all staff are aware of first aid procedures.
- 2.2.5 Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- 2.2.6 Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- 2.2.7 Ensuring that adequate space is available for catering to the medical needs of students.
- 2.2.8 The Business Manager/HeadTeacher will inform all staff and students, including those with reading and language difficulties of first-aid arrangements. This information should also form part of the induction programme for new members of staff. Signage indicating first aiders and first aid posts are located in the following areas:
  - First Aiders List – medical room, main office, all Floors, sports hall,
  - First Aid Post sign – school lobby/reception area
  - First Aid Room sign – medical room

A list of children with medical conditions, dietary requirements and allergies is held in the Medical Room, the school information system, and communicated to all key staff

### 2.3 The Senior Medical Officer/Nurse

- 2.3.1 Ensure that students with medical conditions are identified and properly supported in the school.
- 2.3.2 Work with the Business Manager to determine the training needs of school staff.
- 2.3.3 Administer first aid and medicines in line with current training and the requirements of this policy.
- 2.3.4. Carry out regular checks of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- 2.3.5 Notify the appropriate Line Manager when going on leave to ensure continual cover is provided during absence.



## 2.4 Appointed person(s) and first aider

The main duties of a first aider are to administer immediate first aid to casualties who are ill or injured and those arising from specific hazards at school; and make appropriate decisions when to call an ambulance or refer on to other medical professionals.

- 2.4.1 First aid should only be administered by a qualified first aider. Staff must have attended either a 1 day Emergency First Aid at Work or 3 day First Aid at Work course.
- 2.4.2 First aid at work does not include giving tablets or medicines to treat illness, and staff should refer to the school's medical policy available on the website, or intranet platform, or contact the school's medical officer. The only exception to this is where aspirin is used when giving first aid to a casualty with a suspected heart attack in accordance with currently accepted first-aid practice. It is recommended that tablets and medicines should not be kept in the first-aid box.

### 2.4.3 The appointed person(s) are responsible for:

- a) To give immediate help to casualties with common injuries or illnesses, and those arising from specific hazards at school.
- b) Taking charge when someone is injured or becomes ill
- c) Ensure first aid boxes are stocked accordingly and safely dispose of any expired medication in the appropriate way. Ensure adequate surplus stock is kept to replenish kits, and re-order when necessary
- d) Ensuring that an ambulance or other professional medical help is summoned, when appropriate. Best medical practice is when the first person on the scene of an injury/accident and has witnessed the injury or accident should address the ambulance service upon arrival and give a complex and accurate handover of the patients details along with the description of the incident and injuries sustained.
- e) Record details of vulnerable students and any students with medical conditions on SIMS and inform pastoral year coordinators of any special instructions for staff in an emergency.  
**(refer to Students with Medical Needs/Health Care Plan section of the policy)**

### 2.4.4 First aiders are trained and qualified to carry out the role and are responsible for:

- a) Acting as first aider and attending to any incident; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment. They will then notify the medical Team when:
- b) If a student required further medical intervention
- c) To send students home to recover, where necessary
- d) To notify the Medical Team so they can record the injury on the accident/Report Log, or as soon as is reasonably practicable, after any incidents.

## 2.5 Staff Trained to Administer Medicines

Medicines should only be given in school when it is necessary and essential to a child's health or school attendance. Medicines should not be given on an ongoing basis, unless prescribed by a doctor



### 2.5.1 Members of staff in the school who have been trained to administer medicines must ensure that:

- a) Only prescribed medicines are administered by staff in the Medical Room
- b) Wherever possible, the student will administer their own medicine, under the supervision of a trained member of the medical team. In cases where this is not possible, the trained medical staff member will administer the medicine. If a child refuses to take their medication staff will not force them to do so, but follow procedures agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered
- c) Records are kept of all medication given.
- d) The exception to this is insulin, which must still be in date, but will be available to schools inside an insulin pen/pump, rather than in its original container. Medication legislation also restricts the administration of injectable medicine unless self-administered for example if the child has diabetes or in accordance with the instructions of a doctor (e.g. by a nurse). However, in the case of adrenaline there is an exemption to this restriction, which means in an emergency a layperson is permitted to administer an adrenaline auto-injector (AAI) for the purpose of saving life. The use of an AAI to treat anaphylactic shock falls into this category. Therefore, first-aiders may administer an auto-injector pen if they are dealing with an emergency involving a casualty who has been prescribed and is in possession of an auto-injector pen, and where the first-aider is trained to use it. This exemption also extends to the use of an asthma inhaler to assist a child who is experiencing an asthma attack.

## 2.6 Other Staff

- 2.6.1 Ensuring they follow first aid procedures.
- 2.6.2 Ensuring they know who the first aiders in school are and how to contact them straight away.
- 2.6.3 Completing accident reports for all incidents they attend to where a first aider is not called.
- 2.6.4 Informing their Line Manager of any specific health conditions or first aid needs.

## 3. Arrangements

### 3.1 First Aid Boxes

- 3.1.1 All First Aid boxes including Emergency kits can be located in the Medical Room. The PE Dept also retain fully kitted medical supplies

## FIRST AID FACILITIES & EQUIPMENT

**Medical Room** – The Medical Room is fully equipped with first aid supplies in accordance with HSE recommendations and *School Premises Regulations 2012*. The medical room has a wheel chair and access stretcher, ?? and is supervised by the medical team during school hours.

**Equipment** – All office departments must have a fully equipped first aid kit with in date stock. Stock should be monitored on a regular basis, replenished, and any expired materials returned to the medical room for safe disposal. A first aid trip bag along with asthma pumps, medication, healthcare plans, and parent contact list should be taken when going off-site, or on residential trips. This will be overseen by the school's medical officer.



## CONTENTS OF A FIRST-AID KIT

There is no mandatory list of items for a first-aid container, however, the HSE recommend a minimum provision of first-aid items. Based on the provisions assessed for students on and off-site, please ensure there is an adequate supply of the following items in each first-aid kit:

- Individually wrapped sterile adhesive dressings of assorted sizes (check student medical list for adhesive allergies)
- Large & medium sterile unmedicated wound dressings
- Triangular bandages
- Assortment of Plasters
- Individually wrapped moist cleansing wipes
- Disposable gloves
- Sterile wash
- Sterile eye pads
- Micro-porous adhesive tape
- Rustless blunt-edged scissors
- Travel sick paper-bags
- Disposable instant ice packs
- Notebook to record accidents

**First Aid trips bags must be checked before a trip and refilled on return.**

### 3.2 Medication

3.2.1. Students' medication is stored in the medical room in a secure lockable cupboard

### 3.3 First Aid

3.3.1. In the case of a student accident, the procedures are as follows:

3.3.2. The member of staff on duty calls for a first aider; if the child can walk, the member of staff will escort the student to the medical room to be assessed and given the necessary treatment.

3.3.3. If a student sustains a minor injury out in the schools playground they will received basic first aid from one of the first aiders on duty.

3.3.4. If the child has had sustained a more serious injury for example Trauma, the first aider on duty will radio for the medical team. One of the team will go directly to the student to assess and bring the student to the medical treatment for further assessment

3.3.5. Full details of all accidents/injuries are recorded in the Schools Online Accident Report Log

### 3.4 Insurance Arrangements

3.4.1. RPA (Risk Protection Arrangement)

### 3.5 Educational Visits

3.5.1. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.



**In case of an emergency or incident during a class trip, the following procedures should be followed:**

- The staff responsible for the trip informs the school
- If not a serious injury, the staff member must phone the parent and the student should either be collected from site, or returned to school.
- If a serious injury has occurred, the injured person should not be moved, and staff responsible must call for an ambulance and accompany the student to hospital until the parent arrives. Please keep in contact with the school as often as possible.
- A member of staff must remain with the rest of the group at all times and students brought back to school.
- The PE Department have completed Risk Assessments for all of their offsite provisions which they use both during curriculum time and extra-curricular lessons. The PE department have specific approaches to travelling to and from venues with staff members, especially when this involves walking and crossing roads. There are qualified First Aiders at each off-site provision and a First Aid kit is taken with the member of staff during every offsite lesson. The PE department are also clear on the medical condition's students have in their own classes.
- In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

### **3.6 Storage/Disposal of Medicines**

3.6.1 There should be a written procedure covering the return or disposal of a medication. Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal. Medications should be returned to the child's parent/carer:

- when the course of treatment is complete
- when labels become detached
- when the expiry date has been reached
- at the end of each term (or half term if necessary)

At the end of every term a check of all medication storage areas should be made. Any medication which has not been collected by parents/carers and is no longer required should be disposed of safely by returning it to a community pharmacy. All medication returned or disposed of, even empty bottles should be recorded.

No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.

Sharps boxes should always be used for the disposal of needles or glass ampoules. Sharps boxes can be obtained by parent/carer on prescription from the child's GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be First Aiders/Appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or are offsite.

Asthma inhalers /Epi Pens will be held by the school for emergency use, as per the Department of Health's protocol.

### 3.7 Accidents/Illnesses requiring Hospital Treatment

3.7.1 If a student has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive further

3.7.2 medical treatment. ( See below for the Medical Protocol to follow)

#### **Protocol for injuries requiring the assistance of the Emergency Services:**

- The student will have been assessed and given treatment by the medical team in attendance along with other first aiders if needed as back up
- When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a child taken to hospital by ambulance if required.
- The Senior Medical First aider on scene will hand over to the paramedics outlining what has happened, what time, Injury sustained and any loss of consciousness.
- The Medical team will also print out a copy of the students details from SIMS
- Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.
- The accident /injury will be logged and recorded
- The Headteacher will be notified
- The medical team will stay with the student until the parents arrive
- If the injury/accident is due to a slippery floor or a faulty door in the school etc this event will be RIDDORED and reported (see section below for details)

#### **Reporting to the Local Authority**

Under RIDDOR regulations, the school is required to report accidents via the bi- borough's Accident Reporting System when work-related incidents, major injuries to students, staff, or visitors arise. The medical officer completes electronic reports online and are submitted to the local authority. RIDDOR reports are printed and kept in the medical room.

- 3.8.1. Most of the injuries sustained by students are minor. These injuries are dealt with by a first-aider and recorded in the school's online accident log and the student is usually well enough to return to class.
- 3.8.2. If the student receives an injury to the head, however minor, or has sustained an injury to the face or neck that the first aider has advised requires professional medical help, parents will be informed immediately and the student will be monitored closely until the parent arrives if the head injury is more serious then the emergency services will be called. The accident log is completed.
- 3.8.3. If a student sustains an injury to a limb causing discomfort or affecting their ability to weight bare, the parent will be notified. In the case of a major injury such as a fractured limb, a back injury which immobilizes the child, and any injury that results in shock or loss of consciousness, including anaphylactic shock, an ambulance will be called immediately, and parents contacted.

If a student has been involved in a fight and has sustained an injury, first aid will be administered immediately. Parents will then be informed by either SLT or the Head of year of that child once details of the incident have been recorded and dealt with.



### 3.9 Defibrillators

- 3.9.1. Defibrillators are available outside the medical room and within the PE Deptas part of the first aid equipment. First aiders are trained in the use of defibrillators and where to locate them in case
- 3.9.2. The local NHS ambulance service have been notified of its location.

### 3.10 Students with Special Medical Needs – Individual Healthcare Plans

- 3.10.1. Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:
  - a) Epileptic
  - b) Asthmatic
  - c) Have severe allergies, which may result in anaphylactic shock
  - d) Diabetic

Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

- 3.10.2. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with medical conditions are included.
- 3.10.3. The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.
- 3.10.4. An individual health care plan will help the school to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment.
- 3.10.5. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Medical Officer may also provide additional background information and practical training for school staff.
- 3.10.6. Procedure that will be followed when the school is first notified of a student's medical condition:

Once the medical team have knowledge of a child's medical condition, the Senior Medical Officer will determine if a Health Care Plan is required

If a Health Plan is required the Senior Medical Officer will meet with the parent and put together a HCP, the parent will review the plan and sign.

The HCP will then be scanned onto the school Database (SIMS)

The Senior Medical Officer will notify the relevant Head of year of the child's condition and any necessary adjustments if any needed.

If the child has a serious medical condition, the Senior Medical Officer will inform the parent that their child will go on the Schools Medical High Needs List the Medical Officer will explain as to why their child is being added to this list. Each head of Year will receive a copy of their students who are on the High Needs List.

If the child is required to take medication, the parent will be asked to complete a (MCF) Medical Consent Form, the medical team will take receipt of the medication and store it in the medical room.



For any new starters joining St Augustines for a September start, The Senior Medical Officer will receive the medical information from the Year 7 Pastoral Coordinator

The Senior Medical Officer will collate all the new starter forms into Non High Needs versus High Needs conditions.

Parent Meetings will be booked with each parent who has a new child starting at the beginning of that term. This is so the medical team can get a clearer idea of their child's specific needs before they start at St Augustines.

Care Plans will be put in place for those new starters with specific medical high needs conditions the child's medical needs will also be discussed with parents.

Heads of Years will be made aware of any new starter or child that has a medical condition along with their medication needs.

All of this information will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

### **3.11 Accident Recording and Reporting**

3.11.1 All accidents/and or injuries are logged via the online accident Report Log

- a) Records held in the first aid and accident Report Log will be retained by the school for a minimum of 5 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

#### **3.11.2 Reporting to the HSE**

- a) The Medical Team will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The Medical Team will report all such incidents to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:
  - o Death
  - o Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding)
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
    - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
    - Where an accident leads to someone being taken to hospital
    - Near-miss events that do not result in an injury, but could have done. Examples of near-miss events include, but are not limited to:
      - The collapse or failure of load-bearing parts of lifts and lifting equipment.
      - The accidental release of a biological agent likely to cause severe human illness.

The accidental release or escape of any substance that may cause a serious injury or damage to health. An electrical short circuit or overload causing a fire or explosion.

- c) Information on how to make a RIDDOR report is available here:

<http://www.hse.gov.uk/riddor/report.htm>

### 3.11.3 Reporting to Ofsted and child protection agencies

- b) The Headteacher will notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

## 3.12 INFECTIOUS DISEASES/HYGIENE CONTROL

The Health Authority is responsible for producing guidance and precautions on how to avoid infection and contamination through the safe disposal of dressings and equipment. Staff who are exposed to waste which consists of wholly or partly of blood, or other bodily fluids should be disposed of in clinical waste bins. No other waste items should be placed in these bins. Staff should also have access to single-use disposable gloves and hand washing facilities, and care should be taken when disposing of dressings and equipment.

Parents are issued with general medical and health information in their child's induction pack prior to starting school. Various posters are distributed around the school informing staff and students about cross-contamination. The school's first-aid kits contain disposable gloves, and when used should be disposed of and replaced immediately. Clinical waste bins are located in the Medical Room and in the Sports Hall. The Medical Room has hand washing facilities, anti-bacterial hand wash and hand sanitizer gel.

## 4. Conclusions

- 4.1 This First Aid and Medicine policy reflects the school's serious intent to accept its responsibilities in all matters relating to management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.



## Appendix I - Health Care Plan



### Individual Healthcare Plan GENERAL

**Name of Pupil:**

**Date of Birth:**

Name and Contact Details of Parent/Guardian:

Mobile:

**GP Name:**

Surgery Address:

Surgery Phone No:

**Specialist Nurse/Doctor**

Name:

Hospital:

**I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.**

Signature of Parent/Guardian:

Date:

Print Name:



**Child's Symptoms:**

**Emergency Action:**

**Medication**

**Health Care Plan Completed By:**

**Designation:**

**Date:**



FAITH



HOPE



LOVE



GROWTH



# St. Augustine's CE High School

Oxford Road, London NW6 5SN  
Headteacher: Eugene Moriarty BA (QTS); MA

## Individual Healthcare plan

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: Year Group: \_\_\_\_\_

Name and Contact Details of Parent/Carer: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Telephone number: \_\_\_\_\_ interpreter required \_\_\_\_\_

Alternative emergency contacts: \_\_\_\_\_

Date of plan: \_\_\_\_\_ Review: \_\_\_\_\_

GP Name/Address: \_\_\_\_\_

Surgery Phone No: \_\_\_\_\_

Clinic/hospital: \_\_\_\_\_

Nurse: \_\_\_\_\_

Hospital: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Who is responsible for providing support within school?

SLT, DOL, PYC, Medical, Tutor,

I have discussed my child's medical needs with the school's healthcare representatives based on evidence provided by my child's GP/medical consultant.

I have read and understood the particulars set out in the healthcare plan, and agree that it best supports my child's healthcare needs while attending school. I agree to notify the school of any changes to my child's medical condition, treatment or emergency contact details.

I will provide the school with any medication, including replacing expired medication, dietary supplies or an emergency medical kit, as prescribed or directed by my child's GP/medical consultant and as set out in the healthcare plan.

I hereby give consent for my child to be administered Midazolam/Buccolam by an experienced first aider in the event of an emergency.

Signature of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_





**Seizure triggers:** the following can increase the likelihood of a seizure occurring.

- Stress
- Anxiety
- Sleep deprivation
- Worry

**Action to be taken during a seizure lasting less than 15 minutes:**

**Do not administer Buccolam unless advised to do so by Emergency Services**

- Assist child, into the recovery position or an alternative comfortable position if this is not possible.
- If the child is too weak to move, please clear a space and assist and the child into the recovery position, support the child's head using a coat/bag.
- Time and monitor the seizure.
- Monitor their breathing
- Check child is responsive.
- Calm and reassure the child
- Check for further seizures and keep a note of the duration.
- If there have been 2 or more incidents in a day, please call parent/guardian to collect
- A child may be very tired and want to sleep after an incident- please find a suitable space for the child to rest.

**Action to be taken during a seizure lasting 15 minutes or more:**

***seizure lasts continuously for 15 minutes or more,* give 10mg of Midazolam buccally and call an ambulance.**

**do not administer Buccolam unless advised to do so by emergency services**

**How to administer buccal Midazolam?**

- Check expiry date and name on the syringe
- Take the red bung off ensuring the tip of the syringe is exposed
- Put syringe into the side of the mouth in the area between teeth and gums
- Slowly squirt in half of the dose and massage the cheek- squirt remaining dose into the other cheek and massage



# EMERGENCY RESPONSE

## Buccal Midazolam administration

You notice Aya is having a seizure  
Make a note of the time



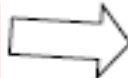
### Keep the child safe:

- Protect from injury (remove harmful objects from nearby)
- Place something soft, such as a folded sweater under their head
- Watch breathing and wipe any vomit/foam from mouth



Seizure stops within 5 minutes?

YES

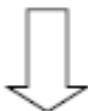


Turn the child onto the side and stay with the child until fully recovered

NO



Call an ambulance & let them know you are about to administer Buccal Midazolam.



Administer Buccal Midazolam (see box opposite)



Once the seizure stops turn the child on to the side & monitor breathing until the ambulance arrives

### Do...

- Keep calm & track time
- Stay with the child until fully conscious

### Don't...

- Restrict movement
- Put anything in the child's mouth or offer food & drink until fully

### How to administer buccal midazolam?

- Check the expiry date and name on the syringe
- Take the red bung off
- Put syringe into the side of the mouth in the area between teeth and gums
- Slowly squirt half of the dose – squirt remaining dose into the other cheek

### Remember to...

- Keep hold of the used syringe/box to pass on to the paramedics
- Include the child's care plan and contact details
- A member of staff must accompany the child to the hospital



Student Name:      DOB:      Year Group:

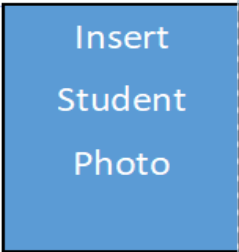
Parent/Carer Name:

Relationship with the student:

Telephone Numbers:

Date of Plan:      Next Review:

Issued By: A Parker



**St. Augustine's CE High School**

Oxford Road, London NW6 5SN  
 Headteacher: Eugene Moriarty BA (QTS); MA

**Individual Healthcare Plan**

**ASTHMA**



GP Name/Address:

Surgery Phone Number:

Signs/Triggers/Symptoms:

Appointments/Progress:

**EMERGENCY ACTION PLAN IS ON THE NEXT PAGE OF THIS CARE PLAN**



# St Augustine's CE High School & Sixth Form

Oxford Road, London.  
NW6 5SN  
020 7328 3434  
mail@staugustineshigh.org



Headteacher: Mr Eugene Moriarty BA (QTS) MA



## PARENTAL CONSENT FOR ADMINISTRATION OF MEDICINES

- Please complete this form and send it with your child's medication.
- The school will administer medicine to your child and supervise your child taking his/her medication when this consent form is completed and signed. If your child requires to take additional medication please turn the page over and fill out the form.
- This consent form is valid until the expiration date of the medication that you are supplying has passed.

(This form is available from the medical team, school office and the school website)

Child's name: \_\_\_\_\_

Tutor Group: \_\_\_\_\_ Date: DD / MM / YYYY

Reason for Medication: \_\_\_\_\_

Name and Strength of Medicine: \_\_\_\_\_

Batch No: \_\_\_\_\_ Expiry date: DD / MM / YYYY

Is the medication prescribed by the doctor/GP? (Please Tick if true) :

Dose to be given: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Any other special instruction i.e. with food etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child will self-administer his/her own medication with staff supervision: (Please circle)

YES

NO

**Medicines must be in the original container as dispensed by the pharmacist, with your child's name clearly printed, and include direction of use. Please check expiry dates.**

- The above information is, to the best of my knowledge, accurate at the time of writing.
- I give consent to trained school staff to administer my child's medicine in accordance with the school's medical policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the course of medication has been completed.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(Parent/Carer/Legal guardian)

Date: DD / MM / YYYY



# APPENDIX 2 - Parental agreement for school to administer medicine

One form to be completed for each medicine.

<p><b>1 Every day asthma care:</b></p> <p><b>My asthma is being managed well:</b></p> <ul style="list-style-type: none"> <li>With this daily routine I should expect/aim to have no symptoms.</li> <li>If I have not had any symptoms or needed my reliever inhaler for at least 12 weeks, I can ask my GP or asthma nurse to review my medicines in case they can reduce the dose.</li> <li>My personal best peak flow is: <input type="text"/></li> </ul> <p><b>My daily asthma routine:</b></p> <p>My <b>preventer</b> inhaler (insert name/colour): <input type="text"/></p> <p>I need to take my <b>preventer</b> inhaler every day even when I feel well.</p> <p>I take <input type="text"/> puff(s) in the morning and <input type="text"/> puff(s) at night.</p> <p>My <b>reliever</b> inhaler (insert name/colour): <input type="text"/></p> <p>I take my <b>reliever</b> inhaler only if I need to</p> <p>I take <input type="text"/> puff(s) of my reliever inhaler if any of these things happen:</p> <ul style="list-style-type: none"> <li>I'm wheezing</li> <li>My chest feels tight</li> <li>I'm finding it hard to breathe</li> <li>I'm coughing</li> </ul> <p>Other medicines and devices (e.g spacer, peak flow meter) I use for my asthma every day: <input type="text"/></p>	<p><b>2 When I feel worse:</b></p> <p><b>My asthma is getting worse if I'm experiencing any of these:</b></p> <ul style="list-style-type: none"> <li>My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough).</li> <li>I am waking up at night.</li> <li>My symptoms are interfering with my usual day-to-day activities (eg at work, exercising).</li> <li>I am using my reliever inhaler three times a week or more.</li> <li>My peak flow drops to below: <input type="text"/></li> </ul> <p><b>URGENT!</b> If you need your reliever inhaler more than every four hours, you need to take emergency action now. See section 3.</p> <p><b>What I can do to get on top of my asthma now:</b></p> <p>If I haven't been using my preventer inhaler, I'll start using it regularly again or if I have been using it:</p> <ul style="list-style-type: none"> <li>Increase my preventer inhaler dose to <input type="text"/> puffs <input type="text"/> times a day until my symptoms have gone and my peak flow is back to my personal best.</li> <li>Take my reliever inhaler as needed (up to <input type="text"/> puffs every four hours).</li> <li>Carry my reliever inhaler with me when I'm out.</li> </ul> <p><b>URGENT!</b> See a doctor or nurse within 24 hours if you get worse at any time or you haven't improved after seven days.</p> <p>Other advice from my GP about what to do if my asthma is worse (eg MART or rescue steroid tablets): <input type="text"/></p>	<p><b>3 In an asthma attack:</b></p> <p><b>I'm having an asthma attack if I'm experiencing any of these:</b></p> <ul style="list-style-type: none"> <li>My reliever inhaler is not helping or I need it more than every four hours.</li> <li>I find it difficult to walk or talk.</li> <li>I find it difficult to breathe.</li> <li>I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot.</li> <li>My peak flow is below: <input type="text"/></li> </ul> <p><b>What to do in an asthma attack</b></p> <ol style="list-style-type: none"> <li><b>Sit up straight</b> – try to keep calm.</li> <li><b>Take one puff of your reliever inhaler (usually blue)</b> every 30 - 60 seconds, up to a maximum of 10 puffs.</li> <li><b>If you feel worse</b> at any point OR you don't feel better after 10 puffs call 999 for an ambulance.</li> <li><b>Repeat step 2 after 15 minutes</b> while you're waiting for an ambulance.</li> </ol> <p><b>After an asthma attack</b></p> <ul style="list-style-type: none"> <li>If you dealt with your asthma attack at home, see your GP today.</li> <li>If you were treated in hospital, see your GP within 48 hours of being discharged.</li> <li>Finish any medicines they prescribe you, even if you start to feel better.</li> <li>If you don't improve after treatment, see your GP urgently.</li> </ul> <p><b>What to do in an asthma attack if I'm on MART:</b> <input type="text"/></p>
---	---	--



## Appendix 3 – Allergies that requires an AutoInjection Health Care Plan

**St. Augustine's C.E. High  
School & Sixth Form**  
Oxford Road London NW6 5SN  
Headteacher: Eugene Moriarty BA (QTS); MA  
**Individual Healthcare Plan:**



<b>Name of Student:</b>	<b>Date of Birth:</b>	<b>Year Group:</b>
<b>Name and Contact Details of Parent/Carer:</b>		
<b>Relationship to pupil:</b>		
<b>Address:</b>		
<b>Telephone:</b>		
<b>Date of plan: September 2020</b>		<b>Review:</b>

<b>GP Name/Address:</b>
<b>Surgery Phone No:</b>

<b>Specialist Nurse/Doctor:</b>
<b>Hospital</b>
<b>Phone No:</b>

<b><u>Staff responsible for student's care:</u></b>
Medical team, DOL, PYC, Tutor,

I have discussed my child's medical needs with the school's healthcare representatives based on evidence provided by my child's GP/medical consultant.

I have read and understood the particulars set out in the healthcare plan, and agree that it best supports my child's healthcare needs while attending school. I agree to notify the school of any changes to my child's medical condition, treatment or emergency contact details.

I will provide the school with any medication, including replacing expired medication, dietary supplies or an emergency medical kit, as prescribed or directed by my child's GP/medical consultant and as set out in the healthcare plan.

Signature of Parent/Carer

Date

Print Name

**Mild-moderate allergic reaction:**

**Action:**

**Signs of Anaphylaxis**

**Additional instructions:**

**Medication:**



FAITH



HOPE



LOVE

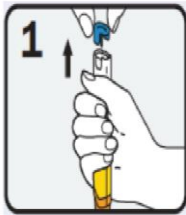


GROWTH

## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur *without* skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

### How to give EpiPen®



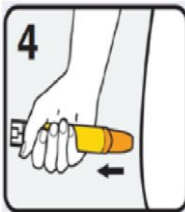
1 Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



2 SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



3 HOLD FIRMLY in place for 10 seconds



4 REMOVE EpiPen®. Massage injection site for 10 seconds

©The British Society for Allergy & Clinical Immunology, 09/2017

- AIRWAY:** Persistent cough, hoarse voice  
difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing,  
wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy  
suddenly sleepy, collapse, unconscious

### If ANY ONE (or more) of these signs are present:

1. **Lie child flat:** (if breathing is difficult, allow child to sit)   
2. **Use Adrenaline autoinjector** (eg. EpiPen) **without delay**
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### After giving Adrenaline:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, **give a 2<sup>nd</sup> adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.  
Medical observation in hospital is recommended after anaphylaxis.





Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school will keep under review to ensure links are current.

- HSE  
<https://www.hse.gov.uk/>
- The Health and Safety (First-Aid) Regulations 1981  
<https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made>
- Department for Education and Skills  
[www.dfes.gov.uk](http://www.dfes.gov.uk)
- Department of Health  
[www.dh.gov.uk](http://www.dh.gov.uk)
- Disability Rights Commission (DRC)  
[www.drc.org.uk](http://www.drc.org.uk)
- Health Education Trust  
<https://healtheducationtrust.org.uk/>
- Council for Disabled Children  
[www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)
- Contact a Family  
[www.cafamily.org.uk](http://www.cafamily.org.uk)

### Resources for Specific Conditions

- Allergy UK  
<https://www.allergyuk.org/>  
<https://www.allergyuk.org/information-and-advice/for-schools>
- The Anaphylaxis Campaign  
[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)
- SHINE - Spina Bifida and Hydrocephalus  
[www.shinecharity.org.uk](http://www.shinecharity.org.uk)
- Asthma UK (formerly the National Asthma Campaign)  
[www.asthma.org.uk](http://www.asthma.org.uk)
- Cystic Fibrosis Trust  
[www.cftrust.org.uk](http://www.cftrust.org.uk)
- Diabetes UK  
[www.diabetes.org.uk](http://www.diabetes.org.uk)
- Epilepsy Action  
[www.epilepsy.org.uk](http://www.epilepsy.org.uk)
- National Society for Epilepsy  
[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)
- Hyperactive Children's Support Group  
[www.hacsg.org.uk](http://www.hacsg.org.uk)

- MENCAP  
[www.mencap.org.uk](http://www.mencap.org.uk)
- National Eczema Society  
[www.eczema.org](http://www.eczema.org)
- Psoriasis Association  
[www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)



FAITH



HOPE



LOVE



GROWTH