



**RAINFORD  
HIGH**

PART OF RAINFORD ACADEMIES TRUST

## **Medical and Health Care Policy 2020/21**

### **Everyone Matters**

We expect our community to be polite and respectful

### **Everyone Helps**

We expect our community to make sensible choices

### **Everyone Succeeds**

We expect our community to work hard

|                                  |  |
|----------------------------------|--|
| <b>Policy Owner</b>              | Designated Safeguarding Lead                       |
| <b>Scope of the Policy</b>       | This policy applies to all of the school community |
| <b>Last reviewed by trustees</b> | <b>September 2020</b>                              |
| <b>Next review due</b>           | <b>September 2021</b>                              |
| <b>Summary of key changes</b>    | <b>None</b>  |

# Supporting Students with Medical Conditions at Rainford High

## **Compliance**

Children and Families Act 2014

Equality Act 2010

Medical Conditions Act 2015

## **Rationale**

This policy deals with all aspects of care and support for children attending Rainford High. Students at school with medical conditions, including both physical and mental health conditions, should be properly supported so that they have full access to education, including school trips and physical education whilst ensuring they remain healthy and achieve their academic potential.

Some children with medical conditions may be disabled. In this case we recognise our duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the Equality Act 2010.

Section 100 of the Children and Families Act 2014 to make arrangements for supporting students at their school with medical conditions.

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. These arrangements must give parents and students confidence in the school's ability to provide effective support for medical conditions in schools.

Individual Health Care plans can help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk.

## **Definition**

Students' medical needs may be broadly summarised as being of two types:

- Short-term**, affecting their participation in school activities when they are on a course of medication
- Long-term**, potentially limiting their access to education and requiring extra care and Support.

## **This policy contains details of:**

- *Medical care, administration and storage of medicines, medication errors and adverse reactions, disposal of products, auditing student supplies and analysing medical care reports.*
- *Asthma, epilepsy and allergies.*
- *First Aid in school and staffing, our basic First Aid procedures and emergency procedures along with hygiene and First Aid equipment available.*
- *Manual handling and safety for staff and students.*
- *Care plans and details of School Nurse.*

## ***'Everyone Matters, Everyone Helps, Everyone Succeeds'***

### **The person with Lead Responsibility is: - Jo Burgess (SENCo)**

Staff can access medical conditions info on the tab on the SEN register along with additional information available on Edukey. Staff will be updated accordingly as new information becomes available. SIMs will also be updated with this information so that all teaching staff have instant access through their class registers.

### **Medication in School**

Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

Wherever possible, parents should administer medication outside of school hours.

It is recognised that the administration of medication at school will minimise the time that students will need to be absent.

When medication needs to be taken during school time, school will support accordingly and examples of these circumstances include:

1. Cases of chronic conditions e.g. Diabetes, Asthma or Epilepsy; or
2. Acute situation e.g. anaphylactic shock
3. Cases where students recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine etc.

Written permission must be obtained from parents before any medication can be administered. This must state the dosage, the frequency and the expiry date of the medication. If emergency medication has been prescribed by a doctor (e.g. epi pen) then school will have access to student's self-management plan and/or care plan.

### **Prescribed Medication**

The medication must be clearly labelled and be for the named child. It will be kept in a locked cupboard or the medical fridge (if necessary). When medication is administered, this will be recorded on SIMs by a member of staff on duty in the Medical room.

Permission for receiving medication in school will be logged on SIMs along with students' medical notes.

In terms of students with Individual Health Care Plans, circumstances are approached with extra caution into account relating to administration of medicines not recorded on their official documentation:

- Where the timing of administration is crucial;
- Where serious consequences may occur through failure to administer;
- Where technical or medical knowledge is needed;
- Where intimate contact is necessary.

In these circumstances Head teachers should consider carefully what they are being asked to do. Even if it is within the interest of the child to receive the medication in school, staff cannot be instructed to

administer, however, the school still has a duty to ensure that arrangements are in place to support such students. In these cases, it would be useful to speak to the School Nurse.

In order to provide the highest level of care, there are two forms to be completed by parents/guardians. The information we receive back will allow us to ensure all information is correct and up to date:

- Form 1: Medical information (general medical questions and contact details) and medication.
- Form 2: Consent for administration of medication.

The information provided on these forms, will help us to ensure that individual needs are met accordingly and that students are appropriately supported with their medical needs during their time with us at Rainford High.

**Staff will not be able to administer any medicines unless these forms are completed and signed.**

**School must never administer the first dose of any new medication. Staff will never make changes to dosage on parental instructions.**

**We will not accept medicines that have been taken out of the container as originally dispensed.**

Parents are requested to inform us urgently of any changes to their child's medical condition or medication. This includes any changes to the dosage and frequency of medicines. New forms will be sent out at the start of the academic year to those students with existing medical conditions.

### **Non-Prescription Medication (Over the Counter Medications)**

**Over the counter medicines do not need an appropriate practitioners prescription, signature or authorisation in order for a school to give them.**

- a) Over the counter medicines, eg, Hayfever treatments, cough/cold remedies should only be accepted in exceptional circumstances and treated the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a parental consent form (form 2). The medication should be provided in the original container with the patient information leaflet (PIL).
- b) There is a potential risk of interaction between prescription and over the counter medicines, so where children are already taking prescription medicine(s), prior written approval from the child's GP should be sought.
- c) The use of over the counter medicines should normally be for a limited period only. Therefore, where these medicines are administered the recommendations contained within the patient information leaflet (PIL) should always be followed;
  - *E.g. for Paracetamol - 'if no better in three days seek the advice of a GP', therefore, schools should only administer for three days unless they have had assurance the child had been seen by the GP*

Where a child's symptoms persist, medical advice should be sought by the parent.

**Other remedies, including herbal preparations, should not be accepted for administration in the school/setting.**

- d) Only after parental advice will the school administer Paracetamol or other pain relief. For students under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.
- e) The school **must not** keep its' own stock of pain relief medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- f) A dose of paracetamol or pain relief should only be given after effort has been made to ease the student's pain through other methods, i.e, rest, fresh air, etc. Before each dose of the medication is given, the school should obtain parental consent. The school must ask the parent how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose. A record of that consent and any medication administered should be made.
- g) Staff should check that the over the counter medicine has been administered without adverse effect to the child previously and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.
- h) If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

**A child under 16 should never be given aspirin-containing medicine unless prescribed by a Doctor.**

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated Regulations. Some may be prescribed as medicine for use by children, eg, Ritalin<sup>®</sup>, Methylphenidate.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed and this is documented in the child's health care plan.

Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering the medicine should do so in accordance with the prescriber's instructions.

Controlled drugs should be stored securely (a locked non-portable container), with limited access but should be easily accessible in an emergency, by named staff. A record should be kept for audit and safety purposes (see Appendix 'E');

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local Pharmacy). If this is not possible, it should be returned to the dispensing Pharmacist (details should be on the label). A written record should be kept, signed by the pharmacist and the parents informed.

**Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.**

### **Storing Medicines**

Medication should be stored as follows:

1. Medicines should be kept in a secure place with restricted access, with limited exceptions. Medicines and devices such as Asthma inhalers, blood glucose testing meters (and strips) and adrenaline pens should be always readily available to children and not locked away, but always in the vicinity of the relevant students. Emergency medication will be stored in the General Office at the front of school where it is readily available yet under constant supervision.
2. A few medicines need to be refrigerated. Subject to the Individual Healthcare Plan, these can be kept in a refrigerator on a separate shelf, but should be in an airtight container and clearly labelled. Where medicines are required to be kept refrigerated, daily temperature checks should be undertaken on a recorded basis.
3. Large volumes of medicines should not be stored;
4. Children should know where their own medicines are stored, who holds the key and be able to access them;
5. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed;
6. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;
7. Where a child needs two or more prescribed medicines, each should be in a separate container;
8. Staff should never transfer medicines from their original containers;
9. The inhaler and spacers for Salbutamol inhalers (see below) will be kept in the Medical Room which all staff have access to at all times. Inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

### **Asthma**

We recognise that asthma is a physical condition, not an emotional illness. It affects at least one in every eleven children. On average, there are two children with Asthma in every classroom in the UK. A sudden narrowing of the air passages making it difficult to breathe causes an attack. These

passages are almost continuously inflamed or red or sore. Asthma can be controlled by, firstly avoiding known irritants and, secondly, by inhaling specific drugs.

Staff are aware of who is listed as having Asthma and are able to view their procedures using Edukey software.

Drugs can be self-administered by the child concerned. It is good practice to allow students who can be trusted to do so to manage their own medication from a relatively early age, and schools should encourage this, provided the safety of other students is not compromised. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion health care professionals and parents.

All staff receive asthma and allergy training during the academic year.

As a school we:

- welcome all students with asthma
- encourage and help children with asthma to participate fully in all aspects of school life
- recognise that asthma is an important condition affecting many school children
- recognise that immediate access to inhalers is vital
- do all it can to make sure that the school environment is favourable to children with asthma
- ensure that other children understand asthma so that they can support their friends; and so that children with asthma can avoid the stigma sometimes attached to this chronic condition
- have a clear understanding of what to do in the event of a child having an asthma attack
- work in partnership with parents, schools, school governors, health professionals, school staff and children to ensure the successful implementations school policies

### **Asthma Inhalers**

- Children may have inhalers on their person during school time, if this has been agreed with parents and everyone feels that the child is responsible.
- Extra inhalers will be kept in a secure cupboard in the medical room. Children will have access to inhalers at all times (provided they do not exceed agreed dosage).
- Each time a child is provided with an inhaler from the medical room, this will be recorded accordingly on SIMs.
- **Ideally parents will be encouraged to provide a spare inhaler which can remain in school.**
- Staff must take a child's inhaler to all off-site activities.

Asthma UK  
Summit House  
70 Wilson Street  
London EC2A 2DB  
Phone 020 7786 4900  
Fax 020 7256 6075  
info@asthma.org.uk  
[www.asthma.org.uk](http://www.asthma.org.uk)

## **Epilepsy**

Clear procedures must be discussed with parents regarding management of a child's epilepsy. There are clear written procedures for dealing with each child's individual needs; these may entail use of emergency treatments. It is good practice to allow students who can be trusted to do so to manage their own medication from a relatively early age, and schools should encourage this, provided the safety of other students is not compromised. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion health care professionals and parents.

In the event of a child having a number of seizures or a prolonged seizure, an ambulance must be called immediately and the Vice Principal/Principal must be notified.

Epilepsy Action  
New Anstey House  
Gate Way Drive  
Yeadon  
Leeds LS19 7XY  
Phone 0113 210 8800  
Fax 0113 391 0300  
epilepsy@epilepsy.org.uk  
[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

## **Allergies**

In the case of severe allergies, it is advised that parents book an appointment to discuss their child's allergies and needs with the SENCo team (before the academic year begins if possible), and bring along your GP's written information about the allergy, as well as a written management plan the student's needs.

All staff receive asthma and allergy training during the academic year.

The Anaphylaxis Campaign  
PO Box 275  
Farnborough  
Hampshire GU14 6SX  
Phone 01252 546100  
Fax 01252 377140  
info@anaphylaxis.org.uk  
[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

## **Emergency Auto Injector Kit**

From 1 October 2017, the [Human Medicines \(Amendment\) Regulations 2017](#) allows schools to purchase their own supply of AAI(s) from a pharmaceutical supplier (such as a local pharmacy) *without a prescription*, if they wish to.

**From September 2020, we have now purchased a 'spare' to use in case of emergency where a personalised AAI IS unavailable.**

Schools with spare AAI(s) should store these as part of an emergency anaphylaxis kit, which should include:

- 1 or more AAI(s).
- Instructions on how to use and store the device(s). This information can be found on the manufacturer's information leaflet included with the AAI.

### **Refusing Medication**

No student should be forced to take medication. Staff should inform the child's parent / guardian as soon as possible within the school day if a child refuses medication. This should also be logged on SIMs and reported to SENCo.

### **Medication Errors**

Examples of medicine errors include:

- *A medicine given to the wrong child*
- *The wrong medicine given to a child*
- *An incorrect dose of medicine*
- *Wrong route used for administration*
- *A medicine is omitted without due reason or record*

Staff should inform the SENCo immediately of an error. The error should also be reported to parents / guardians and G.P. The SENCo will also inform the Principal. Errors must be recorded in SIMs and an account of the error should be submitted to the SENCo by the member of staff involved. All incidents will be recorded in the serious incidents file.

### **Adverse Reactions**

Any adverse reaction should be monitored, and recorded in SIMs by medical room staff. Mild reactions should be reported to the parent / guardian on the same day. For a child who suffers an acute reaction, emergency treatment should be administered and 999 call made.

The incident and the adverse drug reaction should be reported to the SENCo. The error should also be reported to parents / guardians and G.P. The SENCo will also inform the Principal. An account of the adverse reaction should be submitted to the SENCo by the member of staff involved. All incidents will be recorded in the serious incidents file.

### **Disposal of Medicinal Products**

Staff should not dispose of children's own medicines. Unwanted or date expired medicines should be returned to the parent / guardian for return to the pharmacy for safe disposal.

School Nurses must follow SOP 9 Safe and Secure Handling of Medicines (St Helens School Nursing Service, 2013). Parents should also collect any medicines held at the end of each term unless these are considered spares and are not needed over the period away from school.

An audit of medical care and student supplies will be carried out by Medical Room Staff, on a half termly basis.

Returned medicines should be documented on SIMS. If parents do not collect all medicines, they should be taken to a local Pharmacy for safe disposal. A log will be kept and parents will be informed of a collection window to take advantage of before medicines are taken to the Pharmacy for destroying.

**It is the parent/carer's responsibility to replace medication which has been used or expired, at the request of the school staff.**

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority.

### **Day Trips, Residential Visits and Sporting Activities**

Arrangements must be clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities (including physical education lessons) and not prevent them from doing so, unless it is otherwise stated in their Individual Healthcare Plan.

Teachers and/or other designated school staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Arrangements should be made for the inclusion of students in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely in school trips and visits, or in sporting activities. The school must carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students along with advice from the relevant healthcare professional to ensure that students can participate safely.

When storing or transporting medicines for day trips, residential visits and sporting activities, the school should refer to the 'Transportation of Medication' and 'Storing Medicines' sections within this Policy.

### **Medical Information and First Aid in School**

The Health and Safety (First Aid) Regulations, 1981 cover all employees, teaching and non-teaching in Schools and education establishments. Although students and students are not covered by the Regulations, The DfEE recommend that Schools have suitable First Aid facilities and a sufficient number of trained persons, **normally one First Aider for every 50 employees.**

In estimating additional provision sufficient to cover student numbers, **1 First Aider for every 150 students is normally held to be a reasonable ratio.**

Every School should have suitably equipped First Aid boxes in easily accessible places. Ours are located in the Science Prep. Room, P.E Staff Room and Outdoor Changing Rooms, Technology Prep. Room and Staff Room along with catering areas.

## **Sports / Technology / Science**

A First Aider is on call in each area to attend to any immediate needs. If, after triage, more attention is required, the student should be sent to either the Medical Room for physical First Aid treatment or to one of the Pastoral staff if appropriate.

## **Pastoral Staff.**

These are to look after pastoral care of students needing attention. The Pastoral staff will assess if a student can return to lesson or needs to go home. Pastoral staff can also attend to physical First Aid if available and trained.

## **Sixth Form.**

Both physical First Aid and Pastoral attention should be attended to within Sixth Form where possible if not, radio for First Aider for support.

## **SEN**

First Aiders within "ESC" will be allocated time slots to fit in with their planned timetable.

## **Medical Room.**

This will have a First Aider in attendance at breaks and lunches during the school day. The First Aider will triage all cases and deal with them in their assessment of priority. During the rest of the school day, there will be a First Aid rota with a First Aider 'on-call' with a walkie-talkie as initial point of contact. If any cases are of a Pastoral nature, they will be sent to the Pastoral staff. The Medical Room will be the First Aid point for all cases during lunch times and break. The First Aider on duty will be on a rota basis.

The rota will be managed by the SENCo team and will be revised accordingly. Where a named First Aider is not available to take their duty, they must then find cover themselves.

## **Guidance**

Assistance to a medical emergency should be requested from a First Aider on-call or failing that, the First Aider located in the nearest zone to the incident.

First Aid should be a priority when it is requested. First Aid should be given at the nearest point to where the incident occurred. Students should not be passed from one First Aider to another without good reason.

First Aid is medical treatment required following an accident and causing bleeding, a bump, break, bruising or a scratch.

Staff should use their professional judgement to assess if, for example, headaches or upset stomachs require genuine First Aid treatment. If in doubt, signpost to Pastoral Staff.

Sport's injuries during lessons will be initially dealt with by the First Aider / Teacher in charge. If further medical attention is required, the student will be passed to another First Aider on the list. The notes should be completed by both First Aiders at the earliest opportunity. This will ensure that the student's records are accurate.

## Head injuries (as per staff handbook)

1. Assess the situation.
2. Inform parents. (Use the Priority One contact).
3. Inform the parent that the student needs to be collected.
4. Advise parents that medical attention is needed straight away.
5. Complete an online Accident Report form.
6. Input the incident to the school system.

## Emergency Procedures

The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Healthcare Plans and appreciate that other emergency situations may occur.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back-up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as Midday Supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.

## Transport to Hospital

Where the First Aider/staff member attending the scene considers that hospital treatment is required, the school should contact the Emergency Services for advice and follow it. Parents must be contacted and informed of the situation.

If a child needs to be taken to hospital, staff must stay with the child until the parent arrives to accompany the child, or accompany a child taken to hospital by Ambulance and stay with the child until their parents/guardians arrive. Schools need to ensure they understand the local Emergency Services cover arrangements and that the correct information is provided for navigation systems.

If, despite being fully appraised of the situation, the Emergency Service does not consider it necessary for transport by Ambulance, but the school considers that further medical advice is required, the school should contact the student's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only in these exceptional circumstances** arrange to transport the injured person using their school staff transport. They must be accompanied by an additional responsible adult to support the injured person. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance and a valid MOT certificate (where required). It is the responsibility of the Principal (or nominated officer) to check these documents together with the individual's Driving Licence in accordance with the St Helens Council Driving Policy.

### First Aiders

| Zone             | Name                  | Tel ext. | Requal date |
|------------------|-----------------------|----------|-------------|
| P.E              | Mr Gary Makin         | 160      | Feb-21      |
|                  | Mr Daniel Allen       | 160      | Feb-21      |
|                  | Miss Laura Daniels    | 160      | Feb-21      |
|                  | Miss Emily Rudge      | 160      | Feb-21      |
|                  | Mrs Claire Kerr       | 160      | Feb-21      |
|                  | Mr Rob Unsworth       | 160      | Feb-21      |
|                  | Emily Belford         | 160      | Feb-21      |
|                  | Mrs Andy Skerry       | 160      | Feb-21      |
|                  | Matthew Bailey        | 160      | 17-Oct-2021 |
| Geography        | Mary Robinson         |          | 17-Oct-2021 |
| Technology       | Miss Joanna Brothers  | 166      | Jan-23      |
|                  | Mrs Yvonne Davies     | 164      | 17-Sep-21   |
| Pastoral Staff.  | Mr Mark Pendlebury    | 124      | 13-July-21  |
|                  | Mr Mark White         | 127      | 25-Oct-20   |
|                  | Mrs Allison McCartney | 125      | 08-July-22  |
|                  | Mrs Liz Sheedy        | 104      | 14-May-21   |
| Sixth Form.      | Miss Hannah Moreton   | 146      | 07-Dec-20   |
|                  | Miss Gaynor Rice      |          | 10-March-22 |
| Learning Support | Mrs Gemma Atkinson    | 161      | 24-June-22  |
|                  | Mr James Smith        | 161      | 07-July-22  |
|                  | Miss Helen Greenway   | 161      | 07-July-22  |
|                  | Mrs Denise Picton     | 161      | 08-Dec-20   |
|                  | Mrs Christine Rimmer  | 161      | 17-Oct-21   |

|           |                      |     |             |
|-----------|----------------------|-----|-------------|
|           | Miss Imogen Knowles  | 161 | 17-Sep-21   |
|           | Mrs Lisa Bivon       | 161 | 17-Sep-21   |
|           | Ms Helen Mather      | 161 | 08-July-22  |
|           | Ms Marika Green      | 161 | 07-Dec-20   |
|           | Miss Blandine Cart   | 161 | 14-May-21   |
|           | Miss Oxana Birchall  | 161 | 17-Oct-21   |
|           | Miss Fiona Powell    | 161 | 10-March-22 |
|           | Miss Lyndsey Nolan   | 161 | 14-May-21   |
|           | Miss Christie Osman  |     | 08-July-22  |
|           | Mrs Sue Robinson     | 122 | 16-July-21  |
|           | Mrs Anne Marie Moore | 106 | 08-Dec-20   |
|           | Mrs Helen Quinn      | 157 | 10-Mar-22   |
| Reception | Mrs Joanne Lowe      | 100 | Jan-23      |
|           | Mrs Vicky Buttler    | 123 | 08-Dec-20   |
| Exams     | Mrs Becky Ranson     | 126 | 10-July-21  |
| Finance   | Mrs Carrie Andrews   | 117 | 12-Sep-21   |

### Functions of First Aiders

- To ensure First Aid boxes are stocked, regularly checked and refilled.
- Ensure that records are kept of all First Aid treatment. All First Aid treatment must be recorded on SIMs and, where necessary on the St Helens Accident Reporting system.
- To administer treatment in accordance with the First Aid training they have received.
- To advise the pastoral staff of any concern or consideration regarding the treatment.

### Hygiene and Equipment

At Rainford High, we aim to ensure that we have a healthy and safe environment. We cater for intimate care – please see separate, Intimate Care Policy.

**All zones are equipped with basic First Aid supplies and equipment.**

### Contents of a First Aid Kit (several small kits around the school)

| Item  | Quantity            |
|---|---------------------|
| Guidance card                                   | 1                   |
| Contents list                                   | 1                   |
| Individually wrapped sterile adhesive dressings | 20 (assorted sizes) |
| Sterile eye pads, with attachment               | 2                   |
| Individually wrapped triangular bandages        | 2                   |

|  |    |
|--|----|
| Safety pins  |    |
| Medium sized individually wrapped sterile (12cm x 12cm) un-medicated wound dressings | 4  |
| Large sized individually wrapped sterile (18cm x 18cm) un-medicated wound dressings  | 1  |
| Alcohol free moist cleaning wipes  | 20 |
| Disposable gloves (pair)   | 6  |
| Resuscitation face shield (with one way valve)                                       | 1  |
| Water resistant plasters (provide blue plasters for food handlers)                   | 40 |
| Finger sterile dressing  | 2  |
| Burn dressing  | 1  |
| Conforming bandage (7.5cm wide)  | 1  |
| Adhesive tape (2.5cm wide)   | 1  |
| Foil blanket   | 1  |
| Scissors (suitable for cutting clothing & leather)                                   | 1  |

First Aid boxes and kits should contain only the items that a First Aider has been trained to use. They should not contain medication of any kind.

**A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**

## Manual Handling

Rainford High will work towards a safe handling policy and as part of this process will ensure a current policy of minimal lifting. We will ensure that the necessary arrangements are made to facilitate the information of the policy, for example by provision of appropriate and suitable training by professionally competent persons, for those who have duties under the policy.

**The main objective is to reduce the risk of injury and disablement caused by manual handling in the workplace to the minimum.**

Rainford High has a duty of care to ensure that:

- Minimum requirements for the manual handling of loads are followed where there is a particular but not exclusive risk of back injury to workers.
- The need for manual handling is avoided or, when it cannot be avoided, an assessment is made of the operation and where there is a risk of injury, appropriate steps taken to reduce or avoid that risk.
- Assessment of manual handling operations take into account factors which include characteristics of the load, the physical effort required, characteristics of the working environment and the requirements of the task.
- Information and training is provided to staff ensure that manual handling requirements are clearly identified when recruiting staff so that appropriate medical advice can be taken as part of pre-employment health screening.

- Make allowance for any known health problems which might have a bearing on an existing employee's ability to carry out manual handling operations safely.
- Refer to occupational health advisors if there is any good reason to suspect that an individual's state of health might significantly increase the risk of injury from manual handling operations.
- Monitor and review manual handling assessments when there is reason to suppose that they are no longer valid due to changes in working conditions, personnel involved or a significant change in the manual handling operation affecting the nature of the task or the load.
- Maintain records of accident and ill health related to manual handling operations.

### **The responsibilities of the employee:**

The employee must;

- Take responsible care of their health and that of others whose safety may be affected by their activities when involved in manual handling operations.
- Co-operate with the owner/manager in the making of assessments of hazardous manual handling tasks.
- Observe safe systems of work and use of safety equipment
- Participate in training given in manual handling.
- Report pregnancy or any medical conditions which may affect their ability to handle loads safely.
- Report any change in working conditions, personnel involved in manual handling risks or a significant change in the nature of the task or the load which may necessitate a review of the assessment.
- Employees have a duty to use manual handling equipment provided and ensure it is used correctly.

### **Individual Health Care Plans**

All our Care Plans are written by Healthcare Professionals or the School Nurse along with the child, parents and School.

**All Care Plans are kept in a file in the general office for easy access to EMERGENCY MEDICATION as quickly as possible.**

These documents will also be under individual profiles as linked documents on SIMS. Should the student be under a specialist for health issues, the care plan will be written by them and passed on to School.

Copies of Care Plans are kept in School, parents have a copy, the family GP is sent a copy and one is put into the child's health record for the School Health Team.

The main aims of having a Care Plan in place are to ensure the child is safe in School and to ensure their medical conditions do not interfere with students enjoying or achieving in School.

**All Care Plans are updated appropriately according to need.**

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### **Complaints**

Should parents or students be dissatisfied with the support provided, they should initially discuss their concerns with the SENCO team. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure.

### **Review and Evaluation**

This policy will be reviewed on an annual basis, to ensure that it continues to be effective and applicable and is in accordance with relevant legislation.

Appendix 1:

## **Medical and First Aid Procedures Rainford High – Covid 19**



### **Unwell students / Symptoms of Covid 19**

Staff should assess the situation to see whether they need to be sent to Pastoral staff to be sent home.

#### **The main symptoms of coronavirus are:**

- high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

**Most people with coronavirus have at least one of these symptoms.**

If a student needs to be collected by a parent, they must be escorted to the waiting area in Reception by a staff member using social distancing. In the event a student needs observing whilst waiting in Reception to leave site, the First Aider attending to the student must remain with them until they are collected.

In the event that a student displays symptom of Coronavirus, they must be instead isolate in The Medical Room until they are collected.

The sign to notify that someone is isolating must be displayed on the door and not removed until a deep clean has taken place by FM. Staff must inform FM Site Staff immediately as the area that the child has been seated in will need cleaning thoroughly as well as The Medical Room once they have been collected. Deep cleaning also takes place across the site at the end of each day.

Should a student be sent home with symptoms of Coronavirus, Pastoral staff must communicate that they should refer for Covid testing and should not return to site until a negative result has been obtained.

**They must also inform school should they receive a positive result.**

**We will also liaise with St Helens Authority and Public Health for advice around isolating individuals and groups.**

### **General First Aid**

We will continue to administer First Aid as best we can whilst maintaining social distancing guidelines where possible. A distance of at least 2 metres (6 feet). Promote independence where possible e.g. students can wash their own wounds, put on their own plaster is able to do so. Please use professional judgement here.

If distancing is not possible, refer to this:

# Management of risk when planning work: The right priorities



Checklist from Seven steps > Step 3 > Further tools >

Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. The table below sets out an ideal order to follow when planning to reduce risk from construction activities. Consider the headings in the order shown, do not simply jump to the easiest control measure to implement.

|   |   |
|---|---|
| <b>1) Elimination</b>                               | Redesign the job or substitute a substance so that the hazard is removed or eliminated. For example, dutyholders must avoid working at height where they can.   |
| <b>2) Substitution</b>                              | Replace the material or process with a less hazardous one. For example, use a small MEWP to access work at height instead of step ladders. Care should be taken to ensure the alternative is safer than the original.   |
| <b>3) Engineering controls</b>                      | Use work equipment or other measures to prevent falls where you cannot avoid working at height. Install or use additional machinery such as local exhaust ventilation to control risks from dust or fume. Separate the hazard from operators by methods such as enclosing or guarding dangerous items of machinery/equipment. Give priority to measures which protect collectively over individual measures.  |
| <b>4) Administrative controls</b>                   | These are all about identifying and implementing the procedures you need to work safely. For example: reducing the time workers are exposed to hazards (eg by job rotation); prohibiting use of mobile phones in hazardous areas; increasing safety signage, and performing risk assessments.   |
| <b>5) Personal protective clothes and equipment</b> | Only after all the previous measures have been tried and found ineffective in controlling risks to a reasonably practicable level, must personal protective equipment (PPE) be used. For example, where you cannot eliminate the risk of a fall, use work equipment or other measures to minimise the distance and consequences of a fall (should one occur). If chosen, PPE should be selected and fitted by the person who uses it. Workers must be trained in the function and limitation of each item of PPE. |

It is not necessary to implement every measure. For example, in the case of a fully boarded and guarded scaffold, workers would not be expected to wear personal fall-arrest equipment.

All incidents requiring First Aid are to be dealt with in the Medical Room where possible.

All First Aiders will be allocated with personal PPE packs which should only be opened when needed to avoid contamination and disposed of after once use. These will be distributed to staff trays in the front office ready for staff to collect at the beginning of their allocated day and returned to trays again at the end of each day.

PPE packs must always be kept on your person along with a radio if you are the First Aider on duty. Replacement equipment will be supplied by THK upon request.

**Please continue to follow other Government advice in relation to First Aid and Covid-19**

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>

## **Emergencies**

Staff must radio for the First Aider (channel 7) on duty and will be required to give a brief description over radio as to what the First Aid issue is along with their location. The First Aider on duty should always attend the scene in this case.

Any staff member, should act quickly in the event of an asthma attack checking for inhalers on a student's person. Staff are also required to act quickly when a student requires an Epi pen, again check on their person but always also call for First Aid support too.

Individual Health Care Plans continue to be located in paper form in the front office (with a possible spare item of emergency medication is also located for that child) and crib sheets are also linked on the Medical tab of the SEN register and in linked documents on SIMS.

If CPR is required, dial 999 immediately. A face shield is located in the Medical Room cupboard. Please notify THK if used.

## **Continue to follow the same procedures previously in place in school for Head Injuries**

1. Assess the situation.
2. Inform parents. (Use the Priority One contact).
3. Inform the parent that the pupil needs to be collected.
4. Advise parents that medical attention is needed straight away.
5. Complete an online Accident Report form.
6. Input the incident to the school system.

**Please continue to follow normal school procedures in terms of contacting home if students need medical care beyond the First Aid.**