

THE WESTGATE SCHOOL

Hampshire's First 4-16 'All Through' School

*"The Westgate School is a community of learners where partnerships inspire success for all:
learning together – achieving excellence"*

Headteacher: Mrs F A Dean, MA (Ed)

Initial Policy date	July 2016	Next scheduled review	June 2026
Governor approved	June 2025	Key person/people	Senior Site & Facilities Strategic Lead
Model Policy		Model localised	Yes
Pupil leadership team review		Y / N N/A	

FIRST AID AND ADMINISTRATION OF MEDICINES- PUPILS

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all employees, pupils and visitors
- Ensure that employees and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities.

3.1 Nominated Responsible person

The Nominated Responsible Person (NRP) is the Senior Site and Facilities Strategic Lead who is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of First Aid trained personnel present in the school at all times. To achieve this they are responsible for the completion and continuous review of the school's First Aid Needs Risk Assessment
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all employees are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for medical needs of pupils
- Reporting of incidents to external agencies in accordance with our Health and Safety policy and recording through our internal system where first aid has been administered.
- Overseeing the Medical Welfare Officers responsibility to ensure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

3.2 Welfare Officers and First Aiders

Are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- A list of first aiders annotated within the school's First Aid Needs Risk Assessment are trained and qualified to carry out the role and are responsible for:
 - Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
 - Sending pupils home to recover, where necessary
 - Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident
 - Keeping their contact details up to date
 - Our schools First Aiders are listed within our First Aid Needs Risk Assessment

3.3 Employees

Colleagues are responsible for:

- Ensuring they follow first aid procedures
- Completing accident reports they are involved in, or support with an account of what they have witnessed
- Ensuring they know who their first aiders are when planning activities
- Informing the Headteacher or their line manager of any specific health conditions or first aid needs they may require support with reasonable adjustments.

4. Administration of Medicines

Overview

The administration of medicines is the overall responsibility of our parents. This requires support from parents to notify medical@westgate.hants.sch.uk if this is a requirement, if there are any changes to their child's medication, or if there are any anticipated side effects.

The Senior Site & Facilities Strategic Lead has delegated responsibility for ensuring all employees and children are supported with their medical needs whilst on site or off-site activities led by TWS colleagues and this may include managing medicines where appropriate and agreed with parents.

Administration of medicine requirements will be achieved by establishing principles for safe practice in the management and administration of:

- prescribed medicines
- non-prescribed medicines
- maintenance drugs emergency medicine
- Providing clear guidance to all staff on the administration of medicines.
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines.
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines.

4.2 Routine Administration

Prescribed Medicines.

The Department for Education 'Supporting pupils at school with medical conditions' stipulates that there needs to be monitoring arrangements for prescribed and non-prescribed medicines on a school premises. The following outlines our control measures to be compliant with this statutory guidance.

Prescribed Medicines. In accordance with the relevant legislation, it is our policy to manage prescribed medicines (e.g; antibiotics, inhalers) where appropriate, following consultation and agreement with written consent from parents/carers. We advise for medication to be taken prior, or at the end of the school day, however, the following outlines requirements should this be required during the day.

Secondary Phase (Years 7-11) pupils must hand a completed and signed consent form from parents/carers, along with clearly labelled and named medication to our secondary phase reception, for storage in the medical room as soon as they arrive.

Primary Phase (Years R-6) parents/carers should hand the same to the primary phase reception for safe keeping.

The Administration of Medicines & Treatment consent form can be found on our website via:
<http://www.westgate.hants.sch.uk/parent-area/administration-of-medicines-consent-form>

Non-Prescribed Medicines. The Westgate School keeps its own stock of paracetamol tablets or suspension fluid, and antihistamine. Pupils should not bring these items to school to self-administer. All other non-prescribed medicines need to fall under our prescribed medicines procedure.

On occasions when pupils require paracetamol, or antihistamines at school, it is our policy to administer, providing that written/recorded consent from the parents has been received in advance. This can be completed by parents/carers (at whatever stage of entry) via the update information and parent consent

section on Edulink. There is no requirement to this again if you have already done so. A logged check is conducted by our first aid trained colleagues prior to administering.

Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the Responsible Manager who may decide to administer under certain miscellaneous or exceptional circumstances e.g. hay fever tablets, stings/insect bites.

4.3 Maintenance drugs

Policy is to manage the administration of maintenance drugs (eg. Insulin, Ritalin) as appropriate following consultation and on receipt of a completed **Administration of Medicines & Treatment Consent Form**. Parents/carers will be notified via medical tracker when your child has taken their medication, the dosage and when it is due to expire.

4.4 Non-Routine Administration - Emergency Medicine.

TWS manages the administration of emergency medicines such as (for example):

- Injections of adrenaline for acute allergic reactions.
- Midazdam Buccal liquid for major fits.

In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted as well as a completed **Administration of Medicines & Treatment Consent Form**.

Secondary Phase

EPI PEN/Adrenaline pens should be carried by the pupil and spares will be held in the Medical Room for ambulance crews.

Primary Phase

EPI PEN/Adrenaline pens Adrenaline pens will be kept in named bags in the pupil's 'home' classroom.

4.5 Procedure for Administration

Any pupil required to have medicines will require a completed **Administration of Medicines & Treatment Consent Form** completed by the parent and kept on file. When medicines are administered, a **Record of Prescribed Medicines** sheet will be completed each time the medicine is administered and this will be kept on file with the medication in a locked cabinet in the, Primary or Secondary School Medical Rooms. When medicine is administered this is tracked on medical tracker.

If a child refuses to take medication the parents will be informed the earliest available opportunity.

A number of pupils with pre-existing medical conditions have individual care plans where the action and response will be personalized to meet their requirements. To ensure that every pupil receives a high standard of care and support, that is both consistent and reflective of the pupils needs. A section on the SIMs system highlights if a pupil has a care plan.

When completing a pupil medical form as part of the application process parents are asked whether their child has any health conditions or issues. Information is also gathered from a pupil's previous school. Parents will be invited to meet with the Welfare Officer staff to formulate a suitable plan. This will be carried out in consultation with the School Nurse and other health professionals as necessary. Copies of the Health Care Plan will be made available confidentially to all key first aiders in school (as agreed with parents) and a central register of plans will be kept in the Welfare office, where they are available for inspection by school staff. Parents may keep a copy if they wish. Confidentiality of plans should be

respected. Health care plans will be reviewed annually in consultation with parents and health care professionals to incorporate any changes which may have taken place.

4.6 Storage

The storage of medicines is the overall responsibility of the Senior Site & Facilities Strategic Lead , who will ensure that arrangements are in place to store medicines safely, including refrigerated storage when required.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of parents to ensure that the medicine container is clearly labelled and enclosed with a signed and fully completed **Administration of Medicines & Treatment Consent Form**.

Containers must be clearly marked as follows:

- The child's name
- The product name
- The expiry date
- The dosage
- The name of the issuing pharmacist or doctor
- Storage details

It is the responsibility of the parents to provide medicine that is in date.

4.7 Disposal

It is not TWS's responsibility to dispose of medicines. Expired medication will be returned to parents in a sealed envelope for safe disposal with the exception of Epipens where parents will be notified and asked to bring an up to date pen into school.

5. First Aid Facilities and equipment

5.1 Medical Accommodation

The Primary School Foyer/accessible welfare facility, and Secondary School Medical Rooms will be used for medicine administration/treatment purposes. Each location will be supervised by a Medical Welfare Officer during school hours. Wraparound store medical kit in a locked cabinet, accessible when the breakfast and after school clubs are in operation.

5.2 Medical Rooms

The Senior Site & Facilities Strategic Lead has overall responsibility for ensuring that *Primary reception area, and Secondary School Medical Rooms have the following facilities:

Hot and cold running water	Fan (LS and US)
Several chairs	Yellow soft clinical waste bin (LS and US) and clinical waste bags (Nursery and Wraparound)
Reclining bed	Residential Trips Portable First Aid bag
Wheelchair	Day Trips Portable First Aid bag
Fully stocked, locked cabinet and accessible cupboard	

**accessible by Wraparound for both breakfast and after school sessions*

5.3 First Aid Kits

TWS First Aid Needs Assessment has identified the following first aid kit requirements:

First Aid Kits on the premises, situated as follows:

2 – PE (one fixed, one travel)	3 – Science (1 in each block)
2 – Secondary Reception/main office	2 – Minibuses (1 in each)
5 – D&T Rooms 26, 35, 37, 38 x2	8 – Trips (day)
3 – Primary School	1 – Wraparound
8 – Trips (residential – includes paracetamol and medication log)	

The Senior Site & Facilities Strategic Lead has the responsibility of monitoring that the Pupil Welfare Officer updates medical supplies and contents of the first aid cabinets in the Primary reception area, and Secondary School Medical Rooms and all the locations listed above, including all mobile first aid kits. Each First Aid box has a 'CSAF-003 First Aid Checklist form' inside to evidence the checking process

5.4 Defibrillator

A defibrillator is situated on the wall in Secondary School Reception and contains packs clearly marked for Infant/Pupils (0-8yrs) or adults (8yrs +). At least 8 members of staff are trained in the use of this device including the Pupil Welfare Officer. There is also a defibrillator located within the pavilion located at Chilbolton sports field. Additionally, there is a defibrillator located in an external container situated outside our sport hall by the Village Green (code for container is (C159X).

5.5 Emergency allergy medication

The school maintains and controls in date emergency autoinjector adrenaline pens within the following locations:

- Main Secondary phase reception
- Accessible office behind Primary phase reception
- Secondary phase dining area

6. First aid procedures

6.1 In-school procedures

In the event of an accident resulting in injury:

- The closest employee present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will need to remain on the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. On their arrival, the first aider will recommend next steps to the parents/carers
- If emergency services are called, the Medical Welfare Officer will arrange the contact of parent/carers immediately
- The Medical Welfare Officer will log the incident on our medical tracker system the same day, or as is reasonably practicable after an incident resulting in an injury.

6.2 Trip Arrangements

A medical report is produced for every trip which lists all attending pupils and highlights whether any of them have an Individual Health Care Plan. Where this is appropriate, the Trip Organiser is alerted and asked to contact the Pupil Welfare Officer so that the IHC can be reviewed prior to the trip and appropriate arrangements made to support the pupil.

A Trips First Aid Kit is provided for all trips – kits for residential trips include paracetamol and a medication log for use by staff when dispensing prescribed or non-prescribed medication.

The school has a responsibility to ensure the health and safety of anyone taking part in off-site activities. All staff, whether first aid trained or not, who are attending off-site visits should be aware of any students with medical conditions and the associated information about how to act in an emergency. This should be addressed in the risk assessment for off-site activities.

Pupils with medical needs should be included in educational visits as far as this is reasonably practicable. School staff should discuss any issues with parents and the welfare officer in suitable time so that extra measures can be put in place prior to the visit. The school trips co-ordinator will provide a list of all pupils attending a trip/off site activity. This will highlight which of the pupils has a care plan. It is the responsibility of the Activity Coordinator in conjunction with The Welfare Officer to ensure they are familiar with the pupils needs and that the pupil takes any required medication with them.

7. Trained Persons

7.1 Training

Where colleagues are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional advice and guidance from a competent source will be sought before commitment to such administration is accepted.

First Aid certificates will be held by the colleagues required to dispense medicines. Refresher training will be scheduled as legislation requires.

TWS will carry out an annual First Aid Needs Assessment to determine the first aid provision requirements for our premises. This is completed and updated by the Senior Site and Facilities Strategic Lead and the Nominated Responsible Person.

It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision.

The Children's Services First Aid Needs Assessment Form (CSA-002) will be used to produce the First Aid Needs Assessment for our site. This review ensures that there are sufficient numbers of trained first aiders on duty and available for the numbers and risks on the premises and that suitable and sufficient facilities and equipment are available to administer first aid.

The First Aid Committee will, with reference to appropriate risk assessments, agree and ensure that the appropriate numbers of qualified first aiders and appointed persons are appointed as identified by the completion of the First Aid Needs Assessment and that they have the appropriate level of training to meet their statutory obligations. The Pupil Welfare Officer will ensure that information regarding any changes in practice will be circulated to all First Aiders by email to ensure that their information is current.

7.2 Basic Advice on First Aid at Work

All colleagues are to review the Basic Advice on First Aid at Work leaflet – this is circulated in the Welcome Back Pack on an annual basis, each September. This ensures that they can assess the situation, make the area safe, assess casualties and send for help from Qualified First Aiders, without delay.

Appointed Persons (AP)

An Appointed Person is someone who has attended a 1-day Emergency First Aid at Work Course (renewed every 3 years). These colleagues are identified on all noticeboards

Qualified First Aiders (QFA)

A Qualified First Aider is someone who has attended a 2/3-day First Aid at Work Certificate (renewed every 3 years). These colleagues are identified on all noticeboards.

They will be responsible for administering first aid in accordance with their training when the Medical Room is unattended, on trips, or when presented with a situation where pupils or colleagues become injured or fall ill whilst at work or on the premises.

Paediatric Qualified First Aiders (PQFA)

*The Early Years Foundation Stage statutory instrument and Ofsted require organisations to have adequately trained paediatric first aid trained employees.

8. Emergency Arrangements

8.1 Emergency Arrangements – Medical Condition

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

8.2 Emergency Arrangements - Accident

Upon being summoned in the event of an accident, the QFA/PQFA/AP is to take charge of the first aid administration/emergency treatment. Following their assessment of the injured person, they are to administer appropriate first aid and radio for the Senior Site & Facilities Strategic Lead to attend. They must then make a speedy and balanced judgement as to whether there is a requirement to call an ambulance. (If calling the Senior Site & Facilities Strategic Lead results in a delay, the person taking charge of the situation must not delay the decision – based on their judgement, they should radio Secondary School Reception immediately and ask for an ambulance to be called.)

The QFA/PQFA/AP is always to call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of a significant head injury
- In the event of a period of unconsciousness
- Whenever there is a possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- In the event of a first time seizure, anaphylactic shock or severe asthma attack
- Where repeated seizures last longer than 5 minutes

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if:

- It is considered to be a serious (or more than minor) injury. Telephone numbers will be used to contact parents and a message will be left should the parents not be contactable. Messages will also be sent via Parent mail email and/or text. If parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with parents every hour. In the interim, we will ensure that the QFA/PQFA/AP or another colleague remains with the child until the parents can be contacted and arrive.
- Requires attendance at hospital or external agency. Telephone numbers will be used to contact parents and a message will be left should the parents not be contactable. Messages will also be sent via Parent mail email and/or text).
- In the event the pupil requires hospital treatment, and the parents cannot be contacted prior to attendance, the QFA/PQFA/AP or another colleague will accompany the child to the hospital and remain with them until the parents can be contacted and arrive at the hospital.

- **Head Injury** – a major head injury will require attendance at hospital or external agency and will be dealt with as above. Please refer to: Enclosure one: Bump to Head, Head Injury & Concussion Procedure

9. Records and reporting

All incidents requiring first aid is to be recorded on medical tracker at the earliest opportunity with the following information as a minimum:

- Name of injured person
- Date and time of accident
- Type of accident (bump to the head etc)
- Treatment provided and action taken
- Persons informed

A record of when employees administer first aid treatment to pupils, colleagues, and visitors is to be logged on this system at the earliest opportunity.

Parents or carers are to be informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, of any first aid treatment given.

Injury that requires the child to leave the school must be immediately reported the Parent/Carer by a phone call They are also to be informed of any head injury sustained by their child whilst attending school. Please also refer to Enclosure one: Bump to Head, Head Injury & Concussion Procedure

Reports from the medical tracker are reviewed at termly Health & Safety Committee meetings, as an agenda item to identify patterns and/or concerns.

As a HCC maintained Schools we have adopted new corporate procedure for recording and investigating all incidents (excludes minor child accidents – recorded on medical tracker) which is now an on-line reporting system. The school will no longer be required to report accidents through to the Health & Safety Executive (HSE) under the Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) as the Children's Services Health & Safety Team (CSHST) will be completing.

The Welfare Officers, receptionists, and Wraparound Manager should immediately make the Site & Facilities Managers aware of any incident that has required emergency services/A&E attendance (for colleagues or adults) so that remedial actions can be identified and swiftly taken.

Any emergencies involving Wraparound pupils or colleagues must be dealt with immediately and then reported to the Senior Site & Facilities Strategic Lead, the following morning to ensure that all records are completed appropriately, and necessary colleagues informed.

The Head of the Primary Phase will notify Ofsted of any serious accident, illness or injury to, or death of, a EYFS pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. The Medical Welfare Officer will do this for our Secondary Phase.

The Designated Safeguarding Leading will also notify the local child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

10. Crutches and/or Leg Braces

All pupils who attend school on crutches or using a leg brace, provided to them by their GP or Consultant, whether on a temporary or permanent basis will require an assessment to be completed prior to their start date or return after injury. The assessment is to ensure that the pupil's return will be safe with appropriate adjustments and that they will not injure themselves further or cause injury to others.

Parents of pupils using crutches should contact the school, as soon as possible, either on admission or return after injury and agree a date with the Pupil Welfare Officer for an assessment to take place *before* the child returns. The Medical Welfare Officer will then complete a suitable and sufficient risk assessment, in consultation with the NRP. They are to then share these control measures with the relevant colleagues.

11. Asthma

TWS acknowledges the advice and guidance of the National Asthma Campaign and the guidance on the user of emergency salbutamol inhalers in school.

TWS recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school welcomes all pupils with asthma and pupils will be able to achieve their full potential in all aspects of school life. All relevant colleagues will be given training on asthma management and will be expected to update this.

- All pupils with asthma will have an Individual Care Plan which highlights all the pupils' medication requirements and individual triggers.
- Spare inhalers for individual children will be stored in a labelled container in Nursery Rooms, Wraparound (lockable cabinet), Secondary School medical rooms, or Primary School reception
- Colleagues will receive regular training and updates to ensure that they have a clear understanding of asthma and what to do in the event of an asthma attack.
- Pupils will be encouraged to understand the condition so that they can support each other.
- A list of pupils with asthma is produced annually and made available to colleagues, confidentially

All pupils who have asthma where parental consent has been obtained will be able to have use of the school's emergency asthma kit. This is located in the Secondary School Medical Room. Should this need arise, Parents will be informed, and the replacement of the pupil's own inhaler made a priority.

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

12. Diabetes

TWS acknowledges the advice and guidance of the British Diabetic Society. It is recognised that diabetes is a widespread condition affecting many people and welcomes all pupils with the condition, recognising its responsibility in caring for them. All relevant colleagues will be given training on diabetes management as part of their first aid training.

- All pupils with diabetes will have a Health Care Plan
- Parents are asked to provide spare supplies, eg; glucose tablets, biscuits, glycogen etc in a named box to be kept in a locked cupboard in the Nursery, Primary reception, and Secondary School Medical Rooms, as appropriate.
- All First Aid trained colleagues have a clear understanding of diabetes and are able to recognise common signs and symptoms associated with the condition.
- Colleagues are informed each year of those pupils who have diabetes.

13. Anaphylaxis

TWS acknowledges the advice and guidance of the UK Anaphylaxis Society. It is recognised that allergic shock (anaphylaxis) is a serious condition that may affect a number of pupils across all phases of the school and recognises the responsibility it has in dealing with pupils' allergies appropriately. Please see The Westgate School's Allergy policy which is an appendix within our supporting pupils with medical conditions policy.

- All pupils with potential anaphylaxis will have an Individual Healthcare Plan.
- There is a list with up-to-date photographs of pupils who carry epi pens located in the Nursery, Primary Phase reception and colleague dashboard medical information tab, Food Tech Room and The Hub as appropriate.

- All First Aiders 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 pupil who may be having an anaphylactic reaction including the administering of emergency adrenaline pen.
- Colleagues will receive regular training and updates to ensure that they have a clear understanding of what to do in the event of an allergic shock.
- TWS will hold an epipen for those pupils who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- Spare medication will be labelled and stored appropriately in a container in Nursery, Primary reception area, and Secondary School medical rooms, as appropriate. The container can be taken off site on school trips.
- All colleagues will be informed of those children who have this condition.
- The allergy will show on Secondary School biometric system alongside a photo and an allergy warning sign.

14. Epilepsy

TWS recognises that epilepsy is a condition which affects pupils at the school and welcomes pupils with epilepsy, ensuring through this policy that pupils will be able to achieve their full potential in all aspects of life. All QFAs and PQFAs will be given training on epilepsy management.

All APs should have a clear understanding of what to do in the event of a seizure.

The school works in partnership with the HCC School Nurse and parents to provide a continuation of care for those pupils who suffer from the condition.

Colleagues are kept informed of pupils at the school who have epilepsy via noticeboards in Nursery, Primary and Secondary School Staff Workroom areas. A copy of Health Care Plans (where provided) are available for colleagues to inspect

Advice and further information on individuals is available from Pupil Welfare Officer.

15. Paracetamol

It is a legal requirement that we have parent/carer written permission in order to administer any pain relief medication. Consent is documented on the **Registration/Medical Form** completed during the Admissions process (whatever stage of entry) and is recorded on Edulink.

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

- It is not recommended that pupils carry paracetamol around school with them.
- If, on occasion, a pupil needs to take paracetamol for pain relief, the Pupil Welfare Officer will make this judgement based on what symptoms are being displayed.
- If a pupil complains of pain as soon as they arrive at school and asks for painkillers, we would be reluctant to give paracetamol straight away as there should be at least four hours between any two doses of medicines containing paracetamol.
- The pupil is first encouraged to get some fresh air/have a drink/something to eat/sit in the shade (as appropriate) and paracetamol is only considered if these actions do not work.
- Only standard paracetamol tablets may be administered. Combination drugs which contain other drugs besides paracetamol, will not be administered.
- Paracetamol is stored safely as all other medicines and will not be kept in first aid boxes (with the exception of residential visits).
- Pupils can only be given one dose during the school day according to the instructions on the medication.

If this does not relieve the pain, we will contact the parent or emergency contact.

The person administering the paracetamol will record this in the Nursery, Primary School, Secondary School or Wraparound medicine log and will sign to record that the drug has been dispensed.

If a pupil becomes unwell during a residential visit, it may be appropriate to administer paracetamol. The guidance above is followed but on a residential visit, it may be appropriate to administer more than one dose. Dosage will be strictly according to the amounts above, no less than 4 hours apart. Should paracetamol fail to alleviate the symptoms and/or should colleagues have any concerns about a pupil's condition, they will not hesitate to get professional medical attention.

16. Mental health care

The Department for Education (DfE) promotes a whole-school approach to mental health and wellbeing. This includes appointing senior mental health leads in our school to oversee mental health strategies and support. Please see The Westgate School's Emotional Wellbeing policy for key colleagues and further information.

We are in the process of training our NRP and Medical Welfare Officers (x2) as Mental Health First Aiders (MHFA).

17. Unacceptable Practice

We will not:

- Prevent children administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

18. Links to other policies

- This first aid policy is linked to the: Health and safety policy
- Policy on supporting pupils with medical conditions
- The Westgate School Emotional Wellbeing policy

Enclosure one: Bump to Head, Head Injury & Concussion Procedure

School employees need to be able to assess signs and symptoms, know how to recognise an emergency and how and when to summon assistance. The duty of care that school colleagues have also extends to acting as any prudent parent would in the event of illness or injury.

This policy will be used by employees assessing and treating all head injuries in school on and off site. It will be used to determine the course of action to take depending on the circumstances and symptoms displayed. See Appendix 1 for a flow chart diagram on how head injuries are assessed, treated and communicated within school.

Bump To Head

A bump to the head is common in children. If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the child appears well then the incident will be treated as a 'bump' rather than a 'head injury'.

Bump to head protocol:

- Child to be assessed by a First aider using the Head Injury Checklist (Appendix 2)
- If sending a pupil to the medical room, ensure they have another person with them who can inform the welfare assistant that they have had a head bump
- First Aider to observe for a minimum of 15 minutes. If pupil begins to display head injury symptoms they will be sent to welfare assistant (if not already there) for further assessment, if no change during observation, then pupil can return to normal lessons
- First Aider to email all relevant colleagues:

Head Bump Alert – Name of pupil

Please be aware that this pupil has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please be alert to any changes in their condition and notify the Welfare Assistant asap if you have any concerns.

Minor Head Injury Symptoms

A minor head injury often just causes lumps or bruises on the exterior of the head. Other symptoms Include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Minor Head Injury Protocol

- Child to be assessed by a welfare assistant or another first aider using the Head Injury Checklist (Appendix 2)
- If sending a pupil to the medical room, ensure they have another person with them who can inform the welfare assistant that they have had a head bump
- Contact parent (phone call) to notify of head injury and communicate plan of action
- Rest
- Observation – Complete observation checklist and repeat every 15 minutes until the child feels better or is collected by a parent/carer
- If the pupil's symptoms subside, they may return to class.
- Parent informed also informed by medical tracker requesting they read an attached head injury advice

- First Aider to email all relevant colleagues

Head Bump Alert – Name of pupil

Please be aware that this pupil has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please be alert to any changes in their condition and notify the Welfare assistant asap if you have any concerns.

- Medical Welfare colleagues to record the episode on medical trackers including how the injury occurred
- If, at any point, the pupil's condition deteriorates and shows any of the symptoms of a severe head injury, follow the protocol in the severe head injury section

Severe Head Injury symptoms

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems
- Loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe head injury protocol Also, if the pupil has either of these conditions, follow the severe head injury protocol:

- If the pupil has had brain surgery in the past
- If the pupil has a blood clotting disorder

Severe Head Injury Protocol

- If unconscious, you should suspect a neck injury and do not move the pupil
- **CALL 999 FOR AMBULANCE**
- Notify parent asap (call all telephone numbers and leave a message)
- If the ambulance service assesses the pupil over the phone and determine that no ambulance is required, pupil is to be collected by parent
- NHS Head Injury advice sheet (appendix 3) to be given to pupil
- Medical Welfare colleagues to record the incident
- On return to school, Welfare Assistant to liaise with parent using the Graduated return to play form (Appendix 4) to determine the nature of PE activities to be allowed. For all severe head injuries, not limited to rugby injuries. Welfare assistant to liaise with PE department. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities.

Concussion (Post Concussion Syndrome)

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury and can occur up to 3 days after the initial injury.

The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.

Symptoms include:

- Headache
- Dizziness
- Feeling in a fog
- May or may not have lost consciousness
- Vacant expression
- Vomiting
- Unsteady on legs
- Slow reactions
- Inappropriate or abnormal emotions – irritability/nervous/anxious
- Confused/disorientated
- Loss of memory of events leading up to and after the concussion

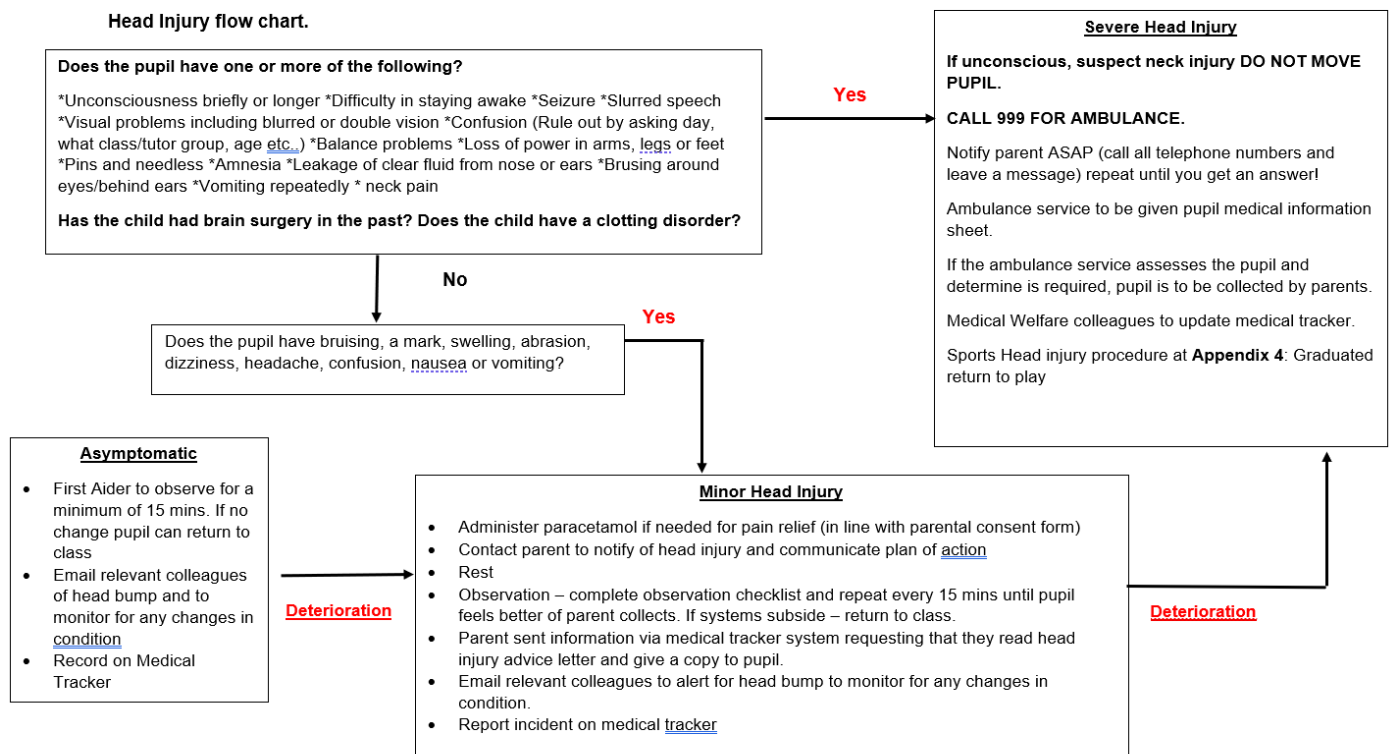
If you notice any of these symptoms in a pupil who has previously sustained a head injury they may be suffering from post-concussion syndrome and should be referred to the Welfare Assistant immediately.

If any of the above symptoms occur the pupil must be seen by a medical professional in A&E, minor injuries or the GP surgery. If a parent is not able to collect the child, call 999.

Guidance to be followed from Rugby Football Union on Return to Play after Concussion (Appendix 4)(For all severe head injuries, not limited to rugby injuries). This gives clear guidance on students returning to academic studies and sport following a concussion. Welfare Assistant to liaise with parent to determine the nature of PE activities to be allowed and Welfare assistant to liaise with PE department. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities.

PE department to notify Welfare Assistant if they are made aware of a pupil sustaining a sport-related head injury out of school hours. If the school become aware of a concussion relating to an incident in school that had not previously been assessed as a serious head injury, Welfare Assistant to request a Serious Injury Report Form from the member of staff present at the time of the incident.

Appendix one – Head injury flow chart



Appendix 2: Head injury checklist for first aiders

Minor head injury symptoms - assess the child for signs of the following:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

These are signs of a minor head injury – follow the Minor head injury protocol If no symptoms – follow Bump to Head protocol

Severe Head Injury symptoms - assess the child for signs of the following:

- Unconsciousness briefly or longer
- Difficulty in staying awake Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems or loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe head injury protocol

If the pupil has either of the following, treat the injury with the Severe Head Injury Protocol and call 999 immediately:

- If the pupil has had brain surgery in the past
- If the pupil has a blood clotting disorder

Appendix 3: Advice to parents and carers concerning children with head injuries.

Your child has sustained a head injury today.
Please refer to NHS Head Injury Advice Sheet:

[Head Injury :: Healthier Together \(what0-18.nhs.uk\)](http://what0-18.nhs.uk)

If you are concerned, please **CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT**

In addition:

Do expect the child to feel 'off colour'. Do not force them to eat, but make sure they have enough to drink.

Do expect the child to be more tired than usual. Allow them to sleep if they want to. Check on them every 2 hours in the first 24 hours. Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied they are reacting normally to you.

Do expect the child to have a slight headache

Do keep the child quiet and resting as much as possible. Keep them away from school, discourage active games, watching TV and reading until the symptoms subside.

These symptoms should improve steadily and the child should be back to normal within a few days. Even after a minor injury, complications may occur, but they are rare.

If the symptoms worsen, or if you notice the following signs:

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headache, or trouble with their eyesight
- Become irritable
- Has any kind of attack which you think is a fit

Then you are advised to: **CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT WITHOUT DELAY**

Appendix 4: Graduated return to play.

Ref England rugby.com – concussion management guidelines.

Step	Time at Stage	Rehabilitation	Exercise Allowed	Objective	Signed of date
1	14 days	Rest	Complete physical and cognitive rest without symptoms	Recovery	
2	24 hours later	Light Aerobic Exercise	Walking, swimming, static bike no resistance training	Increase heart rate and access recovery	
3	48 hours later	Sport specific Exercise	Running drills. No head injury.	Add movement and assess recovery	
4	48 hours later	Non-contact training drills	More complex drills E.g passing drills. May start resistance	Add exercise plus coordination and cognitive load. Assess recovery	
5	48 hours later	Full contact practice	Normal training session	Restore confidence and assess functional skills by coaching team	
6	23 rd day	Return to play	Player rehabilitated	Safe to return to play	