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## **1.0 INTRODUCTION**

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If a pupil is unwell at school a parent or residential care worker from the pupil's home will be informed and an assessment will be made if the pupil is to stay in school, return home or if necessary be taken to hospital. Where the pupil's ailment is minor the pupil will sit quietly with a staff member or until they are well enough to return to class. If necessary, and the pupil is really unwell, then the pupil will return home with the member of care staff or be taken to hospital if appropriate.

**Implementation:** It is the responsibility of line managers to ensure that staff members are aware of and understand this policy and any subsequent revisions.

**Compliance:** This policy complies with all relevant regulations and other legislation as detailed in the *Compliance with Regulations & Legislation Statement*.

## **2.0 PRESCRIBED MEDICINES**

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If any pupil needs prescribed medicines in school, the medicine will be clearly labelled with the pupil's name and written directions for use attached so that the pupil takes the medicine at the appropriate times. This information will also need to be written in the Medicines Book. The medicines will be kept in the locked medicine cupboard in the Main Office.

Prescribed medication will be administered in accordance with Hillcrest Procedures.

The Designated Officer, Beth Dixon, who has been duly trained, will hold the key to the medicine cabinet. The Designated Officer or their deputy, Anne Bergin, will ensure that any prescribed medicines to be administered in school will be brought to school and stored in the locked medicine cupboard. When administering the medication the designated person will check that they have the right medication and dosage and hand this over to a second member of staff to administer to the pupil. The Designated Officer will then ensure that the Prescribed Medication Record book is initialled upon checking and handing over of the medication and the second member of staff will initial the book when the pupil has taken the medication appropriately.

## **3.0 FIRST AID AND REPORTING PROCEDURES**

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First aid materials are available in the main office

1. All members of staff are responsible for making themselves aware of any potential hazard.
2. The accident book and report forms and the arrangements to be followed if the person injured is unable to complete an accident report form (or who is not an employee of the Company) are to be found in the Main Office.
3. The arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the Party Leader. A First Aid Box is available and should be taken on all visits.



4. All accidents are to be recorded in the accident book (kept in main office).
5. All accidents are to be reported to the Health and Safety Representative as soon as possible.
6. This recording should include the time, date, location and individuals involved in the accident, as well as any witnesses.
7. A report as to what remedial measures are to be taken (if any) to prevent a further occurrence of the accident will be made by the Health and Safety Representative to the Head teacher within a reasonable period.

### **Treating Bleeding Injuries**

1. If dealing with a bleeding injury staff are not to place themselves or others at risk from cross contamination. The following advice should be followed to prevent and/or reduce the transmission of BBV (blood borne viruses). This includes the following BBV's, HIV virus- the cause of AIDS (Acquired Immune Deficiency), Hepatitis B and Hepatitis C.
2. Before treating any bleeding injury wash hands thoroughly and put on disposable gloves before touching the wound.
3. Wash the bleeding injury with a mild soap under running water being careful not to dislodge foreign objects that may be embedded in the skin. If a foreign object remains in the skin this must be tended to by a qualified medical person.
4. If a foreign object has dislodged from the wound staff are to ensure that the object is disposed of safely as it can be the cause of cross contamination.
5. The staff member treating the object is to avoid hand to eye contact. This can also be the cause of cross contamination.
6. Dress the wound as guided by your first aid training. If you have to discard the dressings please do as safely as this can be another cause of cross contamination.
7. Cover any cuts or grazes on your skin with a waterproof dressing.
8. Use suitable eye protection and a disposable plastic apron where splashing is possible.
9. Use devices such as face shields when you give mouth-to-mouth resuscitation, but only if you have been trained to use them.
10. Wash your hands after each procedure.

### **Treating Splinters**

1. Clean Wound. Clean the area with mild soap and water.
2. Care for a Tiny Splinter. If it doesn't hurt, let the splinter work its way out over a few days.
3. Remove Larger Splinter. Clean a small tweezers with alcohol. ..
4. Call a Health Care Provider or take to A and E if Splinter is too small/deep to remove and large enough to cause concern of infection
5. Follow Up treatment by ensuring wound is clean.
6. Report in accident book and inform carers/parents.

### **Action after possible infection with a BBV**

1. Wash splashes off your skin with soap and running water.
2. If you skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water.
3. Wash out splashes in your eyes using tap water or an eye wash bottle, and your nose or mouth with plenty of tap water – do not swallow the water.
4. Record the source of contamination.
5. Report the incident to health and safety adviser and your occupational health department or medical adviser if there is one.
6. Prompt medical advice is important. The circumstances of the incident need to be assessed and consideration given to any medical treatment required. Treatment might be appropriate following infection with a BBV, but to be effective, it may need to be started quickly. If your workplace does not



have a medical adviser, contact the nearest Accident and Emergency department for advice, without delay.

7. If you think you may have been infected with a BBV, you should have access to support, advice and reassurance. If there is no medical adviser on site, contact your GP or the nearest Accident and Emergency department immediately.

In the event of a minor accident, first aid will be given by one of the designated First Aid trained persons (if appropriate).

In the case of more serious accidents, the first aider will decide if the pupil needs to be taken to the doctor or if the emergency services are to be called to give appropriate aid.

In the event of an accident injuring one or more pupils or adults, the first priority is to ensure, within the limits of personnel and facilities, the safety of other pupils and adults in the vicinity. *In attending to the injured pupil(s) or person(s), help may be called from other colleagues holding a first aid certificate.*

The member of staff who was first on the scene must complete an Accident Report Form and Incident Report Form (from the Main Office) and submit it to the Head Teacher for a signature.

### **Hearing and Sight Difficulties**

Whilst at school, pupils will be watched to see if they have hearing or sight difficulties and if so the homes will be informed to arrange the appropriate tests. If pupils have to wear aids to support their learning staff will encourage them to do so.

### **Asthma/Epilepsy/Head lice**

The company has had a number of recommendations made which may be helpful in dealing with pupils who have the above conditions:

#### **Asthma (see Appendix A)**

1. Staff should try and ensure that known asthmatics have their inhalers with them. However, each pupil should be responsible for their own inhalers if this is agreed with their Children's Home.
2. A pupil having an attack should never be left unattended.
3. Attacks of asthma often cause panic – staff should stay calm and reassure the pupil.
4. Try to encourage the pupil to breathe slowly and deeply and to relax.
5. If the pupil does not respond to the inhaler, contact the Head Teacher or one of the first aiders as soon as possible for assistance.

#### **Epilepsy**

1. Staff should be aware of any epileptic in their care.
2. If a pupil has a fit, contact the Head Teacher or one of the first aiders immediately for assistance.
3. During a fit, remove objects away from the pupil until they have recovered – do NOT attempt to restrict the pupil.
4. As soon as the pupil is relaxed or 'floppy' enough, try to roll them into the recovery position.
5. After an epileptic fit, allow the pupil to relax somewhere quiet or even sleep.
6. If a fit is long lasting i.e. longer than 60 – 90 seconds, further medical help may be needed.



### **Head lice**

Any reported outbreak of head lice should be reported to the school. The school will inform the student's homes when they become aware of the incidence of head lice. The homes will take an appropriate course of action as advised in the company's procedures manual.

### **Educational Visits**

A First Aid box is available to take on educational visits. The party leader must ensure that it is taken on any visit.



## APPENDIX A – WHAT TO DO IF A PUPIL HAS AN ASTHMA ATTACK

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These are basic steps in helping someone cope with an asthma attack

1. Keep calm and talk to the pupil in a reassuring manner – **send for a First Aider.** Remaining calm will help the pupil relax even if they are finding it hard to talk to you.
2. Get someone to get their inhaler.
3. Get the pupil into a sitting position. They will find better relief from asthma symptoms while in a sitting position than while lying down. Also if they need to take medication, this is easier to do in a sitting position.
4. Assist the pupil in using the inhaler. Delivering medication by way of an inhaler is the single most important thing to do to tackle an asthma attack.
5. You need to deliver two to four puffs of medication using the inhaler and then wait for five minutes before delivering another round.
6. The mouthpiece of the inhaler should be positioned between the pupil's lips. The medication is delivered when you depress the plunger on the inhaler. Before you do so, let the pupil know what you are about to do so that they can get ready to inhale the medication. After you deliver a puff, wait for several seconds before giving another. The pupil should be ready to inhale another puff when you deliver it.
7. During an acute asthma attack, the pupil may find it difficult to inhale the entire medication at once. In such cases, use a spacer, which is a tube that sits between the inhaler and the mouth. The medication is puffed into the spacer and the pupil can then inhale it over the course of several breaths instead of in one single breath. If a spacer is not available, just roll up a piece of paper to create a hollow tube to act as a spacer.
8. If the pupil is still breathless after five minutes call an ambulance and inform the Unit or carers.
9. While waiting for help to arrive, continue to give one puff of medication every 30 seconds approximately. Medication will help keep symptoms from deteriorating. This is true even in cases where it does not seem to helping the pupil.

### **Remember**

There is no risk of overdosing in the short-term whilst awaiting an ambulance.

Remember to inform the pupil's unit/ carer even if the pupil responds well and returns to class.

The ambulance service would much prefer several good intentioned false alarms to a late call.