FIRST AID POLICY

Reviewed: January 2026

Date for Review: January 2027

The Raise Academy is mindful of the need to safeguard the wellbeing of all students, staff and visitors to the Academy. We 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 Academy 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 Local Support Board (LSB) review matters of Health and Safety on a regular basis and delegate the responsibility for ensuring the policies are put into practice to the Headteacher. All staff in the school are expected to do all they can to safeguard the welfare of students, other staff and visitors.

All Academy staff, both teaching and non-teaching, are trained and qualified as First Aiders.

First Aid boxes are placed in all the areas of the school where an accident is considered possible or likely. They are clearly signed and the Academy has signs in each area detailing trained first aid staff. First Aid boxes will be checked regularly and any deficiencies made good. First aid boxes will be taken when groups of students go out of school on organised trips or to participate in sporting events.

All new students 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 student is injured or ill during the school day he/she must inform a teacher immediately who will then send for or send them to a designated member of staff. The individual will then be assessed by a qualified first aider who will assess, treat (where appropriate) and record.

Where appropriate, the individual will remain under the care of the first aider. In the event of there being no prospect of recovery the student will be kept in the school office and parents or guardians contacted to collect them. The Headteacher will be notified if a student 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 by a qualified first aider.

In all cases of hospitalisation one or both parents/carers 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 Warrington Hospital where there is an Accident & Emergency Unit. The hospital is 5.4 miles from the School and the contact telephone number is 01925 635 911 or 999 in an emergency.

The Academy 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 student.

- Admitted to hospital
- Bleeding and in need of further treatment after 5 minutes
- Head injuries
- Eye injuries

The Academy will always contact parents/carers if a student 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 Headteacher and school office. In the event of serious injury, notifiable disease or dangerous occurrence the Headteacher should be notified immediately. They 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/carers to contact the school to discuss any concerns they may have regarding their child's health.

ASTHMA

In developing this information, 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 students at the school. The school welcomes all students with asthma and through this policy, students will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on asthma management as appropriate and will then be expected to update this annually.

- All students with asthma will have an individual health care plan
- The school will store spare inhalers for individual students if requested. These are kept with the student'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
- Students will be encouraged to understand the condition so that they can support each other. This will be done through the Personal Development programme.
- Staff will be informed as they are admitted to the school of those children who suffer with asthma. The individual health care plans are available for staff to take off site with a student on school trips and visits. All staff are given a list of asthma sufferers to be kept confidentially and a list is available in the school office.
- The school will work in partnership with all parties to ensure effective communication of the policy.

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 STUDENT HAS AN ASTHMA ATTACK

- Ensure that the reliever (blue) inhaler is taken if prescribed (if a child is identified as an asthmatic, then parents or carers must provide school with the relevant inhalers which will be kept in a secure First Aid box or cabinet in the reception area)
- Send for a first aider
- Stay calm and reassure the student
- Ensure the student 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 student's involvement in the school day and they should return to activities when they are fully recovered.

Please contact the Headteacher for help and support and for further information.

DIABETES

In developing this information, 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 students with the condition and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management as appropriate and will then be expected to update this annually.

- All students 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
- Students will be encouraged to recognise the signs and symptoms to support their fellow students
- All staff are informed as they are admitted to the school of those children who have diabetes

- The catering staff are also aware of all diabetic students in case high sugar refreshments are needed urgently
- The school will work in partnership with all parties to ensure the procedure is implemented and maintained and to ensure effective communication of the policy
- Specific training from the Diabetes Nurse is delivered annually to all staff, relating to diabetic students at the Academy

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 first aider
- Ensure the student eats a quick sugar source e.g. Glucose tablet, gel or fruit juice
- Wait 10 minutes and if the student 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 student becomes drowsy and unconscious the situation is LIFE THREATENING:

- Call 999 and request an ambulance
- Place the student in recovery position, stay with the student and contact the parent/guardian/carer

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 first aider
- Encourage student to drink water or sugar free drinks
- Allow student to administer extra insulin
- Permit student to rest before resuming activities if feeling well enough
- Contact parent of guardian
- Contact first aider

EPILEPSY

In developing this information, the Academy acknowledges the advice and guidance of the Epilepsy Action Group, and Specialist Epilepsy Nursing team.

The school recognises that epilepsy is condition which could affect students at the school. The school welcomes all students with epilepsy and students will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on epilepsy management as appropriate and will then be expected to update this annually.

- All students 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 student under their care
- Students will be encouraged to understand the condition so that they can support their fellow students. This will be done through PSHRE programme
- The school works in partnership with specialist teams and parents to provide a continuation of care for those students who suffer from the condition
- All 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 School Office with copies given to all staff to be kept confidentially
- Advice and further information on individuals is available from the first aider
- The Raise Academy will work in partnership with all parties to ensure the effective communication of this information

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 student 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 student 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 student may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the student and gently move them away from any dangers. Speak calmly to the student and stay with them until the seizure has passed.

Absence (petit mal)

This can easily pass unnoticed. The student may appear to daydream or stare blankly. There are very few signs that a student is in seizure. These types of episodes if frequent can lead to serious learning difficulties as the student 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 student that they have understood the lesson and inform parents/carers.

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 – students will tend to follow your example! Let the seizure follow its own course; it cannot be stopped or altered
- Ask the other students to leave the room and ask a responsible student to fetch another adult. Then contact the first aider
- 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 student until completely recovered
- Talk quietly to the student 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 first aider should then make a full assessment of the seizure and note any injuries that may have been sustained

- Allow the student 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 student 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 student to hospital and stay with them until the parent/carers arrive

PREVENTION OF CONTAMINATION FROM BLOOD AND BODY FLUIDS

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. The Raise Academy acknowledges the guidance given by Health and Safety Executive and Public Health Department (Infection Control).

PREVENTION OF CONTAMINATION INCIDENTS

The aim is the protection of all staff, students 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 are 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 school office
- Wash hands thoroughly following removal of gloves
- Arrange for spillages to be cleaned up as quickly as possible

This applies to:

First aiders and any member of staff, teaching and non-teaching who may be involved in dealing with an incident. It includes all areas 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 Headteacher

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 Site Manager. 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 site manager 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.

ANAPHYLAXIS

In developing this information, 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 students at the school and recognises the responsibility it has in dealing with children's allergies appropriately.

- All students 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 cupboard in the Pastoral Room
- 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 available to all staff and will be kept in the Pastoral room
- The catering area 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.

Serious Symptoms

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

Progression of Symptoms

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

Treatment

- Call or send for help from the first aider
- Ask member of staff to get students emergency medicine bag from medical room

- Administer antihistamine tablet/syrup as prescribed
- When a student recovers allow time to rest and contact parents
- If serious symptoms appear call 999, request ambulance

Adrenaline via the epi-pen immediately if prescribed.

- Stay with student, note the time epi-pen was given and reassure student
- Give as much detail to the ambulance crew on arrival regarding the allergic reaction and what medicine you have given

ACADEMY MEDICINE POLICY

Please refer to Medical Needs and Administering Medication 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

APPENDIX 1

FIRST AID QUALIFICATIONS

Qualified First Aider's - First Aid at Work

Emergency First Aiders

Emergency Paediatric First Aid

Mental Health First Aiders

APPENDIX 2

Protocol for the safe storage of medicines in school

- To safeguard all students, staff and visitors from the potential dangers of having medications within school
- To ensure all staff and students 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. Students should know where their medication is stored and who holds the keys to access it

Medicine Cupboards

- Inhalers will be kept in the medical cupboard so that they can be easily accessed by the student or a member of staff
- Medicines must be stored in a locked cupboard in the medical office
- Some students will be allowed to keep their own medication with them for self-administration but only with prior agreement from school SLT – Please see Medical Needs Policy for further information
- Medicines carried on student'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 cupboard in the Medical Store Room
- The reception staff will keep a spare set of cupboard keys to gain access to the medical room in the event of a first aider not being available
- 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 Pastoral Room in a separate secure purpose built controlled drug cupboard

APPENDIX 3

Protocol for the Safe Disposal of Sharps

Aim:

- To protect all students, staff and visitors from the dangers of exposure to sharps
- To ensure staff and students 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 Pastoral Room
- 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

- To protect all staff, students, 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

This bin is located in the medical room.

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 secure cupboard in the School Office

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

- To protect students, staff and visitors from the potential dangers of having medicines in school.
- To inform all staff and students 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
- It is permissible for schools and settings to look after that controlled drug where it is agreed that it will be administered to the student for whom it has been prescribed
- Where students are prescribed controlled drugs, relevant staff need to be aware of the type of medication and how school keeps it in safe custody

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

To protect all students, 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
- These must show the name of the medication
- The name of the person for whom the medication is supplied
- The quantity of medication supplied
- The amount administered each time
- Time and date of administration
- Name, signature and position of staff dispensing the medication
- Reason for any refusal/missed doses
- Expiry date

Controlled Drugs

This is for 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 student's details, parent details
- Check signature of parent/guardian
- Document the name of the staff accepting the medication
- Signature of the staff member

The Register registers must be kept until the student is 25 years of age.

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

APPENDIX 7

Protocol for Needle stick/splash Injuries

- To protect students, 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 first aider
- Apply occlusive dressing to wound
- All staff/ students must complete accident form promptly

Contaminated Sharp/splash injuries

- 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 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 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 Headteacher 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

Dear Parent / Carer,

Student's Name:

Your child has sustained a head injury at school today at approximately ……am/pm and has been monitored since the accident. We have not identified anything causing concern up to the time of them going home. As discussed in our contact today the details are as follows:

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……

If any of the following symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct on 111

- Lasting headache that gets worse or is still present over six hours after the injury
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury
- Unconsciousness or coma
- Unequal pupil size
- Confusion, feeling lost or dizzy, or difficulty making sense when talking
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture)
- Bleeding from the scalp that cannot be quickly stopped
- Not being able to use part of the body, such as weakness in an arm or leg
- Difficulty seeing or double vision
- Slurred speech
- Having a seizure or fit.

Kind regards,