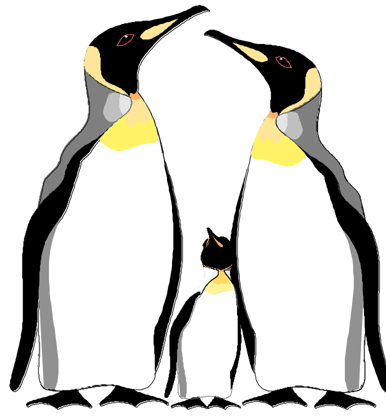

Whitwick St John the Baptist CE Primary School

Accidents, Medicines, Illness & First Aid Policy

March 2020

Agreed by Staff: March 2020

Agreed by Governors: April 2020

Signed (Chair): ________________________________ Date: _______________

PLEASE REFER TO FURTHER GUIDANCE IN LA POLICIES.
THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE SAFEGUARDING AND MEDICAL CONDITIONS IN SCHOOL POLICIES.

POLICY STATEMENT

Whitwick St John the Baptist Primary School is an inclusive community that welcomes and supports pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. This school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. This school understands the importance of medication and care being taken as directed by healthcare professionals and parents. All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils. The named member of school staff responsible for this medical conditions policy and its implementation is: **Samantha Fuller (SENCo)**

Accidents

- All incidents or near misses to staff and pupils must be reported and recorded as soon as possible on the day of occurrence. All minor injuries must be reported to one of the emergency first aid trained staff. The accident must be recorded in the accident book and a note must be written for children to take home to their parents by the emergency first aider. It is the responsibility of the class teacher to inform the parents, by sending the note home and by phoning the parent to keep them informed.
- With potentially more serious illness and accidents, the designated fully trained first aiders in school must be informed, who will attend to the child or adult.
- In the event of a serious injury (i.e. broken bones) or those requiring emergency treatment (i.e. doctor or dentist) then the emergency first aider must ensure that an accident form (available in the front office) has been filled in and signed by them and a parent/ carer. Then, a photocopy of the form must be given to the parent/ carer so that they can refer back to it when they attend a medical practice (Walk in centre/ GP surgery/ dentist etc)
- The original copy of the accident form must be filed in the front office. Any additional information can be added to the form, signed and dated, after the initial event (e.g. Parents call the school to provide an update on the status and outcome of the patient's medical needs/ diagnosis)
- The details of serious accidents will need to be placed on to Assessnet (see below for procedures in relation to this).
- A "near misses book" is kept in the school office and all staff need to complete this as necessary.

RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

What types of injuries are reportable?

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work including:

- accidents which result in death or a specified injury or ill health must be reported without delay.
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.
- work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing.

Who should report and how quickly?

All serious incidents must be reported to the Headteacher immediately. The duty to notify and report rests with the Headteacher, Deputy Headteacher or SENCo to record this information within 24 hours of the incident taking place.

Staff:

The following is a list of reportable specified injuries in relation to those working on school premises.

These include:

- 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), which: – cover more than 10% of the body or – cause significant damage to the eyes, respiratory system or other vital organs
- 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.

Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable.

In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

Reportable occupational diseases

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. These include:

- carpal tunnel syndrome
- severe cramp of the hand or forearm
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach
- hand-arm vibration syndrome
- occupational asthma, eg from wood dust and soldering using rosin flux
- tendonitis or tenosynovitis of the hand or forearm
- any occupational cancer
- any disease attributed to an occupational exposure to a biological agent.

Stress

For stress to be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

First Aid

- A list of qualified first aiders is located in the staff room.
- First aid administered to a pupil must be recorded.
- First aid kits are kept in the store cupboard.
- Mrs Andrews will keep a regular check of First Aid Box contents and ensure that they are maintained. Please keep her informed if you are aware of any items that need replacing.

Illness (Pupil)

- Permission to contact a parent / carer should be sought from the headteacher or deputy headteacher. If neither are available, then a member of SLT.
- A file is kept in the school office containing information about individual medical conditions. If staff receive additional information from parents then please inform the office.
- **Staff should not ignore a child's claim to have injured their head.**
- ALL BUMPED HEADS OR FACIAL INJURIES ***must*** be recorded and a form sent home.
- Particular care should be taken with head/face injuries. It is our policy to send a note informing parents about injuries to the head, no matter how small.
- If a child needs to remove clothing for an injury to be investigated – this should be carried out by **TWO** members of staff.

Inhalers / Epipens and Other Emergency Medication

- Children suffering from asthma and other similar complaints are usually able to cope with administering their inhalers.
- Child's inhaler / adrenaline auto injectors etc should be in the green box marked "first aid" in the unlocked class store room.
- **In the case of the preschool,** a child's inhaler / adrenaline auto injectors etc **will be on top of the refrigerator.**
- In the case of trips, visits, residentials, swimming and sport in the field, the child's medication **MUST** be with the teacher who is present and a trained person (usually the teacher) will be present and available to administer it if required.
- **It is the responsibility of the class teacher to ensure these are taken out on visits.**
- Emergency medication e.g. epipens, should stay with the child in the classroom and must accompany the child when they leave the premises (swimming, visits etc). **It is the responsibility of the class teacher to ensure these are taken out on visits.**

Headlice

- If we suspect an infestation of headlice in a class, a note will be sent home with all children in that class.
- Parents are asked to treat headlice before sending their child back to school.

Medication

- Please refer to the medical conditions in school policy.

Epilepsy treatment

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

Buccolam (oro-mucosal solution) 5 mgs in the pre-filled BLUE labelled syringe

This should be prepared and administered by an authorised person in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

The normal reaction to this dose is seizure should stop
This should occur in 5 – 10 minutes.

If the seizure does not stop after 3 minutes, then phone 999 for ambulance.

Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **Buccolam** has been given the child must be assessed by a healthcare professional (e.g. paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, school must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

After **Buccolam** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the emergency department and to the parent.
The original should be kept by the administering agency.

The parents will be responsible for:

1. Informing anyone who needs to know if **Buccolam** has been given.
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose/type.
4. Sorting out the review of the ICP every 12 months.

Diabetes

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

Hypoglycaemia (or a hypo) is when the **blood glucose level drops too low.**
For most children and young people this level is below 4mmol, however, in some circumstances, it may be necessary to raise this level above 4mmol –if this is the case, this will be documented in the IHCP.
These episodes happen rapidly and, if left untreated, can lead to unconsciousness and seizures.
Hypos tend to happen when a child has been very active, has had too much insulin or not enough carbohydrate to eat/drink.
Whenever a child / young person feels any symptoms or displays any signs of hypoglycaemia, where possible, a blood glucose test should be performed prior to the appropriate treatment being given (according to the IHCP).

Warning signs: The symptoms vary for each child but generally include:
Mild signs and symptoms:

- sweaty
- shaky
- pallor hunger
- fast heart rate / palpitations,
- tingling or pins & needles in fingers, toes or around lips.

Moderate to severe signs and symptoms:

- moody
- aggressive
- quiet anxiety
- irritability
- glazed eyes
- vagueness
- drowsiness
- lack of concentration
- inability to perform simple tasks
- seizures
- loss of consciousness

Treatment

- **The treatment of hypoglycaemia should be immediate to prevent the episode deteriorating.**
- The child / young person's IHCP (Individual Health Care Plan) will document what treatment is required, but this will usually consist of eating or drinking rapid acting glucose such as Lucozade, jelly beans, dextro energy tablets or glucose gel to boost the blood glucose level up.
- Some children may also require longer acting carbohydrate following this initial treatment. The child should generally respond within 15-30 minutes, but their cognition may be affected for a few hours afterwards, particularly if the episode was of moderate severity.

Hyperglycaemia:

- **Hyperglycaemia (hyper) is an episode of a high blood glucose level.**
- This can be caused by too little insulin, too much food, stress or illness.
- These episodes tend to happen over a few hours, and if left untreated for a prolonged period of time, can deteriorate into a potentially fatal condition called diabetic ketoacidosis or DKA.
- Regular blood glucose monitoring and giving additional insulin to correct high blood glucose levels can prevent this from occurring. For the majority of children and young people, a blood glucose level of 14mmol or greater is considered to be hyperglycaemia.

Warning signs:

The symptoms vary for each child but generally include:

- thirst
- frequent passing of urine
- lethargy

Treatment

- The treatment of hyperglycaemia is very individual depending upon the child / young person, the cause and their insulin regimen.
- Specific details regarding its treatment and whether any additional insulin is required will be documented on their IHCP.
- It is important that any child with a high blood glucose level should be allowed to drink water and go to the toilet as necessary.
- If the child is using an insulin pump, a check should be made to ensure that it is still connected to the child / young person and that the pump is still working.
- High blood glucose levels AND illness at school requires swift action which should be documented on the child / young person's IHCP and parents / main carers should be contacted at this point.